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)

The organization may have to use a copy of this return to satisfy state tax reporting requirements.

Part I  Summary

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 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):

   20

4. Number of independent voting members of the governing body (Part VI, line 1b):

   13

5. Total number of individuals employed in calendar year 2011 (Part V, line 2a):

   2,244

6. Total number of volunteers (estimate if necessary):

   442

7a. Total unrelated business revenue from Part VIII, column (C), line 12:

   $15,027

7b. Net unrelated business taxable income from Form 990-T, line 34:

   503

Part II  Activities & Governance

8. Contributions and grants (Part VIII, line 1h):

   6,347,135

8a. Total revenue:

   6,347,135

8b. Less: Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12):

   293,619,274

9. Program service revenue (Part VIII, line 2g):

   260,692,659

10. Investment income (Part VIII, column (A), lines 3, 4, and 7d):

    17,513

11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e):

    26,561,967

11a. Total revenue:

    293,619,274

11b. Less: Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12):

    293,619,274

12a. Total expenses:

    310,363,771

12b. Add: Other expenses (Part IX, column (A), lines 11a–11d, 11f–24a):

    138,580,112

13. Total expenses:

    295,657,669

15. Total expenses less expenses (Part IX, column (A), line 11e):

    295,657,669

16a. Professional fundraising fees (Part IX, column (A), line 11e):

    0

16b. Total fundraising expenses (Part IX, column (D), line 25):

    0

17. Other expenses (Part IX, column (A), lines 11a–11d, 11f–24a):

    138,580,112

18. Total expenses:

    295,657,669

20. Total assets (Part X, line 16):

    142,929,719

21. Total liabilities (Part X, line 26):

    232,354,294

22. Net assets or fund balances:

    -89,424,575

Part III  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.

Signature of officer:

Frank Valtano, CFO

Type or print your name and title:

Frank Valtano, CFO

Date:

2013-01-31

Preparer's signature:

Angelo Porzio CPA

Date:

Preparer's taxpayer identification number (see instructions):

EN

Phone no.:

(212) 371-4446

Yes No

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

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y Form 990 (2011)
**Part III Statement of Program Service Accomplishments**

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

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.

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $</th>
<th>including grants of $</th>
<th>) (Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>220,446,972</td>
<td>297,620,300</td>
<td></td>
</tr>
</tbody>
</table>

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

---

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $</th>
<th>including grants of $</th>
<th>) (Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $</th>
<th>including grants of $</th>
<th>) (Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4c</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $</th>
<th>including grants of $</th>
<th>) (Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4d</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4d Other program services (Describe in Schedule O)**

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

---

<table>
<thead>
<tr>
<th>Code</th>
<th>(Expenses $</th>
<th>including grants of $</th>
<th>) (Revenue $</th>
</tr>
</thead>
<tbody>
<tr>
<td>4e</td>
<td>220,446,972</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Part IV Checklist of Required Schedules**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>11d</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11e</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>11f</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>12b</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14a</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>14b</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>20a</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>20b</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements.
**Part IV Checklist of Required Schedules (continued)**

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

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

1a. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.

b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.

c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a. 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.

b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?

2b. Yes

3a. Did the organization have unrelated business gross income of $1,000 or more during the year?

b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.

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)?

b. If "Yes," enter the name of the foreign country.

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c. If "Yes" to line 5a or 5b, did the organization file Form 8886-T?

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?

b. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

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?

b. If "Yes," did the organization notify the donor of the value of the goods or services provided?

c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d. If "Yes," indicate the number of Forms 8282 filed during the year.

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?

9. Sponsoring organizations maintaining donor advised funds.

a. Did the organization make any taxable distributions under section 4966?

b. Did the organization make a distribution to a donor, donor advisor, or related person?

10. Section 501(c)(7) organizations. Enter

a. Initiation fees and capital contributions included on Part VIII, line 12.

b. Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.

11. Section 501(c)(12) organizations. Enter

a. Gross income from members or shareholders.

b. Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

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.

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.

c. Enter the aggregate amount of reserves on hand.

14a. Did the organization receive any payments for indoor tanning services during the tax year?

b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.
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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Enter the number of voting members of the governing body at the end of the tax year.</td>
<td></td>
</tr>
<tr>
<td>1b</td>
<td>Enter the number of voting members included in line 1a, above, who are independent.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization become aware during the year of a significant diversion of the organization’s assets?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization have members or stockholders?</td>
<td></td>
</tr>
<tr>
<td>7a</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The governing body?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Each committee with authority to act on behalf of the governing body?</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10a</td>
<td>Did the organization have local chapters, branches, or affiliates?</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td></td>
</tr>
<tr>
<td>11a</td>
<td>Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Describe in Schedule O the process, if any, used by the organization to review the Form 990.</td>
<td></td>
</tr>
<tr>
<td>12a</td>
<td>Did the organization have a written conflict of interest policy? If &quot;No,&quot; go to line 13.</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Did the organization regularly and consistently monitor and enforce compliance with the policy? If &quot;Yes,&quot; describe in Schedule O how this was done.</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Did the organization have a written whistleblower policy?</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Did the organization have a written document retention and destruction policy?</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>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?</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization’s CEO, Executive Director, or top management official</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Other officers or key employees of the organization</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes,&quot; to line 15a or 15b, describe the process in Schedule O (see instructions)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16a</td>
<td>Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; 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?</td>
<td></td>
</tr>
</tbody>
</table>

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed.

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

- Own website
- Another’s website
- 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.

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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule O)</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Emil J Rucgay Esq Chairman</td>
<td>10 X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(2) Vincent Arcuri Vice Chairman</td>
<td>10 X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(3) Fred T Haller Esq Secretary</td>
<td>10 X X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(4) Edmundo Modica MD Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(5) John H Cook Esq Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(6) AC Rao MD Trustee</td>
<td>35 0 X</td>
<td>271,013</td>
<td>0</td>
<td>4,327</td>
<td></td>
</tr>
<tr>
<td>(7) John D Rucgay Esq Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(8) Vito J D'Alessandro Trustee</td>
<td>10 X</td>
<td>114,813</td>
<td>0</td>
<td>749</td>
<td></td>
</tr>
<tr>
<td>(9) Adam Figueroa Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(10) Gary Goftner Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(11) Andrew Boisselle Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(12) Frank Charello Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(13) Albert Wiltshire Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(14) Victora Cook Esq Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(15) Charlene Visconti Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>(16) Rajiv Garg CEO</td>
<td>35 0 X X</td>
<td>696,174</td>
<td>0</td>
<td>6,614</td>
<td></td>
</tr>
<tr>
<td>(17) Frances Purcell Trustee</td>
<td>10 X</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>
### Part VII  Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week (describe hours for related organizations in Schedule C)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) Nisha Agarwal Trustee</td>
<td>1 0 X 0 0 0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(19) Marcus Maxwell Trustee</td>
<td>1 0 X 0 0 0</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(20) Herman Hochberg Trustee</td>
<td>1 0 X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(21) Leon Kozlowski Treasurer, CFO</td>
<td>35 0 X 261,729 0 4,057</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(22) Frances Heaney COO</td>
<td>35 0 X 299,864 0 2,178</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(23) David Hoffman General Counsel</td>
<td>35 0 X 370,135 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(24) William Thelma MD Physician</td>
<td>35 0 X 441,824 0 6,619</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(25) Barhan Khoshu MD Physician</td>
<td>35 0 X 257,091 0 4,327</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(26) Mohammad A Mir MD Physician</td>
<td>0 0 X 256,606 0 6,614</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(27) Bernard Chukwunweke MD Physician</td>
<td>35 0 X 268,150 0 5,780</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) DOMINICK GIO Past President, CEO</td>
<td>0 0 X 55,487 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-Total

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>5</td>
<td>No</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>KL GATES LLP 210 SIXTH AVE PITTSBURGH, PA 152223212</td>
<td>legal services</td>
<td>4,064,731</td>
</tr>
<tr>
<td>PROJEX GENERAL CONTRACTORS 43-24 21 STREET SUITE 201 LONG ISLAND, NY 11101</td>
<td>management</td>
<td>3,862,526</td>
</tr>
<tr>
<td>PRICEWATERHOUSECOOPERS LLP 3109 W DR Mlk JR BLVD TAMPA, FL 33607</td>
<td>Professional Svcs</td>
<td>3,814,048</td>
</tr>
<tr>
<td>ARMSTRONG TEASDALE LLP 7700 FORSYTH BUSUITE 1800 ST LOUIS, MO 63105</td>
<td>Legal Services</td>
<td>1,958,109</td>
</tr>
<tr>
<td>SODEXHO MARRIOTT SERVICES BOX 81049 WOBURN, MA 018131049</td>
<td>Management</td>
<td>1,551,676</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Contributions, gifts, grants, and other similar amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512, 513, or 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Total. Add lines 1a-1f</td>
<td></td>
<td></td>
<td></td>
<td>4,884,703</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Service Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a NET PATIENT SERVICE REVENUE</td>
<td>621300</td>
<td>275,092,830</td>
<td>275,092,830</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Total. Add lines 2a-2f</td>
<td></td>
<td></td>
<td></td>
<td>275,092,830</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Revenue</th>
<th>(i) Real</th>
<th>(ii) Personal</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest and other similar amounts)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td>112,202</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Rental income or (loss)</td>
<td>112,202</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td>112,202</td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Part IV, line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>9a Gross income from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Less cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Miscellaneous Revenue</th>
<th>Business Code</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11a PHYSICIAN BILLINGS</td>
<td>900099</td>
<td>16,205,963</td>
<td>16,190,936</td>
<td>15,027</td>
</tr>
<tr>
<td>b EHR &amp; FICA REFUND</td>
<td>900099</td>
<td>6,957,485</td>
<td></td>
<td>6,957,485</td>
</tr>
<tr>
<td>c STUDENT TRAINING</td>
<td>900099</td>
<td>6,336,534</td>
<td>6,336,534</td>
<td></td>
</tr>
<tr>
<td>d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td>709,670</td>
</tr>
<tr>
<td>e Total. Add lines 11a-11d</td>
<td></td>
<td></td>
<td></td>
<td>30,209,652</td>
</tr>
<tr>
<td>12 Total revenue. See Instructions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>310,363,771</td>
<td>297,620,300</td>
<td>15,027</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2,843,741</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## 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.

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(A) Beginning of year</th>
<th></th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash—non-interest-bearing</td>
<td>10,988,298</td>
<td>1</td>
<td>1,970,407</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>167,844</td>
<td>2</td>
<td>132,870</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>1,403,443</td>
<td>3</td>
<td>1,796,733</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>24,265,391</td>
<td>4</td>
<td>31,091,010</td>
</tr>
<tr>
<td>5</td>
<td>Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td>0</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>3,678,885</td>
<td>8</td>
<td>1,210,753</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>2,313,285</td>
<td>9</td>
<td>1,678,333</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D</td>
<td>272,351,297</td>
<td>10a</td>
<td>210,310,876</td>
</tr>
<tr>
<td></td>
<td>Less accumulated depreciation</td>
<td>64,085,873</td>
<td>10b</td>
<td>62,040,421</td>
</tr>
<tr>
<td>11</td>
<td>Investments—publicly traded securities</td>
<td>0</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>12</td>
<td>Investments—other securities See Part IV, line 11</td>
<td>0</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>13</td>
<td>Investments—program-related See Part IV, line 11</td>
<td>0</td>
<td>13</td>
<td>0</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>0</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>Other assets See Part IV, line 11</td>
<td>36,026,700</td>
<td>15</td>
<td>63,959,562</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 34)</td>
<td>142,929,719</td>
<td>16</td>
<td>163,880,089</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>36,722,371</td>
<td>17</td>
<td>51,146,116</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>0</td>
<td>18</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>4,974,576</td>
<td>19</td>
<td>4,363,038</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>109,034,597</td>
<td>20</td>
<td>102,874,596</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability Complete Part IV of Schedule D</td>
<td>0</td>
<td>21</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L</td>
<td>1,000,000</td>
<td>22</td>
<td>500,000</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>3,482,607</td>
<td>23</td>
<td>3,553,397</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>0</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>25</td>
<td>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</td>
<td>77,140,143</td>
<td>25</td>
<td>103,165,990</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>232,354,294</td>
<td>26</td>
<td>265,603,137</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29, and lines 33 and 34.**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Unrestricted net assets</td>
<td>-89,424,575</td>
</tr>
<tr>
<td>28</td>
<td>Temporarily restricted net assets</td>
<td>0</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td>0</td>
</tr>
</tbody>
</table>

**Organizations that do not follow SFAS 117, check here ▼ and complete lines 30 through 34.**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building or equipment fund</td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
</tr>
</tbody>
</table>
### Part XI  Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2.</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3.</td>
<td>Revenue less expenses  Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4.</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5.</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>6.</td>
<td>Net assets or fund balances at end of year  Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

### Part XII  Financial Statements and Reporting

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

- **Accounting method used to prepare the Form 990:**
  - Cash
  - Accrual
  - Other

  If the organization changed its method of accounting from a prior year or checked “Other,” explain in Schedule O.

- **2a.** Were the organization’s financial statements compiled or reviewed by an independent accountant?
  - Yes
  - No

- **2b.** Were the organization’s financial statements audited by an independent accountant?
  - Yes

- **2c.** 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?
  - Yes

- **2d.** 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.
  - Separate basis
  - Consolidated basis
  - Both consolidated and separated basis

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

- **3b.** 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
### Part I  Reason for Public Charity Status

(All organizations must complete this part.) See instructions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A church, convention of churches, or association of churches section 170(b)(1)(A)(i).</td>
</tr>
<tr>
<td>2</td>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)</td>
</tr>
<tr>
<td>3</td>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
</tr>
<tr>
<td>4</td>
<td>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</td>
</tr>
<tr>
<td>5</td>
<td>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)</td>
</tr>
<tr>
<td>6</td>
<td>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</td>
</tr>
<tr>
<td>7</td>
<td>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)</td>
</tr>
<tr>
<td>8</td>
<td>A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)</td>
</tr>
<tr>
<td>9</td>
<td>An organization that normally receives (1) more than 33/3% 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 33/3% 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)</td>
</tr>
<tr>
<td>10</td>
<td>An organization organized and operated exclusively to test for public safety See section 509(a)(4).</td>
</tr>
<tr>
<td>11</td>
<td>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</td>
</tr>
<tr>
<td>a</td>
<td>Type I</td>
</tr>
<tr>
<td>b</td>
<td>Type II</td>
</tr>
<tr>
<td>c</td>
<td>Type III - Functionally integrated</td>
</tr>
<tr>
<td>d</td>
<td>Type III - Other</td>
</tr>
<tr>
<td>e</td>
<td>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)</td>
</tr>
<tr>
<td>f</td>
<td>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</td>
</tr>
<tr>
<td>g</td>
<td>Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?</td>
</tr>
<tr>
<td></td>
<td>(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?</td>
</tr>
<tr>
<td></td>
<td>(ii) a family member of a person described in (i) above?</td>
</tr>
<tr>
<td></td>
<td>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</td>
</tr>
<tr>
<td></td>
<td>Provide the following information about the supported organization(s)</td>
</tr>
</tbody>
</table>

#### Table

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(i) Name of supported organization</td>
<td>(ii) EIN</td>
</tr>
<tr>
<td>(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))</td>
<td>(iv) Is the organization in col (i) listed in your governing document?</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat No 11285F Schedule A (Form 990 or 990-EZ) 2011
### 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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Public Support. Subtract line 5 from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Other income (Explain in Part IV). Do not include gain or loss from the sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11 Total support (Add lines 7 through 10)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc (See instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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 | |
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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received (Do not include any &quot;unusual grants&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Add lines 7a and 7b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Public Support (Subtract line 7c from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2007</th>
<th>(b) 2008</th>
<th>(c) 2009</th>
<th>(d) 2010</th>
<th>(e) 2011</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Add lines 10a and 10b</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income (Do not include gain or loss from the sale of capital assets (Explain in Part IV)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total support (Add lines 9, 10c, 11 and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

| Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 |
| Public support percentage from 2010 Schedule A, Part III, line 15 | 16 |

### Section D. Computation of Investment Income Percentage

| Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 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).

<table>
<thead>
<tr>
<th>Facts And Circumstances Test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2011
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

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

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Political expenditures</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Volunteer hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount of any excise tax incurred by the organization under section 4955</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of any excise tax incurred by organization managers under section 4955</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>If the organization incurred a section 4955 tax, did it file Form 4720 for this year?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4a</td>
<td>Was a correction made?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; describe in Part IV</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Enter the amount directly expended by the filing organization for section 527 exempt function activities</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did the filing organization file Form 1120-POL for this year?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table

<table>
<thead>
<tr>
<th>(a) Name</th>
<th>(b) Address</th>
<th>(c) EIN</th>
<th>(d) Amount paid from filing organization's funds If none, enter -0-</th>
<th>(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.
**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

<table>
<thead>
<tr>
<th></th>
<th>Check</th>
<th>(a) Filing Organization's Totals</th>
<th>(b) Affiliated Group Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Limits on Lobbying Expenditures**
(The term "expenditures" means amounts paid or incurred.)

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total lobbying expenditures to influence public opinion (grass roots lobbying)</td>
</tr>
<tr>
<td>b</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
</tr>
<tr>
<td>c</td>
<td>Total lobbying expenditures (add lines 1a and 1b)</td>
</tr>
<tr>
<td>d</td>
<td>Other exempt purpose expenditures</td>
</tr>
<tr>
<td>e</td>
<td>Total exempt purpose expenditures (add lines 1c and 1d)</td>
</tr>
<tr>
<td>f</td>
<td>Lobbying nontaxable amount. Enter the amount from the following table in both columns</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If the amount on line 1e, column (a) or (b) is, column 1e</th>
<th>The lobbying nontaxable amount is:</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

| 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? | Yes | 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.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2008</th>
<th>(b) 2009</th>
<th>(c) 2010</th>
<th>(d) 2011</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a  Lobbying non-taxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b   Lobbying ceiling amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(150% of line 2a, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c   Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d   Grassroots non-taxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e   Grassroots ceiling amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(150% of line 2d, column(e))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f   Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 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)).

<table>
<thead>
<tr>
<th></th>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Volunteers?</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td>Paid staff or management (include compensation in expenses reported on lines 1c through 1l)?</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td>Media advertisements?</td>
<td>No</td>
</tr>
<tr>
<td>d</td>
<td>Mailings to members, legislators, or the public?</td>
<td>No</td>
</tr>
<tr>
<td>e</td>
<td>Publications, or published or broadcast statements?</td>
<td>No</td>
</tr>
<tr>
<td>f</td>
<td>Grants to other organizations for lobbying purposes?</td>
<td>No</td>
</tr>
<tr>
<td>g</td>
<td>Direct contact with legislators, their staffs, government officials, or a legislative body?</td>
<td>No</td>
</tr>
<tr>
<td>h</td>
<td>Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</td>
<td>No</td>
</tr>
<tr>
<td>i</td>
<td>Other activities? If &quot;Yes,&quot; describe in Part IV</td>
<td>Yes</td>
</tr>
<tr>
<td>j</td>
<td>Total lines 1c through 1l</td>
<td>114,791</td>
</tr>
</tbody>
</table>

#### 2a

Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b</td>
<td>If &quot;Yes,&quot; enter the amount of any tax incurred under section 4912</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>If &quot;Yes,&quot; enter the amount of any tax incurred by organization managers under section 4912</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?</td>
<td>No</td>
</tr>
</tbody>
</table>

### Part III-A

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

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

#### 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".

<table>
<thead>
<tr>
<th></th>
<th>Dues, assessments and similar amounts from members</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>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).</td>
</tr>
<tr>
<td>2a</td>
<td>Current year</td>
</tr>
<tr>
<td>2b</td>
<td>Carryover from last year</td>
</tr>
<tr>
<td>2c</td>
<td>Total</td>
</tr>
<tr>
<td>3</td>
<td>Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues</td>
</tr>
<tr>
<td>4</td>
<td>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?</td>
</tr>
<tr>
<td>5</td>
<td>Taxable amount of lobbying and political expenditures (see instructions)</td>
</tr>
</tbody>
</table>

### 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 11.

Also, complete this part for any additional information.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART II-B, LINE 11 - OTHER ACTIVITIES DESCRIPTION</td>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [ ] Yes [ ] No</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Did the organization inform all grantee donors, 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 an impermissible private benefit? [ ] Yes [ ] No</td>
<td></td>
</tr>
</tbody>
</table>

### 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 important 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

<table>
<thead>
<tr>
<th>Held at the End of the Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
</tr>
<tr>
<td>2b</td>
</tr>
<tr>
<td>2c</td>
</tr>
<tr>
<td>2d</td>
</tr>
</tbody>
</table>

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

1b. 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)

- [ ] Public exhibition
- [ ] Scholarly research
- [ ] Preservation for future generations
- [ ] Loan or exchange programs
- [ ] 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

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

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21?  
   - Yes
   - No

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.

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

<table>
<thead>
<tr>
<th>(a)Current Year</th>
<th>(b)Prior Year</th>
<th>(c)Two Years Back</th>
<th>(d)Three Years Back</th>
<th>(e)Four Years Back</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Provide the estimated percentage of the year end balance held as

- [ ] Board designated or quasi-endowment
- [ ] Permanent endowment
- [ ] Term endowment

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

   - Yes
   - No

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  
   - Yes
   - No

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.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td>6,075,373</td>
<td>6,075,373</td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td>94,679,184</td>
<td>62,949,612</td>
<td>31,729,572</td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td>1,706,176</td>
<td>1,306,791</td>
<td>399,385</td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>165,148,478</td>
<td>146,054,473</td>
<td>19,094,005</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td>4,742,086</td>
<td>4,742,086</td>
<td></td>
</tr>
</tbody>
</table>

**Total.** Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.))  
   - 6,040,421
**Part VII** *Investments—Other Securities.* See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12.)*

---

**Part VIII** *Investments—Program Related.* See Form 990, Part X, line 13.

<table>
<thead>
<tr>
<th>(a) Description of investment type</th>
<th>(b) Book value</th>
<th>(c) Method of valuation Cost or end-of-year market value</th>
</tr>
</thead>
</table>

**Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13.)*

---

**Part IX** *Other Assets.* See Form 990, Part X, line 15.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ASSETS LIMITED AS TO USE</td>
<td>18,973,725</td>
</tr>
<tr>
<td>(2) DEFERRED FINANCING FEES</td>
<td>418,957</td>
</tr>
<tr>
<td>(3) DUE FROM RELATED PARTIES</td>
<td>5,239,061</td>
</tr>
<tr>
<td>(4) DUE FROM THIRD PARTY PAYORS</td>
<td>3,111,752</td>
</tr>
<tr>
<td>(5) OTHER LONG TERM ASSETS</td>
<td>125,000</td>
</tr>
<tr>
<td>(6) OTHER RECEIVABLES</td>
<td>9,091,087</td>
</tr>
<tr>
<td>(7) INSURANCE CLAIMS RECEIVABLE</td>
<td>27,000,000</td>
</tr>
</tbody>
</table>

**Total.** *(Column (b) should equal Form 990, Part X, col (B) line 15.)*

---

**Part X** *Other Liabilities.* See Form 990, Part X, line 25.

<table>
<thead>
<tr>
<th>(a) Description of Liability</th>
<th>(b) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Income Taxes</td>
<td>0</td>
</tr>
<tr>
<td>ACCRUED INTEREST PAYABLE</td>
<td>1,727,077</td>
</tr>
<tr>
<td>DUE TO RELATED ORGANIZATIONS</td>
<td>6,014,570</td>
</tr>
<tr>
<td>DUE TO THIRD PARTY PAYORS</td>
<td>23,306,343</td>
</tr>
<tr>
<td>ESTIMATED PROFESSIONAL LIABILITIES</td>
<td>45,118,000</td>
</tr>
<tr>
<td>OTHER LIABILITIES FOR INSURANCE CLAIMS</td>
<td>27,000,000</td>
</tr>
</tbody>
</table>

**Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25.)*

---

2. Fin 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization’s financial statements that reports the organization’s liability for uncertain tax positions under FIN 48 (ASC 740).
## Part XI  Reconciliation of Change in Net Assets from Form 990 to Financial Statements

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (Form 990, Part VIII, column (A), line 12)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (Form 990, Part IX, column (A), line 25)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Excess or (deficit) for the year  Subtract line 2 from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Net unrealized gains (losses) on investments</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Other (Describe in Part XIV)</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Total adjustments (net) Add lines 4 - 8</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Excess or (deficit) for the year per financial statements Combine lines 3 and 9</td>
<td></td>
</tr>
</tbody>
</table>

## Part XIII  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Net unrealized gains on investments</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Donated services and use of facilities</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Recoveries of prior year grants</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total Revenue  Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)</td>
<td></td>
</tr>
</tbody>
</table>

## Part XIII  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Donated services and use of facilities</td>
<td>2a</td>
</tr>
<tr>
<td>b</td>
<td>Prior year adjustments</td>
<td>2b</td>
</tr>
<tr>
<td>c</td>
<td>Other losses</td>
<td>2c</td>
</tr>
<tr>
<td>d</td>
<td>Other (Describe in Part XIV)</td>
<td>2d</td>
</tr>
<tr>
<td>e</td>
<td>Add lines 2a through 2d</td>
<td>2e</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td>4a</td>
</tr>
<tr>
<td>b</td>
<td>Other (Describe in Part XIV)</td>
<td>4b</td>
</tr>
<tr>
<td>c</td>
<td>Add lines 4a and 4b</td>
<td>4c</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses  Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)</td>
<td></td>
</tr>
</tbody>
</table>

## 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.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART X - FASB ASC 740 FOOTNOTE</td>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
Part I  Charity Care and Certain Other Community Benefits at Cost

1a Did the organization have a charity care policy? If "No," skip to question 6a.
   Yes  No
   1a  Yes

b  If "Yes," is it a written policy?
   Yes  No
   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
   □ Applied uniformly to all hospitals  □ Applied uniformly to most hospitals
   □ Generally tailored to individual hospitals

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 free care?
      If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care
      □ 100%  □ 150%  □ 200%  □ Other __________ %
      Yes  No
      3a  Yes

   b  Did the organization use FPG to determine eligibility for providing discounted care?
      If "Yes," indicate which of the following is the family income limit for eligibility for discounted care
      □ 200%  □ 250%  □ 300%  □ 350%  □ 400%  □ Other __________ %
      Yes  No
      3b  Yes

   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
      Yes  No
      3c  Yes

4 Did the organization's policy provide free or discounted care to the "medically indigent"? Yes  No
   4a  Yes

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? Yes  No
   5a  Yes

   b  If "Yes," did the organization's charity care expenses exceed the budgeted amount? Yes  No
   5b  Yes

   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? Yes  No
   5c  Yes

6a Did the organization prepare a community benefit report during the tax year? Yes  No
   6a  Yes

   b  If "Yes," did the organization make it available to the public? Yes  No
   6b  Yes

7 Charity Care and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Charity Care and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Charity care at cost (from Worksheet 1)</td>
<td>2,133,402</td>
<td></td>
<td>2,133,402</td>
<td>0 700 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Medicaid (from Worksheet 3, column a)</td>
<td>129,522,711</td>
<td></td>
<td>98,726,409</td>
<td>30,796,302</td>
<td>10 090 %</td>
<td></td>
</tr>
<tr>
<td>c Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Total Charity Care and Means-Tested Government Programs</td>
<td>131,656,113</td>
<td>98,726,409</td>
<td>32,929,704</td>
<td>10 790 %</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) | 39,998,728 | 21,783,172 | 18,215,556 | 5 970 % |
| j Total Other Benefits | 171,654,841 | 120,509,581 | 51,145,260 | 16 760 % |
| k Total, Add lines 7d and 7j |                               |                               |                               |
## Part II  Community Building Activities

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

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

## Part III  Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?  
   1  Yes  

2. Enter the amount of the organization's bad debt expense  
   2  17,542,466  

3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy  
   3  61,185,922  

4. Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

**Section B. Medicare**

5. Enter total revenue received from Medicare (including DSH and IME)  
   5  40,910,716  

6. Enter Medicare allowable costs of care relating to payments on line 5  
   6  20,275,206  

7. Subtract line 6 from line 5. This is the surplus or (shortfall)  
   7  20,275,206  

**Section C. Collection Practices**

9a. Did the organization have a written debt collection policy during the tax year?  
   9a  Yes  

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.  
   9b  Yes  

## Part IV  Management Companies and Joint Ventures

(see instructions)
**Part V  Facility Information**

**Section A. Hospital Facilities**

(list in order of size from largest to smallest)

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

Name and address

<table>
<thead>
<tr>
<th></th>
<th>Name and Address</th>
<th>Licensed hospital</th>
<th>General medical &amp; surgical</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER-24 hours</th>
<th>ER-other</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>WYCKOFF HEIGHTS MEDICAL CENTER</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>374 STOCKHOLM STREET</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BROOKLYN, NY 11237</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule H (Form 990) 2011
## Part V  Facility Information

### 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

### Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (&quot;Needs Assessment&quot;). If &quot;No,&quot; skip to question 8. If &quot;Yes,&quot; indicate what the Needs Assessment describes (check all that apply)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Indicate the tax year the hospital facility last conducted a Needs Assessment</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>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 &quot;Yes,&quot; 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</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If &quot;Yes,&quot; list the other hospital facilities in Part VI.</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Did the hospital facility make its Needs Assessment widely available to the public?</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If &quot;No,&quot; explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

### Financial Assistance Policy

Did the hospital facility have in place during the tax year a written financial assistance policy that

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?</td>
<td>8</td>
<td>Yes</td>
</tr>
<tr>
<td>9</td>
<td>Used federal poverty guidelines (FPG) to determine eligibility for providing free care?</td>
<td>9</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part V</strong></td>
<td><strong>Facility Information (continued)</strong></td>
</tr>
</tbody>
</table>

10. Used FPG to determine eligibility for providing discounted care?  
   Yes  No  
   If "Yes," indicate the FPG family income limit for eligibility for discounted care  
   300%  
   If "No," explain in Part VI the criteria the hospital facility used  

11. Explained the basis for calculating amounts charged to patients?  
   Yes  No  
   If "Yes," indicate the factors used in determining such amounts (check all that apply)  
   a. Income level  
   b. Asset level  
   c. Medical indigency  
   d. Insurance status  
   e. Uninsured discount  
   f. Medicaid/Medicare  
   g. State regulation  
   h. Other (describe in Part VI)  

12. Explained the method for applying for financial assistance?  
   Yes  No  

13. Included measures to publicize the policy within the community served by the hospital facility?  
   Yes  No  
   If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  
   a. The policy was posted at all times on the hospital facility's website  
   b. The policy was attached to all billing invoices  
   c. The policy was posted in the hospital facility's emergency rooms or waiting rooms  
   d. The policy was posted in the hospital facility's admissions offices  
   e. The policy was provided, in writing, to patients upon admission to the hospital facility  
   f. The policy was available upon request  
   g. Other (describe in Part VI)  

**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?  
   Yes  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. Reporting to credit agency  
   b. Lawsuits  
   c. Liens on residences  
   d. Body attachments or arrests  
   e. Other similar actions (describe in Part VI)  

16. Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?  
   Yes  No  
   If "Yes," check all actions in which the hospital facility or a third party engaged  
   a. Reporting to credit agency  
   b. Lawsuits  
   c. Liens on residences  
   d. Body attachments  
   e. Other similar actions (describe in Part VI)  

17. Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)  
   a. Notified patients of the financial assistance policy upon admission  
   b. Notified patients of the financial assistance policy prior to discharge  
   c. Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills  
   d. Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy  
   e. Other (describe in Part VI)
## Facility Information (continued)

### Policy Relating to Emergency Medical Care

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>18</td>
<td>Yes</td>
</tr>
<tr>
<td>If “No,” indicate why</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The hospital facility’s policy was not in writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Part VI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Indications of Eligible for Financial Assistance

<table>
<thead>
<tr>
<th>Question</th>
<th>19</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Part VI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>20</th>
<th>21</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If “Yes,” explain in Part VI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If “Yes,” explain in Part VI</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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? __________________________

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (Describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>
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 1), 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2. **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>ReturnReference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Identifier</td>
<td>ReturnReference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>PART III, LINE 4 - BAD DEBT EXPENSE</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Identifier</td>
<td>ReturnReference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>PART III, LINE 8 - EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT</td>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Identifier</td>
<td>ReturnReference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>PART III, LINE 9B - PROVISIONS ON COLLECTION PRACTICES FOR QUALIFIED PATIENTS</td>
<td></td>
<td>WYCKOFF HEIGHTS MEDICAL CENTER’S (&quot;WHMC&quot;) 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-PA ys 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 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.</td>
</tr>
<tr>
<td>Identifier</td>
<td>ReturnReference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Identifier</td>
<td>ReturnReference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td><strong>PART VI - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE</strong></td>
<td></td>
<td>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 FOR 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.</td>
</tr>
<tr>
<td>Identifier</td>
<td>ReturnReference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
</tr>
<tr>
<td>PART VI - COMMUNITY INFORMATION</td>
<td></td>
<td>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&amp;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 RIDGWOOD, GLENDALE, MASPEH 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.</td>
</tr>
</tbody>
</table>
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.
<table>
<thead>
<tr>
<th>Identifier</th>
<th>ReturnReference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART VI - STATES WHERE COMMUNITY BENEFIT REPORT FILED</td>
<td>NY</td>
<td></td>
</tr>
</tbody>
</table>
### Compensation Information

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

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

Attach to Form 990. See separate instructions.

#### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>First-class or charter travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel for companions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tax indemnification and gross-up payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discretionary spending account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing allowance or residence for personal use</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments for business use of personal residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health or social club dues or initiation fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal services (e.g., maid, chauffeur, chef)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>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 &quot;No,&quot; complete Part III to explain.</td>
<td>1b</td>
</tr>
<tr>
<td>2</td>
<td>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?</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independent compensation consultant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 990 of other organizations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written employment contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compensation survey or study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Approval by the board or compensation committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>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 receive or participate in, or receive payment from, a severance payment or change-of-control payment?</td>
<td>4a</td>
</tr>
<tr>
<td>a</td>
<td>Receive a severance payment or change-of-control payment?</td>
<td>4b</td>
</tr>
<tr>
<td>b</td>
<td>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td>
<td>4c</td>
</tr>
<tr>
<td>c</td>
<td>Participate in, or receive payment from, an equity-based compensation arrangement?</td>
<td></td>
</tr>
<tr>
<td>If &quot;Yes&quot; to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization?</td>
<td>5a</td>
</tr>
<tr>
<td>b</td>
<td>Any related organization?</td>
<td>5b</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; to line 5a or 5b, describe in Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>The organization?</td>
<td>6a</td>
</tr>
<tr>
<td>b</td>
<td>Any related organization?</td>
<td>6b</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; to line 6a or 6b, describe in Part III</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>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 &quot;Yes,&quot; describe in Part III</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>If &quot;Yes&quot; to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</td>
<td>9</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>(A) Name</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported in prior Form 990 or Form 990-EZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC Rao MD</td>
<td>(i) 268,237 (ii) 0</td>
<td>(i) 2,776 (ii) 0</td>
<td>(i) 4,327 (ii) 0</td>
<td>(i) 275,340 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>Leon Kozlowski</td>
<td>(i) 261,135 (ii) 0</td>
<td>(i) 594 (ii) 0</td>
<td>(i) 4,057 (ii) 0</td>
<td>(i) 265,786 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>Frances Heaney</td>
<td>(i) 297,646 (ii) 0</td>
<td>(i) 2,218 (ii) 0</td>
<td>(i) 2,178 (ii) 0</td>
<td>(i) 302,842 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>Rajiv Garg</td>
<td>(i) 694,932 (ii) 0</td>
<td>(i) 1,242 (ii) 0</td>
<td>(i) 6,614 (ii) 0</td>
<td>(i) 702,848 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>David Hoffman</td>
<td>(i) 369,249 (ii) 0</td>
<td>(i) 886 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
<td>(i) 370,135 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>William Thelmo MD</td>
<td>(i) 440,333 (ii) 0</td>
<td>(i) 1,491 (ii) 0</td>
<td>(i) 6,619 (ii) 0</td>
<td>(i) 448,443 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>Bushan Khashu MD</td>
<td>(i) 256,386 (ii) 0</td>
<td>(i) 705 (ii) 0</td>
<td>(i) 4,327 (ii) 0</td>
<td>(i) 261,418 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>Mohammad A Mir MD</td>
<td>(i) 255,101 (ii) 0</td>
<td>(i) 1,505 (ii) 0</td>
<td>(i) 6,614 (ii) 0</td>
<td>(i) 263,220 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>Bernard Chukwuneke MD</td>
<td>(i) 267,840 (ii) 0</td>
<td>(i) 310 (ii) 0</td>
<td>(i) 5,780 (ii) 0</td>
<td>(i) 273,920 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
<tr>
<td>DOMINICK GIO</td>
<td>(i) 0 (ii) 55,487</td>
<td>(i) 0 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
<td>(i) 55,487 (ii) 0</td>
<td>(i) 0 (ii) 0</td>
</tr>
</tbody>
</table>
### 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.

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART I, LINES 1A, 1B AND 2</td>
<td></td>
<td>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.</td>
</tr>
<tr>
<td>PART I, LINE 4 - RECEIVED SEVERANCE</td>
<td></td>
<td>DOMINICK GIO RECEIVED SEVERANCE PAYMENTS OF $55,487 IN 2011</td>
</tr>
</tbody>
</table>
## Transactions with Interested Persons

**Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

**Attach to Form 990 or Form 990-EZ.**

**See separate instructions.**

### Part I: Excess Benefit Transactions

(sections 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.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of disqualified person</th>
<th>(b) Description of transaction</th>
<th>(c) Corrected?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a) Name of interested person and purpose</th>
<th>(b) Loan to or from the organization?</th>
<th>(c) Original principal amount</th>
<th>(d) Balance due</th>
<th>(e) In default?</th>
<th>(f) Approved by board or committee?</th>
<th>(g) Written agreement?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Frank Chiarello</td>
<td>To</td>
<td>2,400,000</td>
<td>500,000</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Total** $500,000

### Part III: Grants or Assistance Benefitting Interested Persons

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

<table>
<thead>
<tr>
<th>(a) Name of interested person</th>
<th>(b) Relationship between interested person and the organization</th>
<th>(c) Amount of grant or type of assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
## Part IV  Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

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

## Part V  Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loans to and/or from interested persons</td>
<td>Part II</td>
<td>The $500,000 remaining balance of a mortgage from Wyckoff Funding Associates, where Frank Chiarello was a partner, was paid off in June 2012</td>
</tr>
<tr>
<td>Business Transactions involving interested persons</td>
<td>Part IV</td>
<td>Federal 340B Program with Gary Goffner terminated in 2012 Employee check cashing services from Andrew Boisselle were terminated in 2012</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------</td>
<td>------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS</td>
<td></td>
<td>EML RUGGAY AND JOHN RUGGAY HAVE A FAMILY RELATIONSHIP VICTORIA COOK AND JOHN H COOK, JR HAVE A FAMILY RELATIONSHIP</td>
</tr>
<tr>
<td>FORM 990, PART VI, LINE 11B - FORM 990 PREVIEW PROCESS</td>
<td></td>
<td>THE FINANCE DIRECTOR AND CFO UNDERTAKE A DETAILED REVIEW OF THE 990. IN ADDITION, BOARD MEMBERS UNDERTAKE A REVIEW OF THE ORGANIZATIONS FORM 990 AND THEN REVIEW WITH THE CFO ANY COMMENTARY, OBSERVATIONS, AND RECOMMENDATIONS, AS APPROPRIATE</td>
</tr>
<tr>
<td>FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT</td>
<td></td>
<td>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 RECOGNITION AND ADDITIONAL DISCLOSURES, WILL BE DETERMINED BY THE BOARD</td>
</tr>
<tr>
<td>FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW &amp; APPROVAL PROCESS</td>
<td></td>
<td>EXECUTIVE COMPENSATION IS REVIEWED BY THE BOARD EXECUTIVE COMPENSATION COMMITTEE, WHICH HAS ONLY OUTSIDE BOARD MEMBERS</td>
</tr>
<tr>
<td>FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE</td>
<td></td>
<td>UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS</td>
</tr>
<tr>
<td>FORM 990, PART IX, LINE 7 - OTHER SALARIES AND WAGES</td>
<td></td>
<td>The Organization is in the process of conducting an internal review of compensation and benefits provided to 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</td>
</tr>
<tr>
<td>FORM 990, PART XII, LINE 8 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES</td>
<td></td>
<td>NET UNREALIZED GAINS ON INVESTMENTS 1,300 TOTAL 8 - 590</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NET UNREALIZED GAINS ON INVESTMENTS $ 740 PRIOR PERIOD ADJUSTMENT -</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Emil J Ruggay Esq TITLE:Chairman HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Vincent Arcuri TITLE:Vice Chairman HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Fred T Hafer Esq TITLE:Secretary HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Edmundo Medda MD TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:John H Cook Esq TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:A C Rao MD TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:John D Ruggay Esq TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Vito J D'Alessandro TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Adam Figueras TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Gary Goffner TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Andrew Bosselle TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Frank Chareito TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME:Albert Wilshire TITLE:Trustee HOURS:3</td>
</tr>
<tr>
<td>Identifier</td>
<td>Return Reference</td>
<td>Explanation</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Victoria Cook Esq TITLE Trustee HOURS 3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Charlene Visconti TITLE Trustee HOURS 3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Rajiv Garg TITLE CEO HOURS 3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Frances Purcell TITLE Trustee HOURS 3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Nisha Agarwal TITLE Trustee HOURS 3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Marcia Maxwell TITLE Trustee HOURS 3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Herman Hochberg TITLE Trustee HOURS 3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Leon Kozlowski TITLE Treasurer, CFO HOURS 2</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Frances Heaney TITLE COO HOURS 3</td>
</tr>
<tr>
<td>HOURS DEVOTED FOR RELATED ORGANIZATION</td>
<td>FORM 990 PART VII</td>
<td>NAME Mohammad A Mr, MD TITLE Physician HOURS 35</td>
</tr>
</tbody>
</table>
## SCHEDULE R
### 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.

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th><em>(g) Section 512(b)(13) controlled organization</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.)

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of other organization</td>
<td>Transaction type(a-r)</td>
<td>Amount involved</td>
<td>Method of determining amount involved</td>
</tr>
<tr>
<td>(1) See Additional Data Table</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VI  Unrelated Organizations Taxable as a Partnership

(Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners section 501(c)(3) organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Schedule R (Form 990) 2011
### Part VII Supplemental Information

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

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PART IV, column (d) - Direct Controlling Entity</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>PART VII - SUPPLEMENTAL INFORMATION</td>
<td>Respective PC’s employ physicians and departmental chairs who provide professional services to the Wyckoff Heights Medical Center</td>
<td></td>
</tr>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary Activity</td>
<td>Legal Domicile (State or Foreign Country)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>-----------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>BROOKLYN QUEENS HEALTH CARE 374 STOCKHOLM STREET BROOKLYN, NY 11237 31-1650965</td>
<td>SUPPORT WHMC</td>
<td>NY</td>
</tr>
<tr>
<td>STOCKHOLM OBSTETRICS &amp; GYNECOLOGIC</td>
<td>MEDICAL SVCS</td>
<td>NY</td>
</tr>
<tr>
<td>11-3318298</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF ANESTHESIA MEDICAL SERVICE</td>
<td>ANESTHESIA</td>
<td>NY</td>
</tr>
<tr>
<td>11-3519417</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF FAMILY MEDICAL SERVICES PC</td>
<td>MEDICAL SVCS</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3503139</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF HEIGHTS DENTAL SERVICES PC</td>
<td>DENTISTRY</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3440088</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF HEIGHTS MEDICAL CENTER FOUND</td>
<td>SUPPORT WHMC</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3626419</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF IMAGING SERVICE PC</td>
<td>MED IMAGING</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 86-1061721</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF MEDICAL SERVICES PC</td>
<td>MEDICAL SVCS</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3459881</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF NEONATAL SERVICES PC</td>
<td>MEDICAL SVCS</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3401138</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF ORTHOPAEDIC PC</td>
<td>ORTHOPEDICS</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3437602</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF HEIGHTS HOSPITAL SELF INSURA</td>
<td>INACTIVE</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2513146</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Name, address, and EIN of related organization</td>
<td>(b) Primary activity</td>
<td>(c) Legal Domicile (State or Foreign Country)</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>---------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>PREFERRED HEALTH VENTURES INC</td>
<td>INACTIVE</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974960</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERRED HEALTH VENTURES PHARMACY</td>
<td>INACTIVE</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974935</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERRED HEALTH VENTURES PLACEMENT</td>
<td>INACTIVE</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2973953</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PREFERRED HEALTH PROPERTIES INC</td>
<td>INACTIVE</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-2974963</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF EMERGENCY MEDICINE SERVICES PC</td>
<td>MEDICAL SVCS</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3495935</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF PRACTICE MANAGEMENT CORP</td>
<td>MANAGEMENT</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 11-3463990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WYCKOFF SURGICAL SERVICES PC</td>
<td>SURGICAL SVCS</td>
<td>NY</td>
</tr>
<tr>
<td>374 STOCKHOLM STREET BROOKLYN, NY 11237 27-0837125</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Name of other organization</td>
<td>Transaction type (a-r)</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1</td>
<td>STOCKHOLM OBSTETRICS &amp; GYNECOLOGICAL SVC</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>WYCKOFF ANESTHESIA MEDICAL SERVICES PC</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>WYCKOFF FAMILY MEDICAL SERVICES PC</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>WYCKOFF HEIGHTS DENTAL SERVICES PC</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>WYCKOFF IMAGING SERVICE PC</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>WYCKOFF NEONATAL SERVICES PC</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>WYCKOFF EMERGENCY MEDICINE SERVICES PC</td>
<td></td>
</tr>
</tbody>
</table>
WYCKOFF HEIGHTS MEDICAL CENTER

Consolidated Financial Statements

December 31, 2011 and 2010

(With Independent Auditors’ Report Thereon)
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Auditors’ Report</td>
<td>1</td>
</tr>
<tr>
<td><strong>Consolidated Financial Statements</strong></td>
<td></td>
</tr>
<tr>
<td>Consolidated Statements of Financial Position at December 31, 2011 and 2010</td>
<td>3</td>
</tr>
<tr>
<td>Consolidated Statements of Operations and Net Asset Deficiency for the years ended December 31, 2011 and 2010</td>
<td>4</td>
</tr>
<tr>
<td>Consolidated Statements of Cash Flows for the years ended December 31, 2011 and 2010</td>
<td>5</td>
</tr>
<tr>
<td>Notes to Consolidated Financial Statements</td>
<td>6 – 25</td>
</tr>
<tr>
<td><strong>Supplementary Information</strong></td>
<td></td>
</tr>
<tr>
<td>Consolidating Statement of Operations and Net Asset Deficiency for the year ended December 31, 2011 (with Summarized Comparative Totals for the year ended December 31, 2010)</td>
<td>30 – 31</td>
</tr>
</tbody>
</table>
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 non-operating 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
### Consolidated Statements of Financial Position

**December 31, 2011 and 2010**

*(In thousands)*

<table>
<thead>
<tr>
<th>Assets</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$ 4,707</td>
<td>12,985</td>
</tr>
<tr>
<td>Patient accounts receivable, net of allowance for uncollectible accounts of $45,900 in 2011 and $141,900 in 2010</td>
<td>31,091</td>
<td>24,265</td>
</tr>
<tr>
<td>Other receivables, net</td>
<td>11,093</td>
<td>2,815</td>
</tr>
<tr>
<td>Due from third-party payors</td>
<td>3,112</td>
<td>14,575</td>
</tr>
<tr>
<td>Inventories and other current assets</td>
<td>3,038</td>
<td>6,145</td>
</tr>
<tr>
<td>Due from related organizations</td>
<td>111</td>
<td>200</td>
</tr>
<tr>
<td>Assets limited as to use – current portion</td>
<td>10,886</td>
<td>11,050</td>
</tr>
<tr>
<td>Other</td>
<td>419</td>
<td>419</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>64,457</td>
<td>72,454</td>
</tr>
<tr>
<td>Assets limited as to use under bond indenture, net of current portion</td>
<td>8,088</td>
<td>3,704</td>
</tr>
<tr>
<td>Property, buildings and equipment, net</td>
<td>62,040</td>
<td>64,086</td>
</tr>
<tr>
<td>Insurance claims receivable</td>
<td>27,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$ 161,585</td>
<td>140,244</td>
</tr>
</tbody>
</table>

**Liabilities and Net Asset Deficiency**

<table>
<thead>
<tr>
<th>Liabilities and Net Asset Deficiency</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>$ 35,874</td>
<td>18,176</td>
</tr>
<tr>
<td>Accrued salaries and related liabilities</td>
<td>16,174</td>
<td>19,483</td>
</tr>
<tr>
<td>Current portion of due to third-party payors</td>
<td>13,606</td>
<td>25,247</td>
</tr>
<tr>
<td>Accrued interest payable</td>
<td>1,727</td>
<td>1,834</td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>8,169</td>
<td>9,844</td>
</tr>
<tr>
<td>Current portion of estimated professional liabilities</td>
<td>1,070</td>
<td>7,359</td>
</tr>
<tr>
<td>Due to related organization</td>
<td>4,471</td>
<td>3,787</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>4,363</td>
<td>4,975</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>85,454</td>
<td>90,705</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-term liabilities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to third-party payors, less current portion</td>
<td>9,700</td>
<td>7,000</td>
</tr>
<tr>
<td>Long-term debt, less current portion</td>
<td>98,759</td>
<td>103,673</td>
</tr>
<tr>
<td>Estimated self-insured professional liabilities, less current portion</td>
<td>44,048</td>
<td>29,438</td>
</tr>
<tr>
<td>Estimated insured professional liabilities</td>
<td>27,000</td>
<td></td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>264,961</td>
<td>230,816</td>
</tr>
</tbody>
</table>

**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)

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

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)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash flows from operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficiency of total revenues over total expense</td>
<td>$(12,804)</td>
<td>$(2,495)</td>
</tr>
<tr>
<td>Adjustments to reconcile deficiency of total revenues over total expenses to net cash provided by operating activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and leasehold improvement amortization</td>
<td>11,181</td>
<td>9,444</td>
</tr>
<tr>
<td>Amortization of deferred financing fees</td>
<td>—</td>
<td>73</td>
</tr>
<tr>
<td>Provision for bad debts</td>
<td>17,542</td>
<td>17,507</td>
</tr>
<tr>
<td>Changes in assets - (increase) decrease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient accounts receivable</td>
<td>(24,368)</td>
<td>(4,126)</td>
</tr>
<tr>
<td>Other receivables, net</td>
<td>(8,278)</td>
<td>(1,202)</td>
</tr>
<tr>
<td>Due from third-party payors</td>
<td>11,463</td>
<td>(3,429)</td>
</tr>
<tr>
<td>Inventories and other current assets</td>
<td>3,107</td>
<td>45</td>
</tr>
<tr>
<td>Due from related organizations</td>
<td>89</td>
<td>238</td>
</tr>
<tr>
<td>Insurance claims receivable</td>
<td>(27,000)</td>
<td>—</td>
</tr>
<tr>
<td>Changes in liabilities - (decrease) increase</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>17,698</td>
<td>(24,007)</td>
</tr>
<tr>
<td>Accrued salaries and related liabilities</td>
<td>(3,309)</td>
<td>328</td>
</tr>
<tr>
<td>Due to third-party payors</td>
<td>(8,941)</td>
<td>7,289</td>
</tr>
<tr>
<td>Accrued interest payable</td>
<td>(107)</td>
<td>(110)</td>
</tr>
<tr>
<td>Estimated self-insured professional liabilities</td>
<td>8,321</td>
<td>5,413</td>
</tr>
<tr>
<td>Estimated insured professional liabilities</td>
<td>27,000</td>
<td>—</td>
</tr>
<tr>
<td>Due to related organizations</td>
<td>684</td>
<td>(262)</td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>(612)</td>
<td>2,933</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td><strong>11,666</strong></td>
<td><strong>7,639</strong></td>
</tr>
</tbody>
</table>

| 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** | **(13,355)** | **(8,676)** |

| 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** | **(6,589)** | **8,269** |
| **Net (decrease) increase in cash and cash equivalents** | **(8,278)** | **7,232** |

| Cash and cash equivalents, beginning of year | 12,985 | 5,753 |
| Cash and cash equivalents, end of year | **4,707** | **12,985** |

### Supplemental disclosure of cash flow information

| Cash paid for interest and financing fees | $5,849 | 5,758 |

---

See accompanying notes to consolidated financial statements
(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 Cantas Health Care, Inc (“Cantas”). Cantas 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**
- 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)

**Taxable**
- 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.
(2) **Going Concern**

At December 31, 2011 and 2010, the Medical Center had a working capital deficiency of approximately $210.0 million and $183.3 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 (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.
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
(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.
(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):

<table>
<thead>
<tr>
<th>Service</th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare and related services</td>
<td>$211,392</td>
<td>$202,094</td>
</tr>
<tr>
<td>Program support and general services</td>
<td>$94,411</td>
<td>$89,401</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$305,803</strong></td>
<td><strong>$291,495</strong></td>
</tr>
</tbody>
</table>

(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.
(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 million 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, Cartas 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.
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.

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 plans.
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:

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare (including Medicare managed care)</td>
<td>32%</td>
<td>28%</td>
</tr>
<tr>
<td>Medicaid (including Medicaid managed care)</td>
<td>41</td>
<td>58</td>
</tr>
<tr>
<td>Commercial and other payors</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>Self-pay</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

(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).
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)

<table>
<thead>
<tr>
<th>Marketable securities</th>
<th>Total</th>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Treasury bills and notes</td>
<td>$18,974</td>
<td>$18,974</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Marketable securities</th>
<th>Total</th>
<th>Level 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Treasury bills and notes</td>
<td>$14,754</td>
<td>$14,754</td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>$2,493</td>
<td>2</td>
</tr>
<tr>
<td>U.S. Treasury bills and notes</td>
<td>16,481</td>
<td>14,752</td>
</tr>
<tr>
<td></td>
<td>18,974</td>
<td>14,754</td>
</tr>
<tr>
<td>Less current portion</td>
<td>10,886</td>
<td>11,050</td>
</tr>
<tr>
<td>Assets limited as to use, net of current portion</td>
<td>$8,088</td>
<td>3,704</td>
</tr>
</tbody>
</table>
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):

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

(7) Property, Buildings and Equipment

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

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

Depreciation and amortization amounted to approximately $112 million (including a loss on abandonment of projects of $21 million) and $94 million for the years ended December 31, 2011 and 2010, respectively. Movable equipment includes gross capitalized leases aggregating approximately $43 million and $46 million, with $26 million and $31 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.
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):

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

(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 for bore its rights and remedies under the existing loan documents and the arrearage of...
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 10%, 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):

<table>
<thead>
<tr>
<th>Years ending December 31</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$6,475</td>
</tr>
<tr>
<td>2013</td>
<td>6,805</td>
</tr>
<tr>
<td>2014</td>
<td>7,155</td>
</tr>
<tr>
<td>2015</td>
<td>7,530</td>
</tr>
<tr>
<td>2016</td>
<td>7,920</td>
</tr>
<tr>
<td>Thereafter</td>
<td>66,990</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>102,875</strong></td>
</tr>
</tbody>
</table>

(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 10%, 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 10%. 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.
Required principal payments this consolidated loan for the next five years and thereafter consist of the following (in thousands)

<table>
<thead>
<tr>
<th>Years ending December 31</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>2013</td>
<td>285</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>349</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td>352</td>
</tr>
<tr>
<td></td>
<td>2016</td>
<td>356</td>
</tr>
<tr>
<td></td>
<td>Thereafter</td>
<td>359</td>
</tr>
<tr>
<td></td>
<td></td>
<td>49</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1,750</td>
</tr>
</tbody>
</table>

\[(c)\quad \text{Notes Payable}\]

Notes payable consist of the following (in thousands)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>$120</td>
<td>168</td>
</tr>
<tr>
<td>Note payable to a financing agency, due June 1, 2011. Interest is at 12% per annum, the note is secured by related property</td>
<td>500</td>
<td>1,000</td>
</tr>
<tr>
<td>Total notes payable</td>
<td>620</td>
<td>1,168</td>
</tr>
<tr>
<td>Less current portion</td>
<td>576</td>
<td>1,056</td>
</tr>
<tr>
<td>$</td>
<td>44</td>
<td>112</td>
</tr>
</tbody>
</table>
(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):

<table>
<thead>
<tr>
<th>Years ending December 31</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$ 946</td>
</tr>
<tr>
<td>2013</td>
<td>391</td>
</tr>
<tr>
<td>2014</td>
<td>234</td>
</tr>
<tr>
<td>2015</td>
<td>197</td>
</tr>
<tr>
<td>2016</td>
<td>79</td>
</tr>
</tbody>
</table>

1,847

Less amount representing interest 164

| Present value of future minimum lease payments | 1,683 |
| Less current portion                          |  833  |
|                                               | $ 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.
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 Cantas’ 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. 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 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...
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...
2010 aggregating approximately $451 million and $368 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)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>The New York Hospital Medical Center of Queens (Queens) (a)</td>
<td>$</td>
<td>11</td>
</tr>
<tr>
<td>Garity Post (b)</td>
<td>117</td>
<td>117</td>
</tr>
<tr>
<td>BQHC (c)</td>
<td>(17)</td>
<td>70</td>
</tr>
<tr>
<td><strong>Due from related organizations</strong></td>
<td><strong>$111</strong></td>
<td><strong>200</strong></td>
</tr>
</tbody>
</table>

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

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

(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.
(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):

<table>
<thead>
<tr>
<th>Years ending December 31</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$2,229</td>
</tr>
<tr>
<td>2013</td>
<td>1,062</td>
</tr>
<tr>
<td>2014</td>
<td>570</td>
</tr>
<tr>
<td>2015</td>
<td>441</td>
</tr>
<tr>
<td>2016</td>
<td>195</td>
</tr>
<tr>
<td>Thereafter</td>
<td>363</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,860</strong></td>
</tr>
</tbody>
</table>

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 office and U.S. Attorney 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.
(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 industry-wide 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.
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 Medicare 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.
## Supplementary Information

**CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

### December 31, 2011

With Summary and Comparative Totals as of December 31, 2010

(all amounts in thousands)

<table>
<thead>
<tr>
<th>Assets</th>
<th>Wyckoff</th>
<th>Wyckoff</th>
<th>Wyckoff</th>
<th>Wyckoff</th>
<th>Wyckoff</th>
<th>Wyckoff</th>
<th>Wyckoff</th>
<th>Wyckoff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dental</td>
<td>Medical</td>
<td>Emergency</td>
<td>Medicine</td>
<td>Practice</td>
<td>Management</td>
<td>Neurosurgical</td>
<td>Orthopedic</td>
</tr>
<tr>
<td>Current as of December 31, 2011</td>
<td>$2,013</td>
<td>1.48</td>
<td>11</td>
<td>264</td>
<td>—</td>
<td>58</td>
<td>19</td>
<td>36</td>
</tr>
<tr>
<td>Patient account receivable net</td>
<td>31,991</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other receivables net</td>
<td>10,886</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Due from third-party payors</td>
<td>3,112</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Investments and other current assets</td>
<td>3,011</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Due from affiliated organizations</td>
<td>2,719</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Cash and cash equivalents (limited to use - current portion)</td>
<td>10,356</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Interest receivable</td>
<td>119</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total current assets</td>
<td>$66,952</td>
<td>1.48</td>
<td>11</td>
<td>264</td>
<td>—</td>
<td>58</td>
<td>19</td>
<td>36</td>
</tr>
<tr>
<td>Assets limited as-to-use under bond indenture</td>
<td>$810,850</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Property, buildings and equipment net</td>
<td>62,148</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Investment in net receivables</td>
<td>5,060</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total assets</td>
<td>$165,810</td>
<td>1.48</td>
<td>11</td>
<td>264</td>
<td>—</td>
<td>58</td>
<td>19</td>
<td>36</td>
</tr>
</tbody>
</table>

Net assets as shown represent independent auditors report on supplementary information.
<table>
<thead>
<tr>
<th>Stockholders</th>
<th>Wexoff Liquidating (in billions)</th>
<th>Preferred Health Ventures</th>
<th>Preferred Health Ventures</th>
<th>Preferred Health Ventures</th>
<th>Preferred Health Ventures</th>
<th>Wexoff Foundation</th>
<th>39th Illinois Corp</th>
<th>Subtotal</th>
<th>Elimination Entries</th>
<th>Consolidated 2011</th>
<th>Consolidated 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>1.01</td>
<td>28</td>
<td>1</td>
<td>1</td>
<td>1.22</td>
<td>1.76</td>
<td>1.01</td>
<td>2.54</td>
<td>11.01</td>
<td>12.85</td>
<td>12.26</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11.01</td>
<td>1.01</td>
<td>12.02</td>
<td>12.02</td>
<td>12.02</td>
<td>12.02</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
<td>11.01</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>1.01</td>
<td>106</td>
<td>165</td>
<td>1</td>
<td>3.83</td>
<td>7.28</td>
<td>1.01</td>
<td>107.36</td>
<td>108.37</td>
<td>12.45**</td>
<td>12.45**</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>1.01</td>
<td>106</td>
<td>165</td>
<td>1</td>
<td>3.83</td>
<td>109.41</td>
<td>1.01</td>
<td>109.41</td>
<td>109.41</td>
<td>141.24</td>
<td>141.24</td>
</tr>
<tr>
<td>Liabilities and Net Deficiency</td>
<td>Wyckoff Dental</td>
<td>Wyckoff Medical</td>
<td>Wyckoff Emergency Medicine</td>
<td>Wyckoff Ambulatory</td>
<td>Wyckoff Practice Management</td>
<td>Wyckoff Neurology</td>
<td>Wyckoff Orthopedic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------</td>
<td>----------------</td>
<td>---------------------------</td>
<td>--------------------</td>
<td>---------------------------</td>
<td>----------------</td>
<td>-----------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued expenses</td>
<td>36,789</td>
<td>1</td>
<td>14</td>
<td>91</td>
<td>18</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>19,809</td>
<td>15</td>
<td>104</td>
<td>288</td>
<td>144</td>
<td>1</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current portion of due to third-party payers</td>
<td>1,016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current portion of time</td>
<td>1,016</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current portion of long-term debt</td>
<td>816</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current portion of estimated professional liabilities</td>
<td>12,675</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due to related organization</td>
<td>6,012</td>
<td>100</td>
<td>235</td>
<td>85</td>
<td>17</td>
<td>1</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deferred revenue</td>
<td>1,033</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total current liabilities</td>
<td>86,096</td>
<td>116</td>
<td>581</td>
<td>1,079</td>
<td>941</td>
<td>1,538</td>
<td>146</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Due to third-party payers, less-current portion</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term debt, less-current portion</td>
<td>98,789</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated professional liabilities, less-current portion</td>
<td>27,800</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Estimated professional liabilities, less-current portion</td>
<td>98,789</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total liabilities</td>
<td>265,685</td>
<td>116</td>
<td>581</td>
<td>1,079</td>
<td>941</td>
<td>1,538</td>
<td>146</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitments and contingencies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net of deficiency - unrecorded</td>
<td>(101,721)</td>
<td>32</td>
<td>148</td>
<td>(864)</td>
<td>(864)</td>
<td>(1,480)</td>
<td>(127)</td>
<td>24</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>164,964</td>
<td>148</td>
<td>711</td>
<td>263</td>
<td>88</td>
<td>58</td>
<td>158</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

WYCKOFF HEIGHTS MEDICAL CENTER
Supplementary information
Consolidated Statement of Financial Position
December 31, 2011
With Summary and Comparative Totals as of December 31, 2010

(thousands)
<table>
<thead>
<tr>
<th>Weekoff Family Medical</th>
<th>Weekoff Imaging</th>
<th>Preferred Health Ventures Pharmacy</th>
<th>Preferred Health Ventures Placement</th>
<th>Preferred Health Ventures Properties</th>
<th>Weekoff Foundation</th>
<th>25th Percentile Corp.</th>
<th>Subtotal</th>
<th>Elimination entries</th>
<th>Consolidated 2014</th>
<th>Consolidated 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>1</td>
<td>60</td>
<td>34</td>
<td>22</td>
<td>160</td>
<td>116</td>
<td>918</td>
<td>108</td>
<td>104</td>
<td>104</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>222</td>
<td>151</td>
<td>422</td>
<td>252</td>
<td>634</td>
<td>918</td>
<td>918</td>
<td>918</td>
<td>918</td>
<td>918</td>
<td>918</td>
</tr>
<tr>
<td>222</td>
<td>151</td>
<td>422</td>
<td>252</td>
<td>634</td>
<td>918</td>
<td>2725</td>
<td>2725</td>
<td>2725</td>
<td>2725</td>
<td>2725</td>
</tr>
<tr>
<td>(221)</td>
<td>(141)</td>
<td>(141)</td>
<td>(141)</td>
<td>(141)</td>
<td>(141)</td>
<td>(141)</td>
<td>(141)</td>
<td>(141)</td>
<td>(141)</td>
<td>(141)</td>
</tr>
</tbody>
</table>
Wyckoff Heights Medical Center
Supplementary information
Consolidated Statement of Operating and Net Asset Deficiencies
December 31, 2011
(With Summarized Comparative Totals at December 31, 2010)
(in thousands)

Operating revenues

<table>
<thead>
<tr>
<th></th>
<th>Wyckoff</th>
<th>Wyckoff Dental</th>
<th>Wyckoff Medical</th>
<th>Wyckoff Emergency Medicine</th>
<th>Wyckoff Anesthesia</th>
<th>Wyckoff Practice Management</th>
<th>Wyckoff Nonprofit</th>
<th>Wyckoff Orthopedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>$ 2,596,934</td>
<td>360</td>
<td>3,566</td>
<td>4,213</td>
<td>1,763</td>
<td>—</td>
<td>59</td>
<td>146</td>
</tr>
<tr>
<td>Physician billing</td>
<td>16,266</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Supplies</td>
<td>6,578</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Media of training programs</td>
<td>6,333</td>
<td>53</td>
<td>20</td>
<td>2,691</td>
<td>2,868</td>
<td>389</td>
<td>419</td>
<td>—</td>
</tr>
<tr>
<td>Other revenue - electronic health records and FICA refund</td>
<td>6,851</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total operating revenues</td>
<td>369,269</td>
<td>942</td>
<td>3,566</td>
<td>6,964</td>
<td>1,633</td>
<td>339</td>
<td>98</td>
<td>146</td>
</tr>
</tbody>
</table>

Operating expenses

<table>
<thead>
<tr>
<th></th>
<th>Wyckoff</th>
<th>Wyckoff Dental</th>
<th>Wyckoff Medical</th>
<th>Wyckoff Emergency Medicine</th>
<th>Wyckoff Anesthesia</th>
<th>Wyckoff Practice Management</th>
<th>Wyckoff Nonprofit</th>
<th>Wyckoff Orthopedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplies and wages</td>
<td>123,140</td>
<td>54</td>
<td>2,264</td>
<td>5,413</td>
<td>4,219</td>
<td>364</td>
<td>921</td>
<td>38</td>
</tr>
<tr>
<td>Employee benefits</td>
<td>10,196</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Depreciation and leasehold improvement amortization</td>
<td>11,181</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total operating expenses</td>
<td>369,269</td>
<td>942</td>
<td>3,566</td>
<td>6,964</td>
<td>1,633</td>
<td>339</td>
<td>98</td>
<td>146</td>
</tr>
</tbody>
</table>

Net operating revenue: $1,824,675

Net operating revenue minus expense from operations: 3,586

Nonoperating revenue and expenses

<table>
<thead>
<tr>
<th></th>
<th>Wyckoff</th>
<th>Wyckoff Dental</th>
<th>Wyckoff Medical</th>
<th>Wyckoff Emergency Medicine</th>
<th>Wyckoff Anesthesia</th>
<th>Wyckoff Practice Management</th>
<th>Wyckoff Nonprofit</th>
<th>Wyckoff Orthopedic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investment income</td>
<td>300</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other revenue</td>
<td>3,030</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other expenses</td>
<td>1,100</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Total nonoperating revenue and expenses</td>
<td>4,530</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Deficiency of total revenues over total expenses: ($1,790,044)

Net asset deficiency, beginning of year: $89,225

Net asset deficiency, end of year: $111,753

See accompanying independent auditors report on supplementary information.
<table>
<thead>
<tr>
<th>Wyckoff Family</th>
<th>Medical</th>
<th>Stockholders</th>
<th>Wyckoff Imaging</th>
<th>Preferred Health Ventures Phannex</th>
<th>Preferred Health Ventures Placement</th>
<th>Preferred Health Ventures Properties</th>
<th>Wyckoff Foundation</th>
<th>39th Street Harned Corp</th>
<th>Subtotal</th>
<th>Elimination entries</th>
<th>Consolidated 2011</th>
<th>Consolidated 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>924</td>
<td>2,064</td>
<td>2,311</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>2,910</td>
<td>155,912</td>
<td>2,910,093</td>
<td>2,910,093</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>162,966</td>
<td>162,966</td>
<td>162,966</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>42,797</td>
<td>42,797</td>
<td>42,797</td>
</tr>
<tr>
<td></td>
<td>558</td>
<td>1,463</td>
<td>1,842</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>6,675</td>
<td>111,494</td>
<td>6,675</td>
<td>6,675</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>6,871</td>
<td>6,871</td>
<td>6,871</td>
</tr>
<tr>
<td></td>
<td>1,759</td>
<td>3,527</td>
<td>4,353</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>136,455</td>
<td>12,406</td>
<td>303,269</td>
<td>296,675</td>
</tr>
<tr>
<td></td>
<td>1,841</td>
<td>2,181</td>
<td>2,396</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>143,638</td>
<td>—</td>
<td>143,638</td>
<td>143,638</td>
</tr>
<tr>
<td></td>
<td>519</td>
<td>1,287</td>
<td>1,726</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>112,190</td>
<td>12,941</td>
<td>84,410</td>
<td>4,069</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>1,573</td>
<td>3,711</td>
<td>4,167</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>225</td>
<td>12,941</td>
<td>225</td>
<td>9,414</td>
</tr>
<tr>
<td></td>
<td>(84)</td>
<td>(214)</td>
<td>(314)</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>446</td>
<td>388</td>
<td>3,466</td>
<td>820</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>65</td>
<td>—</td>
<td>65</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>0</td>
<td>103</td>
<td>103</td>
<td>—</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>(16,809)</td>
<td>(16,809)</td>
<td>(16,809)</td>
</tr>
<tr>
<td></td>
<td>—</td>
<td>3</td>
<td>3</td>
<td>(3)</td>
<td>1</td>
<td>(1)</td>
<td>(111)</td>
<td>(988)</td>
<td>(499)</td>
<td>(1,137)</td>
<td>(1,137)</td>
<td>(1,137)</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>—</td>
<td>3</td>
<td>(3)</td>
<td>1</td>
<td>(1)</td>
<td>(15,882)</td>
<td>(988)</td>
<td>(16,270)</td>
<td>(1,456)</td>
<td>(1,456)</td>
<td>(1,456)</td>
</tr>
<tr>
<td></td>
<td>(195)</td>
<td>(214)</td>
<td>(114)</td>
<td>3</td>
<td>(3)</td>
<td>1</td>
<td>(12,804)</td>
<td>(1,456)</td>
<td>—</td>
<td>(12,804)</td>
<td>(12,804)</td>
<td>(12,804)</td>
</tr>
<tr>
<td></td>
<td>(1,260)</td>
<td>(133)</td>
<td>(308)</td>
<td>(148)</td>
<td>168</td>
<td>632</td>
<td>2,672</td>
<td>1</td>
<td>60,972</td>
<td>(60,972)</td>
<td>(60,972)</td>
<td>(60,972)</td>
</tr>
</tbody>
</table>