



Part IIISTatement 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 BOARD ADOPTED MISSION STATEMENT IS TO PROVIDE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES, THROUGH CHARITY CARE, AN EMERGENCY ROOM OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY, A MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, A GOVERNING BODY IN WHICH INDEPENDENT PERSONS REPRESENTATIVE OF THE COMMUNITY COMPRISE A MAJORITY, MEDICAL AND SCIENTIFIC RESEARCH THAT BENEFITS THE COMMUNITY, TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS, PARTICIPATION IN MEDICAID, MEDICARE AND OTHER GOVERNMENT-SPONSORED HEALTH CARE PROGRAMS, AND ACTIVITIES DESIGNED TO RESPOND TO COMMUNITY HEALTH NEEDS

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

No

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 1,391,597,131 including grants of \$ 157,662,272 ) (Revenue \$ 1,887,183,735 )

THE CENTRAL COMPONENT OF THE HOSPITALS CENTER IS TISCH HOSPITAL, A 705 BED ACUTE CARE FACILITY AND A MAJOR CENTER FOR SPECIALIZED PROCEDURES IN CARDIOVASCULAR SERVICES, NEURO-SURGERY, CANCER TREATMENT, RECONSTRUCTIVE SURGERY, AND TRANSPLANTATION THE RUSK INSTITUTE OF REHABILITATION MEDICINE, A 174 BED UNIT, PROVIDES TREATMENT FOR THE PHYSICALLY CHALLENGED THE NYU HOSPITAL FOR JOINT DISEASES (HJD) DIVISION IS A 190 BED ACUTE CARE FACILITY SPECIALIZING IN ORTHOPAEDIC SERVICES TISCH HOSPITAL, THE RUSK INSTITUTE, AND HJD HAD 42,566 DISCHARGES AND PROVIDED 661,289 OUTPATIENT VISITS (CLINIC - 317,141, EMERGENCY ROOM - 50,096, CLINICAL CANCER CENTER VISITS - 214,332, CARDIAC CATHETERIZATIONS & ELECTROPHYSIOLOGY - 4,244, RUSK REHABILITATION CLINIC - 75,476) PLUS 28,042 AMBULATORY SURGERY PROCEDURES

4b

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

4c

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

4d

Other program services (Describe in Schedule O )
























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

4e

Total program service expenses \$ 1,391,597,131

Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<div>Part V</div> <div>Statements Regarding Other IRS Filings and Tax Compliance</div>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	599	
1b	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?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	10,246
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes
b If "Yes," enter the name of the foreign country: BD See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		13a	
b Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the aggregate amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1a	66		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	1b	54
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization’s assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization’s mailing address? If “Yes,” provide the names and addresses in Schedule O . . . . .	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶NY , NJ , OH , SC , MD , MS , AL , AK , AZ , CO , DC , FL , GA , IL , KS , KY , MA , MI , MN , NH , ND , OK , OR , UT , WA , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another’s website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶ MICHAEL T BURKE CFO 550 FIRST AVENUE NEW YORK, NY 10016 (212) 263-3092

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

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

Form **990** (2011)

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	13,721,603	12,962,992	1,903,385

<b>2</b>	Total number of individuals (including but not limited to those listed \$100,000 of reportable compensation from the organization)	1,335
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		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
APTUM E NEW YORK 160 EAST 34TH STREET NEW YORK, NY 10016	MANAGEMENT SERVICES	23,323,627
ENNEAD ARCHITECTS LLP 320 WEST 13TH STREET NEW YORK, NY 10014	ARCHITECTS	17,929,017
TURNER CONSTRUCTION CO 375 HUDSON STREET 6TH FLOOR NEW YORK, NY 10014	CONSTRUCTION	16,368,069
IBM CORPORATION 1 NEW ORCHARD ROAD ARMONK, NY 105041722	CONSULTING SERVICES	16,296,748
BARR & BARR INC 460 WEST 34TH STREET 10TH FLOOR NEW YORK, NY 10001	CONSTRUCTION	14,968,308
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>447</b>		



Part VIII

Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	2,139,969				
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e	735,999				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	23,836,368				
	g	Noncash contributions included in lines 1a-1f \$ 18,474,856						
	h	Total. Add lines 1a-1f . . . . .		26,712,336				
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE	622110	1,830,157,955	1,830,157,955			
	b	PHARMACY SALES	446110	7,701,157	4,604,021	3,097,136		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		1,837,859,112				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		8,020,361		429,213	7,591,148	
	4	Income from investment of tax-exempt bond proceeds . . .		505,227			505,227	
	5	Royalties . . . . .		242,879			242,879	
	6a	(i) Real		(ii) Personal				
		Gross rents	4,626,626					
		b Less rental expenses	807,406					
		c Rental income or (loss)	3,819,220					
	d	Net rental income or (loss) . . . . .		3,819,220			3,819,220	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory	60,087,477					
		b Less cost or other basis and sales expenses	60,292,512					
		c Gain or (loss)	-205,035					
	d	Net gain or (loss) . . . . .		-205,035			-205,035	
	8a	Gross income from fundraising events (not including \$ 2,139,969 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a		209,000					
	b	Less direct expenses . . . . .	b	348,281				
	c	Net income or (loss) from fundraising events . . .		-139,281			-139,281	
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
	a							
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .	a					
	a							
	b	Less cost of goods sold . . . . .	b					
	c	Net income or (loss) from sales of inventory . . .						
Miscellaneous Revenue		Business Code						
11a	MEDICAL CENTER REVENUE	621110	17,054,006	17,054,006				
b	AFFILIATION INCOME	621110	15,945,456	15,945,456				
c	PROFESSIONAL REVENUE	621110	7,451,283	7,451,283				
d	All other revenue . . . . .		23,216,486	8,873,878		14,342,608		
e	Total. Add lines 11a-11d . . . . .		63,667,231					
12	Total revenue. See Instructions . . . . .		1,940,482,050	1,884,086,599	3,526,349	26,156,766		

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	157,662,272	157,662,272		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,359,797	5,770,081	1,589,716	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	7,522,577	5,897,700	1,624,877	
7	Other salaries and wages	655,159,395	513,644,963	140,798,494	715,938
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,037,603	36,093,481	9,944,122	
9	Other employee benefits	115,168,250	90,291,908	24,697,157	179,185
10	Payroll taxes	45,536,966	35,700,981	9,835,985	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,339,198	1,049,931	289,267	
c	Accounting	872,404		872,404	
d	Lobbying	518,104		518,104	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	113,663,300	74,841,115	38,822,185	
12	Advertising and promotion	14,604,678	11,450,068	3,154,610	
13	Office expenses	32,667,955	25,611,677	5,638,269	1,418,009
14	Information technology	17,130,036	13,429,948	3,700,088	
15	Royalties				
16	Occupancy	82,631,126	64,782,803	17,848,323	
17	Travel	2,356,809	1,847,738	509,071	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	796,999	624,847	172,152	
20	Interest	19,216,647	15,065,851	4,150,796	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,131,127	61,254,804	16,876,323	
23	Insurance	25,615,860	20,082,834	5,533,026	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	MEDICAL SUPPLIES	316,800,029	248,371,223	68,428,806	
b	TAXES & FEES	2,940,762	2,305,557	635,205	
c	ENVIRONMENTAL SERVICES	2,440,325	1,913,215	527,110	
d	INDIRECT RATE	1,910,202	1,497,598	412,604	
e					
f	All other expenses	3,069,559	2,406,536	663,023	
25	Total functional expenses. Add lines 1 through 24f	1,751,151,980	1,391,597,131	357,241,717	2,313,132
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			184,859	1	194,689
	2	Savings and temporary cash investments . . . . .			517,938,836	2	671,467,017
	3	Pledges and grants receivable, net . . . . .			123,496,236	3	92,036,831
	4	Accounts receivable, net . . . . .			228,396,341	4	245,035,509
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			26,439,061	8	23,589,141
	9	Prepaid expenses and deferred charges . . . . .			21,359,053	9	22,807,093
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,821,294,817			
	b	Less: accumulated depreciation . . . . .	10b	656,035,447	824,229,356	10c	1,165,259,370
	11	Investments—publicly traded securities . . . . .			20,845,000	11	4,130,000
	12	Investments—other securities. See Part IV, line 11 . . . . .			69,797,349	12	95,851,842
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .			7,256,279	14	7,256,279
	15	Other assets. See Part IV, line 11 . . . . .			88,509,982	15	78,524,027
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,928,452,352	16	2,406,151,798	
Liabilities	17	Accounts payable and accrued expenses . . . . .			230,005,866	17	224,288,790
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			3,094,106	19	318,732
	20	Tax-exempt bond liabilities . . . . .			496,226,919	20	481,451,799
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			102,650,000	23	421,821,160
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .			402,527,623	25	461,925,556
	26	Total liabilities. Add lines 17 through 25 . . . . .			1,234,504,514	26	1,589,806,037
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			486,926,292	27	611,558,562
	28	Temporarily restricted net assets . . . . .			198,275,231	28	191,776,215
	29	Permanently restricted net assets . . . . .			8,746,315	29	13,010,984
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			693,947,838	33	816,345,761
	34	Total liabilities and net assets/fund balances . . . . .			1,928,452,352	34	2,406,151,798

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,940,482,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,751,151,980
3	Revenue less expenses Subtract line 2 from line 1	3	189,330,070
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	693,947,838
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-66,932,147
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	816,345,761

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization NYU HOSPITALS CENTER	Employer identification number 13-3971298
--	--

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions )					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

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

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation



SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

Name of the organization NYU HOSPITALS CENTER	Employer identification number  13-3971298
--	--

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

- 1

Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

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

- 1

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

▶ \$
- 2

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

▶ \$
- 3

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

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

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

- 1

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

▶ \$
- 2

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

▶ \$
- 3

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

▶ \$
- 4

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

☐ Yes

☐ No
- 5

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

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		200
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		246,721
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		271,183
j	Total lines 1c through 1i			518,104
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	SCHEDULE C, PART II, LINE 1D NYU HOSPITALS CENTER SENT LETTERS TO VARIOUS FEDERAL, STATE AND CITY OFFICIALS WITH RESPECT TO VARIOUS MATTERS THAT WERE REPORTED AS LOBBYING EFFORTS. SCHEDULE C, PART II, LINE 1G NYU HOSPITALS CENTER PAID CERTAIN EMPLOYEES WHO HAD CONTACT WITH ELECTED OFFICIALS IN A LOBBYING CAPACITY. ADDITIONALLY, THERE ARE SEVERAL LOBBYISTS ON RETAINER AT NYU HOSPITALS CENTER WITH RESPECT TO FEDERAL, STATE AND CITY AFFAIRS. THE LOBBYISTS ENGAGED IN DIRECT CONTACT WITH ELECTED OFFICIALS ON BEHALF OF NYU HOSPITALS CENTER. THE TOTAL AMOUNT OF FEES PAID TO CONSULTANTS FOR LOBBYING PURPOSES WAS \$246,721. SCHEDULE C, PART II, LINE 1I NYU HOSPITALS CENTER PAID DUES TO THE GREATER NEW YORK HOSPITAL ASSOCIATION, HEALTHCARE ASSOCIATION OF NEW YORK STATE, AMERICAN HOSPITAL ASSOCIATION, AND ASSOCIATION OF AMERICAN MEDICAL COLLEGES, A PERCENTAGE OF WHICH WERE ALLOCATED TO LOBBYING FOR A TOTAL OF \$271,183.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
NYU HOSPITALS CENTER

Employer identification number  
13-3971298

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

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

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5

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

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

1b

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

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

2b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	25,217,266	23,328,450	20,448,235	47,558,164
1b	Contributions . . . . .	183,173	168,612	2,781,906	100
1c	Investment earnings or losses . . . . .	866,143	3,191,120	1,611,726	-7,976,263
1d	Grants or scholarships . . . . .				
1e	Other expenditures for facilities and programs . . . . .	1,253,239	1,414,114	1,513,417	19,095,860
1f	Administrative expenses . . . . .	25,509	56,802		37,906
1g	End of year balance . . . . .	24,987,834	25,217,266	23,328,450	20,448,235

2

Provide the estimated percentage of the year end balance held as

2a

Board designated or quasi-endowment ▶ 14 760 %

2b

Permanent endowment ▶ 85 240 %

2c

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 . . . . .

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐

3b

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

☐ Yes

☐

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		39,025,156		39,025,156
1b Buildings . . . . .		937,074,712	450,116,433	486,958,279
1c Leasehold improvements . . . . .		395,979,507		395,979,507
1d Equipment . . . . .		449,215,442	205,919,014	243,296,428
1e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				1,165,259,370



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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements . . . . .	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

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

Part XIV Supplemental Information
-----------------------------------

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT IS AVAILABLE TO SUPPORT THE CHARITABLE, PATIENT CARE, EDUCATIONAL AND RESEARCH MISSIONS OF THE NYU HOSPITALS CENTER, INCLUDING BUT NOT LIMITED TO CHARITY CARE, COMMUNITY BUILDING, PROGRAM SUPPORT, RESARCH, BUILDINGS AND EQUIPMENT
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FIN 48 (ASC 740) FOOTNOTE FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS. THE GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS. THE GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS. THERE WAS NO SIGNIFICANT IMPACT ON THE MEDICAL CENTER'S COMBINED FINANCIAL STATEMENTS DURING THE YEAR ENDED AUGUST 31, 2012.





[illegible]

3 Enter total number of other organizations or entities . . . . . ►

### **Part III** Grants and Other Assistance to Individuals Outside the United States.

[illegible]

**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

Additional Data

Software ID:  
Software Version:  
EIN: 13-3971298  
Name: NYU HOSPITALS CENTER

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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
NYU HOSPITALS CENTER

Employer identification number  
13-3971298

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

3

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		NYUHJD FNDRS' GALA (event type)	HASSENFELD TOYLAND (event type)	(total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	1,642,915	706,054	2,348,969
	2	Less Charitable contributions . . . .	1,508,915	631,054	2,139,969
	3	Gross income (line 1 minus line 2) . . . .	134,000	75,000	209,000
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .			
	7	Food and beverages . . . .	148,680	73,640	222,320
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	86,795	39,166	125,961
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d) . . . . . ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11

Does the organization operate gaming activities with nonmembers?

☐

Yes

☐

No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐

Yes

☐

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐

Yes

☐

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation

\$

Description of services provided

☐

Director/officer

☐

Employee

☐

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐

Yes

☐

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

**Name of the organization**  
NYU HOSPITALS CENTER

**Employer identification number**  
13-3971298

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals  <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals  <input type="checkbox"/> Applied uniformly to most 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 <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care  <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>600.000000000000 %</u>  b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .  <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>800.000000000000 %</u>  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	3a	Yes	
		3b	Yes	
4	Did the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b		No
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? . . . . .	5c		
6a	Did the organization prepare a community benefit report during the tax year? . . . . .	6a	Yes	
6b	If "Yes," did the organization make it available to the public? . . . . .	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charnty care at cost (from Worksheet 1) . . . . .			16,969,770	4,974,262	11,995,508	0 690 %
b Medicaid (from Worksheet 3, column a) . . . . .			172,807,881	110,860,997	61,946,884	3 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			189,777,651	115,835,259	73,942,392	4 230 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			1,049,771		1,049,771	0 060 %
f Health professions education (from Worksheet 5) . . . . .			150,113,708	28,828,700	121,285,008	6 930 %
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .			39,613,500		39,613,500	2 260 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .						
j <b>Total</b> Other Benefits . . . . .			190,776,979	28,828,700	161,948,279	9 250 %
k <b>Total.</b> Add lines 7d and 7j . . . . .			380,554,630	144,663,959	235,890,671	13 480 %



Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total						

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1Yes	
2	Enter the amount of the organization's bad debt expense	28,715,371	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5291,019,761	
6	Enter Medicare allowable costs of care relating to payments on line 5	6386,030,342	
7	Subtract line 6 from line 5. This is the surplus or (shortfall).	7-95,010,581	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures (see instructions)

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

## Section A. Hospital Facilities

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

## Name and address

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices.

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

NYU HOSPITALS CENTER

Name of Hospital Facility: \_\_\_\_\_

Line Number of Hospital Facility (from Schedule H, Part V, Section A): \_\_\_\_\_1\_\_\_\_\_

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . .	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? . . . . . If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for free care <u>600 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? . . . . . If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>800 000000000000%</u> If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? . . . . . If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance? . . . . .	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? . . . . .	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . . If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

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

(list in order of size from largest to smallest)

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

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

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 7 THE COST-TO-CHARGES RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNTS INCLUDED ON PART I, LINES 7A AND B THE CALCULATION OF THE RATIO WAS DERIVED FROM THE OPTIONAL WORKSHEET, RATIO OF PATIENT CARE COST-TO-CHARGES THE RATIO REPRESENTS THE PERCENTAGE OF NET COMMUNITY BENEFIT EXPENSES AS A PERCENTAGE OF TOTAL HOSPITAL EXPENSES EXCLUDING BAD DEBT EXPENSES THE AMOUNT REPORTED ON LINE 7F INCLUDES AMOUNTS FROM THE INSTITUTIONAL COST REPORT AND THE ORGANIZATION'S ACTUAL EXPENSE THE AMOUNT REPORTED ON LINE 7H REPRESENTS THE ORGANIZATION'S ACTUAL EXPENSE

Identifier	ReturnReference	Explanation
		<p>PART III, LINE 4 FOLLOWING IS THE NYU HOSPITALS CENTER'S AUDITED FINANCIAL STATEMENT, FOOTNOTE ON UNCOMPENSATED CARE AS A MATTER OF POLICY, THE HOSPITALS CENTER PROVIDES SIGNIFICANT AMOUNTS OF PARTIALLY OR TOTALLY UNCOMPENSATED PATIENT CARE FOR ACCOUNTING PURPOSES, SUCH UNCOMPENSATED CARE IS TREATED EITHER AS CHARITY CARE OR BAD DEBT EXPENSE THE HOSPITAL CENTERS' CHARITY CARE POLICY, IN ACCORDANCE WITH NEW YORK STATE DEPARTMENT OF HEALTH'S GUIDELINES, ENSURES THE PROVISION OF QUALITY HEALTH CARE TO THE COMMUNITY SERVED WHILE CAREFULLY CONSIDERING THE ABILITY OF THE PATIENT TO PAY THE POLICY HAS SLIDING FEE SCHEDULES FOR INPATIENT, AMBULATORY AND EMERGENCY SERVICES PROVIDED TO THE UNINSURED AND UNDER-INSURED PATIENTS THAT QUALIFY PATIENTS ARE ELIGIBLE FOR THE CHARITY CARE FEE SCHEDULE IF THEY MEET CERTAIN INCOME AND LIQUID ASSET TESTS FOR ACCOUNTING AND DISCLOSURE PURPOSES, CHARITY CARE IS CONSIDERED TO BE THE DIFFERENCE BETWEEN THE HOSPITALS CENTER'S CUSTOMARY CHARGES AND THE SLIDING CHARITY CARE FEE SCHEDULE RATES SINCE PAYMENT OF THIS DIFFERENCE IS NOT SOUGHT, CHARITY CARE ALLOWANCES ARE NOT REPORTED AS REVENUE PATIENTS WHO DO NOT QUALIFY FOR SLIDING SCALE FEES AND ALL UNINSURED INPATIENTS WHO DO NOT QUALIFY FOR MEDICAID ASSISTANCE ARE BILLED AT THE HOSPITALS CENTER'S FULL RATES UNCOLLECTED BALANCES FOR THESE PATIENTS ARE CATEGORIZED AS BAD DEBTS THE COST-TO-CHARGES RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNT INCLUDED ON PART III, LINE 2 THE CALCULATION OF THE RATIO WAS DERIVED FROM THE OPTIONAL WORKSHEET, RATIO OF PATIENT CARE COST-TO-CHARGES THE RATIO REPRESENTS THE PERCENTAGE OF NET COMMUNITY BENEFIT EXPENSES AS A PERCENTAGE OF TOTAL HOSPITAL EXPENSES EXCLUDING BAD DEBT EXPENSES</p>



Identifier	ReturnReference	Explanation
		PART III, LINE 8 MEDICARE REVENUE AND ALLOWABLE COSTS REPORTED ON PART III, SECTION B, LINES 5 AND 6 ARE DERIVED FROM THE MEDICARE COST REPORT FILED FOR THE CALENDAR YEAR ENDED DECEMBER 31, 2011

Identifier	ReturnReference	Explanation
		PART III, LINE 9B THE HOSPITAL IS COMMITTED TO FAIR BILLING AND COLLECTION PRACTICES ACCORDINGLY, THE HOSPITAL AND/OR ITS EMPLOYEES, REPRESENTATIVES, AGENTS AND CONTRACTORS ARE NOT PERMITTED TO TAKE ANY OF THE FOLLOWING ACTIONS WITH RESPECT TO ALL PATIENTS WITHOUT REGARD TO INSURANCE STATUS (E G , INSURED OR UNINSURED) OR ELIGIBILITY FOR FINANCIAL ASSISTANCE - SEND AN ACCOUNT TO COLLECTION WHILE AN APPLICATION FOR FINANCIAL ASSISTANCE (WHICH IS COMPLETE AND WITH ALL REQUIRED DOCUMENTATION) IS PENDING,- SEND AN ACCOUNT TO COLLECTION FOR A PATIENT WHO IS DETERMINED TO BE ELIGIBLE FOR MEDICAID AT THE TIME SERVICES WERE RENDERED AND FOR WHICH SERVICES MEDICAID PAYMENT IS AVAILABLE, OR- PURSUE ANY ACTION WHICH WOULD CAUSE OR PREVENT THE PATIENT FROM PAYING HIS/HER NORMAL MONTHLY RENT, UTILITY OR FOOD EXPENSES ALL COLLECTION AGENTS ENGAGED BY THE HOSPITAL WILL BE REQUIRED TO COMPLY WITH THIS POLICY, SEEK THE HOSPITAL'S WRITTEN CONSENT PRIOR TO INSTITUTING A LEGAL ACTION FOR COLLECTION, AND ADVISE PATIENTS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE IF A LAWSUIT HAS BEEN INSTITUTED AND DECIDED IN FAVOR OF THE HOSPITAL, THE HOSPITAL WILL NOT SEEK FORECLOSURE OF THE PATIENT'S PRIMARY RESIDENCE (ALTHOUGH IT MAY FILE A LIEN) OR SEEK TO FREEZE A PATIENT'S BANK ACCOUNT OR GARNISH A PATIENT'S WAGES UNLESS EXPRESSLY AUTHORIZED BY SENIOR ADMINISTRATION

Identifier	ReturnReference	Explanation
NYU HOSPITALS CENTER		PART V, SECTION B, LINE 11H DETERMINATION OF ELIGIBILITY FOR FINANCIAL ASSISTANCE IS BASED ON THE FOLLOWING ADDITIONAL CRITERIA 1 THE PATIENT'S STATE OF RESIDENCE2 FOR NON-NEW YORK RESIDENTS, NATURE OF THE ADMISSION (EMERGENCY SERVICES, ELECTIVE, ETC )3 FAMILY SIZE, WHICH IS CALCULATED FOR ADULT PATIENTS, BY ADDING THE PATIENT, THE PATIENT'S SPOUSE (IF ANY AND IF HE/SHE RESIDES WITH THE PATIENT) AND ANY DEPENDENTS OF THE PATIENT OR THE PATIENT'S SPOUSE, AND FOR MINOR PATIENTS, BY ADDING THE PATIENT, THE PATIENT'S PARENT/S AND/OR LEGAL GUARDIAN/S WITH WHICH THE PATIENT RESIDES, AND ANY DEPENDENTS OF THE PATIENT'S PARENT/S AND/OR LEGAL GUARDIAN/S WITH WHICH THE PATIENT RESIDES (OTHER THAN THE PATIENT) FOR PATIENTS WITH UNPAID BALANCES WHO DO NOT APPLY FOR FINANCIAL ASSISTANCE OR ASSIST IN THE APPLICATION PROCESS, THE HOSPITAL MAY SUBMIT THE PATIENT'S DEMOGRAPHICS TO A CREDIT BUREAU TO UTILIZE CREDIT SCORING SOFTWARE FOR PURPOSES OF ESTABLISHING INCOME ELIGIBILITY THE SCORING WILL NOT NEGATIVELY IMPACT THE PATIENT'S FICO

Identifier	ReturnReference	Explanation
NYU HOSPITALS CENTER		PART V, SECTION B, LINE 13G ALL HOSPITAL BILLS AND STATEMENTS INCLUDE A STATEMENT THAT IF THE PATIENT IS UNABLE TO PAY THE BILL, HE OR SHE MIGHT BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND HOW TO OBTAIN FURTHER INFORMATION APPLICATIONS FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN ENGLISH, CHINESE, RUSSIAN AND SPANISH, AND TRANSLATION SERVICES ARE MADE AVAILABLE FOR PATIENTS NEEDING SUCH SERVICES

Identifier	ReturnReference	Explanation
NYU HOSPITALS CENTER		PART V, SECTION B, LINE 19D WITH RESPECT TO FINANCIAL ASSISTANCE POLICY ELIGIBLE INDIVIDUALS OBTAINING EMERGENCY OR OTHER MEDICALLY NECESSARY CARE, NYU HOSPITALS CENTER CHARGES ARE DISCOUNTED BY A PERCENTAGE TO EQUATE TO A PAYMENT EQUAL TO THE AVERAGE PAYMENT OF THE TOP FIVE COMMERCIAL INSURERS THE DISCOUNT IS EVALUATED ANNUALLY TO REFLECT CHANGES IN THE MANAGED CARE CONTRACT RATES AND CHARGE MASTER NYU HOSPITALS CENTER PROVIDES FOR A SLIDING SCALE DISCOUNTED PAYMENT RATE WITH 100% FINANCIAL ASSISTANCE UP TO 600% FPL FOR FAP ELIGIBLE INDIVIDUALS THAT WERE PROVIDED WITH EMERGENCY OR OTHER MEDICALLY NECESSARY CARE

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 2 IN JANUARY OF 2012, NYUHC ESTABLISHED THE DEPARTMENT OF POPULATION HEALTH TO BE THE ACADEMIC HOME FOR RESEARCH AND RESEARCH METHODS THAT ADVANCE THE SCIENCE OF IMP ROVING HUMAN HEALTH AT THE POPULATION LEVEL THE NEW DEPARTMENT WILL COMPRISE THE DEPARTME NT OF BIOSTATISTICS AND EPIDEMIOLOGY AND OTHER PROGRAMS AND DIVISIONS FOCUSED ON HEALTHCAR E RESEARCH AND POLICY, COMPARATIVE EFFECIVENESS, GLOBAL COMMUNITY HEALTH, DELIVERY SYSTEMS ANALYSIS AND DESIGN, AND RELATED THEMES EACH OF THE NYUHC COMMUNITY INITIATIVES IDENTIFIE D IN THE 2009 COMMUNITY SERVICE PLAN HAS CONTINUED TO ESTABLISH RELATIONSHIPS WITH COMMUNI TY PARTNERS AND INCORPORATES COMMUNITY INPUT IN THE IMPLEMENTATION OF THEIR VARIOUS EFFORT S FOR EXAMPLE, THE EHANCING SELF CARE ADVOCACY PROGRAM EDUCATION IN HEART FAILURE (ESCAPE HF) WORKS CLOSELY WITH SENIOR CENTERS AND NATURALLY OCCURRING RETIREMENT COMMUNITIES ("NOR CS")IN THE TARGET AREA, THE HYPERTENSION SCREENING CONTROL PROGRAM WORKS CLOSELY WITH THE NEW YORK CITY DEPARTMENT FOR THE AGING ("DFTA"), THE NEW YORK COMMUNITY TRUST, AND STAFF A T THE NORCS LOCATED SOUTH OF 59TH STREET, THE BANISHING OBESITY AND DIABETES IN YOUTH ("BO DY") PROJECT WORKS CLOSELY WITH THE NYC BOARD OF EDUCATION AND THE SCHOOL-BASED HEALTH CEN TER AT THE NORMAN THOMAS HIGH SCHOOL LOCATED ON PARK AVENUE AND 33RD STREET IN MANHATTAN A ND THE PARENTCORPS PROGRAM CONTINUES TO WORK CLOSELY WITH THE NYC DEPARTMENT OF EDUCATION' S OFFICE OF EARLY CHILDHOOD EDUCATON ON ALL ASPECTS OF DESIGN AND INITIATION OF THE DISSEM INATION MODEL DURING THE PAST YEAR A PARTNERSHIP WAS INITIATED WITH THE DEPARTMENT OF HEA LTH AND MENTAL HEALTH PHYSICAL ACTIVITY AND NUTRITION PROGRAM AS PART OF OUR EFFORTS TO U NDERSTAND THE NEEDS OF THE ASIAN AND LATINO EARLY CHILDHOOLD COMMUNITIES IN THE CATCHMENT AREA, WE HAVE CONTINUED PARTNERSHIP WITH AGENCIES SERVING ASIAN AND LATINO COMMUNITIES IN LOWER MANHATTAN, INCLUDING CHINATOWN CHILDCARE AND CHARLES B WANG HEALTH CENTER NYULMC'S CENTER FOR THE STUDY OF ASIAN AMERICAN HEALTH, IN ITS EFFORT TO PROMOTE HEPATITIS B SCREE NING AND PREVENETION PROGRAMS, WORKS CLOSELY WITH THE CHARLES B WANG HEALTH CENTER, KOREA N COMMUNITY SERVICES, THE AMERICAN CANCER SOCIETY, AFRICAN SERVICES COMMITTEE, THE RUSSIAN AMERICAN FOUNDATION AND THE NYC ORGAN DONOR NETWORK THE PUBLIC HEALTH PRIORITIES THAT WER E IDENTIFIED IN THE 2009 COMMUNITY SERVICE PLAN SUBMISSION INCLUDED THE FOLLOWING CHRONIC DISEASEHEART FAILURE - ESCAPE HF - HEART FAILURE PREVALENCE INCREASES WITH INCREASING AGE AND AFFECTS ABOUT 1 IN 6 PEOPLE OVER THE AGE OF 80 YEARS OUR PROGRAM IS DESIGNED TO IMPLE MENT COMMUNITY BASED EDUCATIONAL PROGRAMS IN ORDER TO INFORM SENIOR CITIZENS ON THE MOST C OMMON SYMPTOMS OF HEART FAILURE AND THE STEPS THEY CAN TAKE TO REDUCE THE RISK OF DEVELOPI NG HEART FAILURE, OR IF HEART FAILURE IS ALREADY PRESENT, STEPS THEY CAN TAKE TO IMPROVE Q UALITY OF LIFE THE EDUCATIONAL SESSIONS OF ESCAPE HF ARE CONDUCTED IN SENIOR CENTERS BELO W 59TH STREET IN MANHATTAN UNDER THE SUPERVISION OF STUART KATZ, MD, DIRECTOR OF HEART FAI LURE PROGRAMS AT NYULMC THE EDUCATION INTERVENTION PROGRAM IS ADMINISTERED IN THE COMMUNI TY BY LAURA SARA R'BIBO, NYU HOSPITALS CENTER'S HEART FAILURE COMMUNITY HEALTH CARE WORKER , IN CONJUNCTION WITH NURSING SCHOOL FACULTY VICTORIA DICKSON AND DEBBIE CHYUN, AND WITH T HE ASSISTANCE OF NYULMC'S HEART FAILURE STAFF NURSE PRACTITIONERS JUDITH SCHIPPER AND GRAC E DOMINGO AND OTHER STAFF WITH RELEVANT EXPERTISE THE GOALS OF ESCAPE HF ARE TO INCREASE KNOWLEDGE ABOUT HEART FAILURE AND CARDIOVASCULAR WELLNESS IN THE COMMUNITY, IMPROVE QUALIT Y OF LIFE, AND REDUCE LONG-TERM RISK OF HOSPITALIZATION IN SENIORS LIVING IN NYC SOUTH OF 59TH STREET PHYSICAL ACTIVITY AND NUTRITIONHYPERTENSION - THE NYULMC'S CENTER FOR HEALTHFU L BEHAVIORAL CHANGE TARGETS IMPROVEMENT IN CONTROL OF BEHAVIORS IN PERSONS DIAGNOSED WITH HYPERTENSION USING A COUNSELING APPROACH THAT TRAINS TEAMS OF OLDER ADULTS LIVING IN NORCS AND AFFILIATED NURSES TO TAKE BLOOD PRESSURE AND DELIVER LIFESTYLE COUNSELING TO NORC RES IDENTS WITH UNCONTROLLED HYPERTENSION THIS EFFORT FOCUSES ON PROVIDING SUSTAINABLE SKILLS SO THE TRAINED NORC RESIDENTS AND NURSES CAN CONTINUE TO PROVIDE THIS SERVICE TO NORC RES IDENTS THE PROGRAM EVALUATES THE EFFECT OF BP SCREENING AND LIFESTYLE COUNSELING DELIVERE D BY TRAINED TEAMS OF NORC RESIDENTS AND NURSES IN IMPROVING BP, WEIGHT, DIET AND PHYSICAL ACTIVITY HABITS THREE NORC COMMUNITIES BELOW 59TH STREET IN MANHATTAN ARE PARTICIPATING IN THIS EFFORT THE PROGRAM IS NOW OFFERED IN SPANISH OR ENGLISH DEPENDING ON THE DEMOGRAP HIC MAKEUP OF THE PARTICIPATING NORC RESULTS FROM THIS PROGRAM WILL HELP DETERMINE THE FE ASIBILITY AND EFFECTIVENESS OF TRAINING TEAMS OF NORC RESIDENTS AND NURSES TO MEASURE BP A ND DELIVER LIFESTYLE COUNSELING IN REDUCING BP AND IMPROVING LIFESTYLE BEHAVIORS IN NORC R ESIDENTS WITH UNCONTROLLED HYPERTENSION IF OUR PROGRAM SHOWS PROMISING RESULTS, THE NEXT STEP WILL BE TO EXPAND THIS MODEL WITHIN THE NORC</p>

Identifier	ReturnReference	Explanation
		<p>SETTING TO PROVIDE A GREATER IMPACT ON THE LARGER COMMUNITY CHILDHOOD OBESITY - THE AIM OF THIS INITIATIVE IS TO TARGET BOTH ENDS OF THE CHILDHOOD AGE SPECTRUM THE NYU CHILD STUDY CENTER'S HARRIS OBESITY PREVENTION EFFORT (HOPE) THROUGH ITS PARENTCORPS PROGRAM TARGETS CHILDREN ENROLLED IN NEW YORK CITY'S UNIVERSAL PRE-KINDERGARTEN PROGRAMS AND DEVELOPS, EVALUATES AND DISSEMINATES EVIDENCE-BASED PRACTICES FOR FAMILIES AND EDUCATORS TO ASSIST YOUNG CHILDREN TO ESTABLISH HEALTHY BEHAVIORS AROUND EATING, PHYSICAL ACTIVITY, AND SLEEP THE NYULMC BODY PROJECT AIMS TO ADDRESS THE GROWING PROBLEM OF EXCESS WEIGHT AND OBESITY AND TO HALT THE PROGRESSION OF OBESITY-RELATED DISEASE AMONG ADOLESCENTS IT PARTNERS WITH NEW YORK CITY PUBLIC HIGH SCHOOLS TO PROVIDE FREE MEDICAL SCREENINGS AND REFERRALS TO SCHOOL- BASED HEALTH CENTERS OR OTHER HEALTH CARE THE GOAL OF THE BODY PROJECT IS TO ASSESS WHETHER THERE IS A POSITIVE IMPACT ON HEALTH WHEN ADOLESCENTS AND THEIR FAMILIES ARE INFORMED ABOUT THESE POTENTIAL MEDICAL RISKS BY EMPOWERING ADOLESCENTS WITH PERSONAL HEALTH INFORMATION, THE BODY PROJECT ATTEMPTS TO ENGAGE AND HELP MINORITY YOUTH WITH EXCESS WEIGHT AND THEIR FAMILIES' CHANGE HOW THEY EAT AND BECOME MORE PHYSICALLY ACTIVE IN ADDITION THE PROJECT SEEKS TO ASSESS WHETHER IMPROVEMENTS IN OBESITY RELATED METABOLIC FUNCTIONING COULD IMPROVE ACADEMIC PERFORMANCE</p> <p>INFECTIOUS DISEASEHEPATITIS B - NYULMC'S CENTER FOR THE STUDY OF ASIAN AMERICAN HEALTH HAS ESTABLISHED THE B FREE CENTER OF EXCELLENCE IN THE ELIMINATION OF HEPATITIS B DISPARITIES (B FREE CEED) AND WAS TO WORK CLOSELY WITH ST VINCENT'S MEDICAL CENTER TO DEVELOP, EVALUATE, AND DISSEMINATE EVIDENCE-BASED PRACTICES TO BE APPLIED TO THE PREDOMINANTLY CHINESE POPULATION THAT UTILIZED ST VINCENT'S CHINATOWN HEALTH SERVICES, A HEALTH CARE CLINIC LOCATED AT 25 ELIZABETH STREET IN LOWER MANHATTAN SINCE ST VINCENT'S MEDICAL CENTER CLOSED, NYULMC'S HEPATITIS B EFFORT WAS MODIFIED TO TARGET THE 5-YEAR CLINICAL, MORBIDITY AND MORTALITY AVERAGE FOLLOW-UP OF CHINESE AMERICANS WHO WERE SCREENED IN 2006-7 AND WERE FOUND TO BE HEPATITIS B POSITIVE THIS GROUP OF PATIENTS WAS REFERRED FOR CARE TO THREE DIFFERENT AREAS CHINESE PHYSICIANS IN THE CHINESE COMMUNITY, THE NEWLY-ESTABLISHED HEPATITIS B CLINIC AT BELLEVUE HOSPITAL AND THE CHARLES B WANG CLINIC ON CANAL STREET IN MANHATTAN</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 PATIENTS ARE INFORMED OF THE HOSPITAL'S CHARITY CARE AND FINANCIAL ASSISTANCE POLICY BY APPROPRIATE SIGNAGE IN THE REGISTRATION AND INTAKE AREAS, INFORMATION DISTRIBUTED IN THE ADMISSION PACKAGE, AND RESPONSES TO DIRECT INQUIRIES ALL HOSPITAL BILLS AND STATEMENTS WILL INCLUDE A STATEMENT THAT IF THE PATIENT WAS UNABLE TO PAY THE BILL, HE OR SHE MIGHT BE ELIGIBLE FOR FINANCIAL ASSISTANCE AND HOW TO OBTAIN FURTHER INFORMATION APPLICATIONS FOR FINANCIAL ASSISTANCE WILL BE AVAILABLE IN ENGLISH, CHINESE, RUSSIAN, AND SPANISH, AND TRANSLATION SERVICES WILL BE MADE AVAILABLE FOR PATIENTS NEEDING SUCH SERVICES



Identifier	ReturnReference	Explanation
		PART VI, LINE 4 IN ITS 2009 COMMUNITY SERVICE PLAN SUBMISSION, NYU HOSPITALS CENTER FOCUSED ITS COMMUNITY HEALTH AGENDA ON THE POPULATION RESIDING SOUTH OF 42ND STREET IN MANHATTAN AS DEFINED BY RESPECTIVE ZIP CODES RESIDENTS OF THIS AREA ACCOUNTED FOR 18% OF NYU HOSPITALS CENTER'S DISCHARGES AND NYU HOSPITALS CENTER WAS THE ONLY MAJOR ACADEMIC MEDICAL CENTER LOCATED WITHIN THIS AREA THE CLOSING OF SAINT VINCENT'S MEDICAL CENTER CAUSED NYU HOSPITALS CENTER TO REEVALUATE THE DEFINITION OF ITS LOCAL COMMUNITY AS A RESULT, WE HAVE EXPANDED OUR COMMUNITY TO INCLUDE ALL OF LOWER MANHATTAN TO 59TH STREET AS THE NORTHERN BOUNDARY NYU HOSPITALS CENTER'S LOCAL COMMUNITY NOW INCLUDES BOTH THE RESIDENTIAL POPULATION AND THOSE WHOSE PLACE OF EMPLOYMENT ARE LOCATED WITHIN THIS AREA RESIDENTS OF THESE ZIP CODES ACCOUNTED FOR 19% OF NYU HOSPITALS CENTER'S DISCHARGES DURING 2011 THE 2010 CENSUS INDICATED THAT OVER HALF A MILLION PEOPLE RESIDED SOUTH OF 59TH STREET 10 5% WERE CHILDREN AGED LESS THAN 18 YEARS AND 12 3% WERE AGED 65 YEARS AND OLDER THE MEDIAN HOUSEHOLD INCOME FOR THIS POPULATION WAS OVER \$90,000 THE RESIDENTS OF THIS AREA ARE A HETEROGENEOUS MIX INCLUDING ETHNIC NEIGHBORHOODS SUCH AS CHINATOWN, NATURALLY OCCURRING RETIREMENT COMMUNITIES ("NORCSS"), AND RECENT IMMIGRANTS, AND POCKETS OF POVERTY

Identifier	ReturnReference	Explanation
		<p>PART VI, LINE 5 SINCE NYUHC'S COMMUNITY SERVICE PLAN WAS SUBMITTED IN 2009, MUCH PROGRESS HAS BEEN MADE ON EACH OF THE INITIATIVES INCLUDED IN THE PLAN WITH THE EXCEPTION OF THE H EPATITIS B PROGRAM WHICH WAS TO BE CONDUCTED IN CONJUNCTION WITH ST VINCENT'S MEDICAL CEN TER THE FOLLOWING SUMMARIZES THE ACTIVITIES TO DATE HEART FAILURE - IN COLLABORATION WITH THE NYU COLLEGE OF NURSING, ESCAPE HF HAS BEEN ESTABLISHED AT THE SIROVICH SENIOR CENTER LOCATED ON 12TH STREET IN THE EAST VILLAGE PARTICIPANTS ARE INVITED TO ATTEND TWICE WEEKLY SESSIONS WHERE THEY RECEIVE A GROUP SKILL-BUILDING INTERVENTION ON HEART FAILURE SELF-CA RE CONDUCTED BY A COMMUNITY HEALTH WORKER FEEDBACK FROM THE PARTICIPANTS HAS BEEN POSITIV E AND PARTICIPATION IN THE COMMUNITY SETTING HAS BEEN WELL RECEIVED ESCAPE HF WAS EXPANDE D TO TWO ADDITIONAL SETTINGS - THE WHITTAKER NORC LOCATED AT EAST BROADWAY AND GRAND STREE T, AND THE VILLAGE VIEW NORC LOCATED ON EAST 4TH STREET BOTH OF THESE LOCATIONS ARE INCLU DED IN NYULMC'S SERVICE AREA AND COLLECTIVELY HAVE MORE THAN 3,000 OLDER ADULTS (AGED 60+) RESIDING IN THEM THEY ALSO HAVE ONSITE NURSING PERSONNEL THAT COLLABORATE WITH NYULMC ST AFF TO IDENTIFY PARTICIPANTS FOR THE INTERVENTION ADDITIONAL COLLABORATION WITH NYULMC'S NURSING ADMINISTRATION AND THE VISITING NURSE SERVICE HAVE RESULTED IN THE ADDITION OF 51 NEW PATIENTS INTO THE EDUCATIONAL PROGRAMS ADDITIONAL PATIENTS ARE BEING ACTIVELY RECRUIT ED FROM NYUHC, BELLEVUE HOSPITAL'S HEART FAILURE CLINIC AND THREE SENIOR CENTERS IN NEWYO RK CITY 14 GROUPS HAVE BEEN HELD AT SENIOR CENTERS AND ADDITIONAL SESSIONS HAVE BEEN HELD AT BELLEVUE AMBULATORY CLINICS FOCUS GROUPS WERE CONDUCTED WITH RESPECT TO IMPLEMENTATIO N FEASIBILITY AND PROGRAM ACCEPTABILITY OF THE 5 COMPLETED FOCUS GROUPS USING AN INDEPEND ENT FOCUS GROUP LEADER, PROGRAM PARTICIPANTS PROVIDED GENERALLY POSITIVE FEEDBACK, THE BAR RIERIS TO THE COMMUNITY BASED APPROACH INCLUDED WEATHER AND THE NEED FOR ADDITIONAL SESSION TIMES DUE TO SCHEDULING CONFLICTS THE QUALITATIVE DATA ALSO PROVIDED INSIGHT INTO THE ME CHANISM OF THE INTERVENTION AS A PROCESS OF SKILL-BUILDING IN WHICH INDIVIDUALS INCREASED KNOWLEDGE AND RECOGNIZED THE ADDITIONAL INFORMATION NEEDED IN ORDER TO DEVELOP SKILLS AS WELL AS DEVELOPED INCREASED CONFIDENCE IN THEIR ABILITIES DURING DIFFICULT SITUATIONS PART ICIPANTS HAVE COLLABORATED WITH A MEDICAL GRAPHICAL ARTIST TO DEVELOP NOVEL EDUCATIONAL TO OLS FOR THE HEART FAILURE POPULATION THAT ARE LARGELY INDEPENDENT OF LANGUAGE AND RELY ON GRAPHICAL REPRESENTATION OF THE KEY CONCEPTS OF SELF-CARE HEART FAILURE INTERVENTION MATE RIALS WERE TRANSLATED INTO SPANISH FOR DELIVERY BY A BILINGUAL EDUCATION TO HISPANIC ELDER S WITH HEART FAILURE HYPERTENSION - DURING THE PAST YEAR NYULMC'S CENTER FOR HEALTHFUL BE HAVIORAL CHANGE COMPLETED IMPLEMENTATION OF THE PROGRAM'S INTERVENTION COMPONENT AS WELL A S DATA COLLECTION PERTAINING TO THE 3-MONTH FOLLOW-UP VISIT AT THE PHIPPS NORC IN SEPTEMBE R 2011 13 RESIDENTS WITH HYPERTENSION WERE ENROLLED AT THE PHIPPS NORC TO RECEIVE 4-WEEK GROUP LIFESTYLE COUNSELING SESSIONS DELIVERED BY THE TRAINED NORC RESIDENTS THE CLASSES H AD AN OVERALL ATTENDANCE RATE OF 73% AND WERE OFFERED IN BOTH ENGLISH AND SPANISH A NEW N ORC SITE WAS ADDED IN LOWER MANHATTAN IN JANUARY 2012 FOUR RESIDENTS WERE TRAINED TO DELI VER LIFESTYLE COUNSELING SESSIONS AND 12 PARTICIPANTS WERE RECRUITED TO RECIEVE THE FIRST ROUND OF GROUP SESSIONS WITH A SECOND GROUP OF 10 TO FOLLOW CHILDHOOD OBESITY - DURING THE PAST YEAR, PARENTCORPS SERVICES WERE IMPLEMENTED SUCCESSFULLY IN THEIR 12 PARTNER SCHOOLS OF THE 12 SCHOOLS, 2 SCHOOLS RECEIVED THE WRITTEN MATERIALS, 4 RECEIVED THE PARENT WORKS HOPS, 3 RECEIVED THE PARENT GROUP DISCUSSIONS, 4 RECEIVED THE STUDENT HEALTH FAIRS, AND 1 SCHOOL RECEIVED THE FULL 14-WEEK PROGRAM AS DESCRIBED IN MORE DETAIL BELOW ONE SCHOOL REC EIVED BOTH THE 14-WEEK PROGRAM AND PARENT WORKSHOPS, AND ONE SCHOOL RECEIVED THE HEALTH FA IR AND PARTICIPATED IN THE PARENT GROUP DISCUSSIONS IN TOTAL, THEY SUCCESSFULLY ENGAGED 4 52 PARENTS AND 511 STUDENTS FROM 12 SCHOOLS IN THEIR EARLY CHILDHOOD EVIDENCED-BASED SERVI CES THEY ALSO SUCCESSFULLY ENGAGED IN A COLLABORATIVE PROCESS WITH 14 SCHOOL COMMUNITY ME MBERS WHO GAVE INFORMED AND CRITICAL FEEDBACK OF THEIR SERVICES ALL OF THE PARENTCORPS SE RVICES WERE MET WITH GREAT ENTHUSIASM BY SCHOOL STAFF AND FAMILIES THE COMMUNITY ADVISORY GROUP MEMBERS, WHO OBSERVED WORKSHOPS, HEALTH FAIRS AND THE AFTERSCHOOL PROGRAM, SIMILARLY RATED PARENTCORPS SERVICES AS HIGHLY EFFECTIVE, ENGAGING AND RELEVANT TO THE NEEDS OF TH EIR COMMUNITIES BARRIERS TO IMPLEMENTATION WERE MOSTLY RELATED TO LACK OF PARENT ENGAGEME NT IN ONE SCHOOL WHERE THERE WAS A LACK OF INFRASTRUCTURE FOR PARENT RECRUITMENT AS WELL A S IN ANOTHER SCHOOL WHICH SERVED A HIGHLY TRANSIENT POPULATION INCREASING PARENT ENGAGEME NT IS A FOCUS OF THEIR ONGOING EFFORTS BODY PROJECT - NYULMC'S BODY PROJECT IS IN ITS FIFT H YEAR OF OPERATION AND HAS CONTINUED TO BE EXTREM</p>

Identifier	ReturnReference	Explanation
		<p>ELY SUCCESSFUL IN CONDUCTING LARGE NUMBERS OF MEDICAL SCREENINGS OF OVERWEIGHT AND OBESE INNER CITY HIGH SCHOOL YOUTH WITH THE GOAL OF IDENTIFYING STUDENTS AT RISK FOR CARDIO-METABOLIC DISEASE FROM EXCESS BODY WEIGHT. THE NYULMC BODY PROJECT HAS EXPERIENCED TREMENDOUS COMMITMENT FROM PUBLIC HIGH SCHOOL ADMINISTRATORS AND TERRIFIC YOUTH REPRESENTATION. MOST IMPORTANT, PARTICIPANTS' PARENTS/CAREGIVERS HAVE DEMONSTRATED REMARKABLE RESPONSE TO THE PERSONALIZED, EASY-TO-UNDERSTAND REPORT OF THE MEDICAL RESULTS OF THEIR CHILDREN. THEY ARE MAKING SIGNIFICANT INROADS WITH FAMILIES BY EDUCATING THEM ABOUT THE MEDICAL RISKS ASSOCIATED WITH OBESITY, BY OFFERING ALTERNATIVES TO REDUCE SUCH RISKS, AND BY CONNECTING AT-RISK YOUTH TO HEALTHCARE PRACTITIONERS. DURING THE 2011-2012 ACADEMIC YEAR, THE BODY PROJECT PARTNERED WITH FOUR HIGH SCHOOLS IN MANHATTAN AND BROOKLYN. THESE SCHOOLS REPRESENTED ADOLESCENTS FROM ALL FIVE BOROUGHES AND A WIDE RANGE OF ETHNIC AND RACIAL BACKGROUNDS. THE PROJECT COLLECTED HEIGHT, WEIGHT AND WAIST CIRCUMFERENCE MEASUREMENTS ON 3,478 HIGH SCHOOL STUDENTS TO CALCULATE BODY MASS INDEX (BMI). ALL OVERWEIGHT AND OBESE STUDENTS AND RANDOMLY SELECTED HEALTHY WEIGHT STUDENTS WERE APPROACHED FOR PARTICIPATION. THIS PARTICIPATION INCLUDED OBTAINING A FASTING BLOOD SAMPLE (TO MEASURE GLUCOSE, INSULIN, HEMOGLOBIN A1C, CHOLESTEROL PROFILE, AND CRP), BLOOD PRESSURE, AND QUESTIONNAIRES TO ASSESS EATING HABITS, PHYSICAL ACTIVITY, AND PSYCHOSOCIAL FUNCTIONING. THE BODY PROJECT, BY OPERATING IN THE SCHOOLS AND PROVIDING FREE EVALUATIONS, HAS BEEN SUCCESSFUL IN IDENTIFYING AND REPORTING UNHEALTHY MEDICAL CONDITIONS TO ADOLESCENTS AND THEIR FAMILIES, WHO WOULD OTHERWISE NOT KNOW THAT THEY NEEDED SCREENING OR HAVE THE FINANCIAL RESOURCES TO GET THOSE MEDICAL EVALUATIONS.</p> <p>INFECTIOUS DISEASES: HEPATITIS B - AS DEVELOPED IN THE PRIOR COMMUNITY SERVICE PLAN, THE NYU SCHOOL OF MEDICINE'S CENTER FOR IMMIGRANT HEALTH'S CENTER FOR ASIAN AMERICAN HEALTH IN CONJUNCTION WITH THE NYU HOSPITALS CENTER AND ST. VINCENT'S MEDICAL CENTER WAS TO DEVELOP, EVALUATE AND DISSEMINATE EVIDENCE-BASED PRACTICES IN PROVIDING THE PREDOMINANTLY CHINESE POPULATION UTILIZING ST. VINCENT'S CHINATOWN HEALTH SERVICES WITH HEPATITIS B SCREENING, TREATMENT, AND A VACCINATION PROGRAM. AS CONCEIVED, THIS PROGRAM DID NOT OCCUR DUE TO ST. VINCENT'S MEDICAL CENTER'S SERIOUS FINANCIAL TROUBLES AND EVENTUAL CLOSING. DURING THE PAST YEAR, IT HAD BEEN HOPED TO CONTINUE THE FOLLOW-UP OF THE ORIGINAL COHORT OF PATIENTS WHO WERE SCREENED FOR HEPATITIS B, COMPARING THAT GROUP TO A "LATER REFERRAL" GROUP AND THAT AN ADDITIONAL COMPARISON COULD BE MADE BETWEEN THE TWO GROUPS AT THE CHARLES B. WANG CENTER AND THAT A FURTHER COMPARISON COULD BE MADE BETWEEN THE CHARLES B. WANG HEP B POPULATIONS AND THE BELLEVUE HEP B POPULATIONS. THIS WAS NOT POSSIBLE DUE TO THE FACT THAT THE NUMBER OF "ORIGINAL COHORT" PATIENTS AT BELLEVUE HAD DECLINED WHILE THE NUMBER OF "LATER REFERRAL" PATIENTS HAD INCREASED, RESULTING IN AN UNEQUAL PATIENT DISTRIBUTION THAT COULD NOT BE COMPARED STATISTICALLY. IN ADDITION, ANOTHER DIFFICULTY RESULTED FROM PROBLEMS AT THE COMMUNITY-BASED ENTITY, WHEREBY THERE WAS NO DIFFERENTIATION OF "ORIGINAL COHORT" VS "LATER REFERRAL." NYULMC REMAINS ACTIVELY CONCERNED AND INVOLVED WITH THE IMPORTANT ISSUE OF HEPATITIS B IN ASIAN AMERICANS AND WAS AWARDED A CENTERS FOR DISEASE CONTROL (CDC) GRANT ESTABLISHING 25 SEPARATE SATELLITE PROGRAMS IN 25 DIFFERENT SITES WITH LARGE CHINESE AMERICAN POPULATIONS THROUGHOUT THE COUNTRY, INCLUDING NEW YORK CITY WHERE IT HELPED CREATE THE HEPATITIS B COALITION, EXPANDING THE PARTICIPATION OF COMMUNITIES THAT WERE NOT PREVIOUSLY INVOLVED IN HEPATITIS PREVENTION AND TREATMENT EFFORTS.</p>

Identifier	ReturnReference	Explanation
REPORTS FILED WITH STATES	PART VI, LINE 7	NY

OMB No 1545-0047

**Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.**  
**▶ Attach to Form 990**

**Open to Public Inspection**

Employer identification number

13-3971298

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

[illegible]

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . **1**

**3** Enter total number of other organizations listed in the line 1 table . . . . . 

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ORGANIZATION'S PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS TO OTHER 501(C)(3) ORGANIZATIONS IN THE UNITED STATES ALL GRANTS WERE MADE TO RELATED TAX-EXEMPT 501(C)(3) ORGANIZATIONS, THEREFORE NO MONITORING OF THE USE OF FUNDS IS REQUIRED

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
NYU HOSPITALS CENTER

Employer identification number  
13-3971298

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

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.

[illegible]



**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THREE OFFICERS HAVE A CAR AND DRIVER AT THEIR DISPOSAL. THEY PAY TAXES ON THE IMPUTED VALUE OF THE PERSONAL USE OF THE VEHICLE AND DRIVER. TWO OFFICERS ARE PROVIDED WITH A HOUSING ALLOWANCE, WHICH IS INCLUDED IN THEIR TAXABLE INCOME. ONE OFFICER RECEIVED A TAX GROSS-UP PAYMENT WHICH WAS INCLUDED IN THEIR TAXABLE INCOME. ONE OFFICER USED FIRST-CLASS TRAVEL FOR BUSINESS TRAVEL.
	PART I, LINE 4B	DR. GROSSMAN PARTICIPATED IN A SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN DURING CALENDAR YEAR 2011. THE EMPLOYER CONTRIBUTION TO THIS PLAN WAS \$568,875 FOR CALENDAR YEAR 2011. THIS AMOUNT IS REPORTED AS A SHARED COST BETWEEN NYUHC AND NYU SCHOOL OF MEDICINE. THE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN CONTRIBUTIONS WERE MADE PURSUANT TO A NEGOTIATED AGREEMENT WITH DR. GROSSMAN. NEW YORK UNIVERSITY PRESIDENT JOHN SEXTON IS ENTITLED TO RECEIVE A LENGTH OF SERVICE BONUS ON JANUARY 15, 2015, SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, EQUAL TO \$77,200 TIMES THE NUMBER OF YEARS HE HAS SERVED AS A FULL-TIME MEMBER OF THE NYU SCHOOL OF LAW (INCLUDING HIS SERVICES AS DEAN OF THE SCHOOL OF LAW AND AS PRESIDENT OF THE UNIVERSITY). THE \$77,200 ALLOCABLE TO CALENDAR YEAR 2011 IS INCLUDED IN PART II, ABOVE, IN COLUMN C (II). IN ADDITION, COMMENCING ON SEPTEMBER 1, 2011, SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, PRESIDENT SEXTON WILL BE ENTITLED TO RECEIVE PAYMENTS FOR THE REMAINDER OF HIS LIFE (THE "SERP ANNUAL PAYMENTS") EQUAL TO \$800,000 PER YEAR, ADJUSTED BY THE LOCAL CONSUMER PRICE INDEX SINCE SEPTEMBER 1, 2008, REDUCED BY RETIREMENT BENEFITS OTHERWISE PROVIDED BY THE UNIVERSITY. THE OBLIGATION TO MAKE THE SERP ANNUAL PAYMENTS HAS BEEN PREVIOUSLY DESCRIBED ON NEW YORK UNIVERSITY'S FORMS 990. PRESIDENT SEXTON'S SALARY - WHILE PRESIDENT OR IN ANY POST-PRESIDENT EMPLOYMENT WITH NYU - IS REDUCED BY THE SERP ANNUAL PAYMENTS. FOR EXAMPLE, SO LONG AS PRESIDENT SEXTON REMAINS AS PRESIDENT, HE WILL NOT RECEIVE ANY ECONOMIC BENEFIT FROM THE SERP ANNUAL PAYMENTS BECAUSE EVERY DOLLAR HE RECEIVES FROM THE SERP ANNUAL PAYMENTS WILL REDUCE HIS SALARY AS PRESIDENT. NEW YORK UNIVERSITY EXECUTIVE VICE PRESIDENT ALFANO IS ENTITLED TO RECEIVE A LENGTH OF SERVICE BONUS ON JANUARY 15, 2013, SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, EQUAL TO \$11,000 TIMES THE NUMBER OF YEARS HE HAS SERVED AS A FULL-TIME MEMBER OF THE NYU COLLEGE OF DENTISTRY (INCLUDING HIS SERVICES AS DEAN OF THE NYU COLLEGE OF DENTISTRY, A MEMBER OF THE FACULTY OF THE NYU COLLEGE OF DENTISTRY, AND/OR EVP OF NYU). THE \$11,000 ALLOCABLE TO CALENDAR YEAR 2011 IS INCLUDED IN PART II, ABOVE, IN COLUMN C (II).
	PART I, LINE 7	TWO OFFICERS RECEIVED COMPENSATION OVER BASE SALARY INCLUDING THE BONUS DETERMINED BY THE ORGANIZATION'S COMPENSATION COMMITTEE, DETERMINED AS REASONABLE.
SUPPLEMENTAL INFORMATION	PART III	FORM 990, SCHEDULE J, PART II, COL. (F). DR. GROSSMAN'S OTHER REPORTABLE COMPENSATION (COL. (B)(III)) INCLUDES AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION IN A PRIOR FORM 990.

**Software ID:**  
**Software Version:**  
**EIN:** 13-3971298  
**Name:** NYU HOSPITALS CENTER

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MICHAEL C ALFANO DMD PHD	(i)	0	0	0	0	0	0	0
	(ii)	546,529	574,490	0	35,500	11,521	1,168,040	0
ROBERT BERNE PHD	(i)	0	0	0	0	0	0	0
	(ii)	1,201,982	0	0	24,500	11,905	1,238,387	0
BONNIE BRIER	(i)	0	0	0	0	0	0	0
	(ii)	570,972	0	0	24,500	11,905	607,377	0
ROBERT I GROSSMAN MD	(i)	1,036,384	350,000	384,087	296,688	6,425	2,073,584	224,293
	(ii)	1,036,384	350,000	384,087	296,688	6,425	2,073,584	224,293
DAVID W MCLAUGHLIN	(i)	0	0	0	0	0	0	0
	(ii)	573,463	0	19,462	24,500	11,905	629,330	0
JOHN E SEXTON	(i)	0	0	0	0	0	0	0
	(ii)	1,241,084	0	60,536	101,700	70,434	1,473,754	0
STEVEN B ABRAMSON MD	(i)	190,775	77,500	0	7,595	2,613	278,483	0
	(ii)	424,629	172,500	0	16,905	5,817	619,851	0
DAFNA BAR-SAGI PHD	(i)	0	0	0	0	0	0	0
	(ii)	576,202	100,000	0	21,058	0	697,260	0
BERNARD A BIRNBAUM MD	(i)	1,033,721	400,000	0	24,500	17,352	1,475,573	0
	(ii)	0	0	0	0	0	0	0
ANDREW W BROTMAN MD	(i)	466,512	200,000	2,505	12,250	0	681,267	0
	(ii)	466,512	200,000	2,505	12,250	0	681,267	0
MICHAEL T BURKE	(i)	414,418	150,000	12,500	12,250	6,770	595,938	0
	(ii)	414,418	150,000	12,500	12,250	6,770	595,938	0
ANNETTE JOHNSON JD	(i)	511,542	170,000	0	20,825	10,073	712,440	0
	(ii)	90,272	30,000	0	3,675	1,778	125,725	0
VICKI MATCH SUNA AIA	(i)	287,649	100,000	651	12,250	6,639	407,189	0
	(ii)	287,649	100,000	651	12,250	6,639	407,189	0
NADER MHERABI	(i)	243,651	50,000	5,227	9,800	5,042	313,720	0
	(ii)	243,651	50,000	5,227	9,800	5,042	313,720	0
NANCY SANCHEZ	(i)	241,637	200,000	0	12,250	2,759	456,646	0
	(ii)	241,637	200,000	0	12,250	2,759	456,646	0
ANTHONY SHORRIS	(i)	351,031	150,000	1,100	11,229	6,639	519,999	0
	(ii)	351,031	150,000	1,100	11,229	6,639	519,999	0
KEVIN HANNIFAN	(i)	550,716	0	58,005	19,600	0	628,321	0
	(ii)	0	0	0	0	0	0	0
DAVID DIBNER	(i)	489,868	0	22,400	19,600	13,221	545,089	0
	(ii)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
ROBERT A PRESS MD PHD	(i)	541,511	0	0	24,500	5,667	571,678	0
	(ii)	0	0	0	0	0	0	0
NINA KATHRYN MCCLELLAN	(i)	375,387	0	6,390	19,600	4,727	406,104	0
	(ii)	0	0	0	0	0	0	0
MAUREEN T FITZPATRICKMSNRN	(i)	320,929	0	25,720	19,600	9,906	376,155	0
	(ii)	0	0	0	0	0	0	0
DEBRA BERGER	(i)	238,070	0	0	19,600	13,509	271,179	0
	(ii)	0	0	0	0	0	0	0
RICHARD COHEN	(i)	114,872	0	11,845	9,165	8,144	144,026	0
	(ii)	114,872	0	11,845	9,165	8,144	144,026	0
RICHARD DONOGHUE	(i)	453,847	140,000	14,746	13,720	8,251	630,564	0
	(ii)	194,506	60,000	6,320	5,880	3,536	270,242	0
SHEILA EISENBERG	(i)	210,492	0	0	17,212	6,227	233,931	0
	(ii)	0	0	0	0	0	0	0
THOMAS M FEUERSTEIN	(i)	220,986	16,035	10,525	9,800	7,248	264,594	0
	(ii)	220,986	16,035	10,525	9,800	7,248	264,594	0
KIMBERLY GLASSMAN	(i)	371,545	25,500	14,875	19,600	14,465	445,985	0
	(ii)	0	0	0	0	0	0	0
KARIM HABIBI	(i)	428,501	0	9,750	22,000	17,825	478,076	0
	(ii)	0	0	0	0	0	0	0
AMY HORROCKS	(i)	287,385	0	0	19,600	0	306,985	0
	(ii)	0	0	0	0	0	0	0
KEVIN KIRCHEN	(i)	349,942	0	6,721	19,600	8,669	384,932	0
	(ii)	0	0	0	0	0	0	0
IRENE KREUSCHER	(i)	201,622	0	91,099	16,333	9,454	318,508	0
	(ii)	0	0	0	0	0	0	0
REGINALD A ODOM	(i)	113,479	0	0	9,200	7,284	129,963	0
	(ii)	113,479	0	0	9,200	7,284	129,963	0
WESLEY SMITH	(i)	424,604	0	11,475	16,660	14,175	466,914	0
	(ii)	74,930	0	2,025	2,940	2,502	82,397	0
GILDA VENTRESCA- ECROYD	(i)	146,525	0	0	12,250	6,085	164,860	0
	(ii)	146,525	0	0	12,250	6,085	164,860	0
ROBERT GLICKMAN MD	(i)	0	0	0	0	0	0	0
	(ii)	204,760	0	0	20,577	8,851	234,188	0
PAUL CONOCENTI MBA	(i)	72,809	61,851	250,686	3,267	8,536	397,149	0
	(ii)	72,809	61,851	250,686	3,267	8,536	397,149	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
VIVIAN S LEE MD PHD MBA	(i)	0	0	0	0	0	0	0
	(ii)	512,074	0	0	12,250	9,676	534,000	0

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
NYU HOSPITALS CENTER

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number  
13-3971298

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983QY86	10-04-2006	97,290,705	SERIES 2006A/SEE SCHEDULE K, PART VI		X		X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903DA6	02-06-2007	169,685,043	SERIES 2007A/SEE SCHEDULE K, PART VI		X		X		X
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903WS6	12-05-2007	91,005,523	SERIES 2007B/SEE SCHEDULE K, PART VI		X		X		X
D DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293		09-30-2009	46,141,845	TELP/SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired			16,070,000		6,550,000		17,858,360	
2	Amount of bonds defeased								
3	Total proceeds of issue	99,082,046		173,655,710		100,367,486		49,142,340	
4	Gross proceeds in reserve funds	11,220,556		15,271,874		8,578,244			
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	1,941,074		2,620,827		1,776,326		142,000	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			122,942,945		81,166,030		49,000,340	
11	Other spent proceeds	85,920,416		25,645,046		519,563			
12	Other unspent proceeds			7,175,018		8,327,323			
13	Year of substantial completion	2006		2009		2009		2011	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		X
16	Has the final allocation of proceeds been made?	X			X		X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X	X		X			X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		1 000 %		0 400 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		1 000 %		0 400 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV

Arbitrage

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

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☒ No

Part VI

Supplemental Information

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

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART I	DESCRIPTION OF PURPOSE	SERIES 2006A - DASNY, NYU HOSPITALS CENTER REVENUE BONDS, 2006A - TO REFINANCE SERIES 2000A (ISSUED ON MAY 18, 2000), CREATE A DEBT SERVICE FUND FOR SERIES 2006A, AND PAY FOR THE SERIES 2006A ISSUANCE COSTS SERIES 2007A - DASNY, NYU HOSPITALS CENTER REVENUE BONDS, 2007A - TO REFINANCE SERIES 2000B (ISSUED ON NOVEMBER 13, 2002), FINANCE THE ACQUISITION OF NYUHC'S 34TH STREET CANCER CENTER, REFINANCE A LOAN INCURRED BY NYUHC TO FINANCE TENANT IMPROVEMENTS AT THE CANCER CENTER, REPLACEMENT OF TWO AIR HANDLING UNITS AT TISCH HOSPITAL, INCLUDING RELATED WORK NECESSARY TO REDISTRIBUTE ELECTRICAL LOADS, RENOVATION AND REPLACEMENT OF THE CHILLER PLANT THAT SERVICES TISCH HOSPITAL, INCLUDING THE PURCHASE AND INSTALLATION OF STEAM TURBINES AND PIPING UPGRADES, RENOVATION AND EXPANSION OF THE POST ANESTHESIA CARE UNIT AT TISCH HOSPITAL, INCLUDING RELOCATION OF SERVICES AND MECHANICAL SYSTEMS, CREATE A DEBT SERVICE FUND FOR SERIES 2007A, AND PAY FOR THE SERIES 2007A ISSUANCE COSTS SERIES 2007B - DASNY, NYU HOSPITALS CENTER REVENUE BONDS, 2007B TO FINANCE THE ACQUISITION & INSTALLATION OF NEW EMERGENCY GENERATORS AT TISCH HOSPITAL, RELOCATION, CONSTRUCTION, RENOVATION, EXPANSION AND EQUIPPING OF THE INTENSIVE CARE UNITS AT TISCH HOSPITAL, CONSTRUCTION, RENOVATION AND EQUIPPING OF LEASED SPACE IN AN EXISTING FACILITY LOCATED AT 333 EAST 38TH STREET, TO CREATE A NEW AMBULATORY SURGERY CENTER, CONSISTING OF OPERATING SUITES, PRE-OPERATION/RECOVERY BEDS, AND A PATHOLOGY LABORATORY, CONSTRUCTION AND RENOVATION OF A FLOOR OF THE SCHWARTZ HEALTH CARE CENTER, INCLUDING HVAC SYSTEM UPGRADES, TO ACCOMMODATE THE RELOCATION OF A SHORT-STAY UNIT FROM TISCH HOSPITAL AND POST-SURGICAL OBSERVATION BEDS, CONSTRUCTION, RENOVATION, AND EQUIPPING OF A CARDIAC AND VASCULAR CENTER WITHIN THE SCHWARTZ HEALTH CARE CENTER, CREATE A DEBT SERVICE FUND FOR SERIES 2007B, AND PAY FOR THE SERIES 2007B ISSUANCE COSTS Telp - DASNY - TAX-EXEMPT LEASING PROGRAM TO FINANCE THE ACQUISITION AND IMPLEMENTATION OF EPIC HARDWARE AND SOFTWARE SERIES 2011A - DASNY - NYU HOSPITALS CENTER REVENUE BONDS, 2011A FOR THE FOLLOWING CAPITAL IMPROVEMENTS RENOVATION AND EQUIPPING OF THE EMERGENCY DEPARTMENT, INCLUDING RENOVATION OF EXISTING SPACE AND RECONFIGURATION OF SPACE ADJACENT TO THE EXISTING EMERGENCY DEPARTMENT FOR EMERGENCY DEPARTMENT USE, RENOVATION AND EQUIPPING OF A NEW MUSCULOSKELETAL CENTER TO CONSOLIDATE NYUHC'S OUTPATIENT MUSCULOSKELETAL SERVICES, AND ROUTINE CAPITAL IMPROVEMENTS
FORM 990, SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE	THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E) DUE TO THE ADDITION OF INVESTMENT EARNINGS

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
NYU HOSPITALS CENTER

Employer identification number  
13-3971298

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	6499058G4	01-25-2011	130,139,047	SERIES 2011A/SEE SCHEDULE K, PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,675,000							
2	Amount of bonds defeased								
3	Total proceeds of issue	138,711,419							
4	Gross proceeds in reserve funds	10,873,563							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrow								
7	Issuance costs from proceeds	2,043,104							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	61,109,066							
11	Other spent proceeds								
12	Other unspent proceeds	64,685,686							
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III

Private Business Use

				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?				X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X						

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IVArbitrage

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

Part VProcedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☒ No

Part VISupplemental Information

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

Identifier	Return Reference	Explanation
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Schedule L  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
NYU HOSPITALS CENTER

Employer identification number  
13-3971298

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . . ▶ \$ _____										

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV

Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMERICAN EXPRESS COMPANY	TRUSTEE OF NYUHC AND CHAIRMAN & CEO OF AMERICAN EXPRESS COMPANY		KENNETH I CHENAULT, TRUSTEE, IS CHAIRMAN & CEO OF AMERICAN EXPRESS COMPANY NYU HOSPITALS CENTER HAS A BUSINESS RELATIONSHIP WITH AMERICAN EXPRESS THAT INCLUDES AN EXTENSION OF CREDIT FROM AMERICAN EXPRESS TO NYU HOSPITALS CENTER FOR THE PURCHASE OF CERTAIN SUPPLIES AND SERVICES AMERICAN EXPRESS RECEIVES A FEE FOR THE USE OF THE CREDIT EXTENDED TO NYU HOSPITALS CENTER THE CONTRACT BETWEEN NYU HOSPITALS CENTER AND AMERICAN EXPRESS WAS NEGOTIATED ON AN ARM-LENGTH BASIS		No
(2) JP MORGAN CHASE COMPANY	TRUSTEE OF NYUHC AND CHAIRMAN & CEO OF JP MORGAN CHASE & COMPANY		JAMIE DIMON, TRUSTEE, IS CHAIRMAN & CHIEF EXECUTIVE OFFICER OF JP MORGAN CHASE & COMPANY A PORTION OF NYU HOSPITALS CENTER'S ASSET PORTFOLIO IS INVESTED WITH AND MANAGED BY JP MORGAN CHASE & COMPANY NYU HOSPITALS CENTER HAS A BUSINESS RELATIONSHIP WITH JP MORGAN CHASE & COMPANY THAT INCLUDES AN EXTENSION OF CREDIT FROM JP MORGAN CHASE & COMPANY TO NYU HOSPITALS CENTER FOR THE PURCHASE OF CERTAIN SUPPLIES AND SERVICES AND A LOAN AGREEMENT TO FUND THE HOSPITALS CENTER'S DEFINED BENEFIT PENSION PLAN JP MORGAN CHASE & COMPANY RECEIVES QUARTERLY PRINCIPAL AND INTEREST PAYMENTS FOR THE LOAN AND FEE FOR THE USE OF THE CREDIT EXTENDED TO NYU HOSPITALS CENTER THE CONTRACTS BETWEEN NYU HOSPITALS CENTER AND JP MORGAN CHASE & COMPANY WERE NEGOTIATED ON AN ARMS-LENGTH BASIS		No
(3) UNITEDHEALTH GROUP	TRUSTEE OF NYUHC AND EXECUTIVE VICE PRESIDENT OF UNITEDHEALTH GROUP	1,548,312	ANTHONY WELTERS, TRUSTEE, IS EXECUTIVE VICE PRESIDENT OF UNITEDHEALTH GROUP NYU HOSPITALS CENTER CONTRACTED WITH UNITED HEALTHCARE, A DIVISION OF UNITEDHEALTH GROUP TO ADMINISTER ONE OF THE FIVE MEDICAL INSURANCE PLANS OFFERED BY NYU HOSPITALS CENTER TO ITS EMPLOYEES UNITED HEALTHCARE RECEIVES A FEE FOR ADMINISTERING THE PLAN THE CONTRACT BETWEEN NYU HOSPITALS CENTER AND UNITEDHEALTH GROUP WAS NEGOTIATED ON AN ARMS-LENGTH BASIS		No
(4) BANK OF AMERICA	TRUSTEE OF NYUHC AND CO-COO OF BANK OF AMERICA		THOMAS K MONTAG, TRUSTEE, IS CO-CHIEF OPERATING OFFICER OF BANK OF AMERICA NYU HOSPITALS CENTER HAS A BUSINESS RELATIONSHIP WITH BANK OF AMERICA THAT INCLUDES BUSINESS BANKING, A LINE OF CREDIT FROM BANK OF AMERICA TO NYU HOSPITALS CENTER AND A LOAN AGREEMENT RELATED TO THE SERIES 2000D BONDS BANK OF AMERICA RECEIVES QUARTERLY PRINCIPAL AND INTEREST PAYMENTS FOR THE LOAN AND FEES ASSOCIATED WITH THE BUSINESS BANKING AND THE USE OF THE CREDIT EXTENDED TO NYU HOSPITALS CENTER THE CONTRACTS BETWEEN NYU HOSPITALS CENTER AND BANK OF AMERICA WERE NEGOTIATED ON AN ARMS LENGTH BASIS		No

Part V

Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
NYU HOSPITALS CENTER

Employer identification number  
13-3971298

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	8	18,474,856	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( )				
26 Other ►( )				
27 Other ►( )				
28 Other ► ( )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2011****Open to Public  
Inspection**Name of the organization  
NYU HOSPITALS CENTER**Employer identification number**

13-3971298

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	DESCRIPTION OF RELATIONSHIPS LORI FINK, TRUSTEE, & LAURENCE D FINK, CO-CHAIR, HAVE A FAMILY RELATIONSHIP EDWARD H MEYER AND SANDRA MEYER HAVE A FAMILY RELATIONSHIP THOMAS S MURPHY & THOMAS S MURPHY JR , TRUSTEES, HAVE A FAMILY RELATIONSHIP RONALD O PERELMAN AND DEBRA PERELMAN, TRUSTEES, HAVE A FAMILY RELATIONSHIP NORMA SMITH AND ROBIN L SMITH, TRUSTEES, HAVE A FAMILY RELATIONSHIP ALICE M TISCH AND THOMAS J TISCH, TRUSTEES, HAVE A FAMILY RELATIONSHIP WILLIAM R BERKLEY AND LARRY A SILVERSTEIN HAVE A BUSINESS RELATIONSHIP FRANK T NICKELL AND LAURENCE D FINK HAVE A BUSINESS RELATIONSHIP LINDA ROBINSON AND LAURENCE D FINK HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	DESCRIPTION OF CLASSES OF MEMBERS OR STOCKHOLDERS THE SOLE MEMBER OF THE NYU HOSPITALS CENTER IS NEW YORK UNIVERSITY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS WITH RESPECT TO THE ELECTION OF THE BOARD OF TRUSTEES OF NYU HOSPITALS CENTER, NEW YORK UNIVERSITY, AS THE SOLE MEMBER HAS THE POWER AND AUTHORITY 1 TO ELECT THE TRUSTEES, 2 REMOVE A TRUSTEE, AND 3 FILL ANY VACANCIES IN THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND THE TYPE OF VOTING RIGHTS WITH RESPECT TO THE DECISIONS OF THE BOARD OF TRUSTEES OF NYU HOSPITALS CENTER, NEW YORK UNIVERSITY AS THE SOLE MEMBER, HAS THE POWER AND AUTHORITY TO 1 AMEND OR REPEAL THE BY-LAWS OR ADOPTING NEW BY-LAWS, 2 APPROVE THE CORPORATION'S MERGER OR CONSOLIDATION WITH ANOTHER ENTITY, 3 APPROVE THE SALE, LEASE, EXCHANGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE ASSETS OF THE CORPORATION, 4 REVIEW THE VISION, MISSION AND STRATEGIC AND FINANCIAL PLANS OF THE CORPORATION, 5 APPROVE THE BOARD'S APPOINTMENT OF TRUSTEES TO SERVE AS MEMBERS OF THE OPERATING COMMITTEE, 6 REVIEW THE CORPORATION'S ANNUAL OPERATING AND CAPITAL BUDGETS, PROVIDED THAT FINAL APPROVAL OF THE BUDGETS SHALL REMAIN WITH THE CORPORATION, 7 APPROVE (A) ANY TRANSACTION HAVING A VALUE IN EXCESS OF \$25,000,000, (B) ANY TRANSACTION WHICH REQUIRES THE MEMBER'S GRANT OR PLEDGE OF SECURITY INTEREST IN ANY REALTY OR PERSONALTY CONSTITUTING A PART OF OR AFFIXED TO THE NYU MEDICAL CENTER CAMPUS WHICH THE MEMBER OWNS, OR (C) ANY BORROWING BY THE CORPORATION FOR WHICH THE MEMBER IS PROPOSED TO BE GUARANTOR, PROVIDED THAT WITH RESPECT TO ANY TRANSACTION OR BORROWING DESCRIBED IN THIS PARAGRAPH, 8 FINAL APPROVAL OF HOSPITAL DEBT NECESSARY TO FINANCE THE COST OF COMPLIANCE WITH OPERATIONAL OR PHYSICAL PLANT STANDARDS REQUIRED BY LAW, OR TO IMPLEMENT CERTIFICATE OF NEEDS APPLICATIONS, SHALL REMAIN WITH THE CORPORATION, AND 9 APPROVING THE CREATION AND/OR DISSOLUTION OF AN ENTITY IN WHICH THE CORPORATION IS PROPOSED TO BE, OR IS, THE CONTROLLING MEMBER



Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	DESCRIPTION OF THE PROCESS USED BY MANAGEMENT AND/OR GOVERNING BODY TO REVIEW THE FORM 990 1 THE FINANCE DEPARTMENT DRAFTS THE FORM 990 AND THE ACCOMPANYING SCHEDULES BASED ON THE FISCAL YEAR'S FINANCIAL ACTIVITY AND PRIOR YEAR REPORTING 2 THE DRAFT IS PROVIDED TO THE ORGANIZATION'S EXTERNAL TAX ADVISOR FOR REVIEW 3 THE DRAFT IS THEN REVIEWED BY THE ASSISTANT TREASURER, VICE PRESIDENT OF FINANCE, AND CHIEF FINANCIAL OFFICER FOR COMPLETENESS AND ACCURACY THIS IS AN ITERATIVE PROCESS WHICH MAY INVOLVE MORE THAN ONE REVIEW BY THE ORGANIZATION'S EXTERNAL TAX ADVISOR 4 THE REVIEWED DRAFT IS PRESENTED TO THE BOARD OF TRUSTEES' AUDIT COMMITTEE, AS WELL AS CERTAIN OTHER OFFICERS FOR REVIEW 5 ONCE APPROVED BY THE AUDIT COMMITTEE, THE FORM 990 IS MADE AVAILABLE TO THE FULL BOARD AND THEN IT IS FORWARDED TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>DESCRIPTION OF THE PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST ALL TRUSTEES , EMPLOYEES OF THE CORPORATION, AND MEMBERS OF THE MEDICAL STAFF (VOLUNTARY AND FULL-TIME) HAVE A PRIMARY OBLIGATION TO SERVE THE PURPOSES TO WHICH THE MEDICAL CENTER IS DEDICATED IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY ADOPTED BY THE BOARD OF TRUSTEES AND I N EFFECT FROM TIME TO TIME, THE FOLLOWING MUST SUBMIT TO THE OFFICE OF COMPLIANCE'S CONFLI CTS OF INTEREST MANAGEMENT UNIT ("CIMU") ANNUAL DISCLOSURE FORMS UPON APPOINTMENT AND ANNU ALLY THEREAFTER I CHAIRS, VICE-CHAIRS, DEPARTMENT ADMINISTRATORS, AND ALL EMPLOYEES AND OFFICERS AT THE LEVEL OF VICE PRESIDENT, ASSISTANT DEAN OR DIRECTOR OR ABOVE, II FACULTY MEMBERS, WHETHER FULL TIME OR PART TIME, III PERSONS WITH THE ABILITY TO ORDER MEDICAL DE VICES OR PRESCRIBE MEDICATIONS (E.G , NURSE PRACTITIONERS, PHY SICIAN'S ASSISTANTS, AND PHY SICIANS), IV INVESTIGATORS PARTICIPATING IN THE MEDICAL CENTER'S RESEARCH AND SPONSORED P ROGRAMS, V PERSONS ENGAGED IN PURCHASING DECISIONS ON BEHALF OF THE MEDICAL CENTER, AND V I MEMBERS OF ANY MEDICAL CENTER COMMITTEES WITH SUPERVSION OR OVERSIGHT RESPONSIBILITIES OVER PATIENT CARE, PURCHASING, RESEARCH OR EDUCATION AT THE MEDICAL CENTER (E.G , THE PHAR MACY AND THERAPEUTIC COMMITTEE (P&amp;T) AND THE INSTITUTIONAL REVIEW BOARD (IRB)) THE ANNUAL DISCLOSURE FORM WILL BE PROVIDED TO THE ABOVE LISTED INDIVIDUALS BY THE CIMU AND MUST BE COMPLETED AND RETURNED WITHIN 30 DAYS OF RECEIPT ADDITIONALLY, THE CIMU MAY REQUEST COMPL ETION OF AN ANNUAL DISCLOSURE FORM AT ITS DISCRETION DURING THE YEAR THE SUBMITTED FORMS ARE REVIEWED AS FOLLOWS A DIVISION LEADER/SUPERVISOR INITIAL REVIEW THE APPROPRIATE DIV ISION LEADERS OR SUPERVISORS ARE RESPONSIBLE FOR REVIEWING ANNUAL DISCLOSURES UPON SUBMISS ION THE PRIMARY PURPOSE OF THIS REVIEW IS TO BECOME AWARE OF NYULMC MEMBER INVOLVEMENTS I N THEIR LINE OF AUTHORITY DIVISION LEADERS/SUPERVISORS SHOULD ALSO VERIFY THE COMPLETENES S OF ANNUAL DISCLOSURES BASED ON NYULMC MEMBER ACTIVITIES KNOWN TO THEM B DEPARTMENT CHA IR/LEADER APPROVAL THE DEPARTMENT CHAIR/LEADER IS RESPONSIBLE FOR REVIEWING DISCLOSURES A ND FOR DETERMINING WHETHER A POTENTIAL CONFLICT OF INTEREST EXISTS UNDER THE CIRCUMSTANCES IN CASES INVOLVING AN NYULMC MEMBER OTHER THAN A CORPORATE OFFICER, WHERE THE DEPARTMENT CHAIR/LEADER BELIEVES THAT A CONFLICT OF INTEREST EXISTS, THE DEPARTMENT CHAIR/LEADER WIL L EITHER ISSUE A MANAGEMENT PLAN IN ACCORDANCE WITH EXISTING GUIDELINES OR SUBMIT THE MAT T ER TO THE CIMU FOR SUBMISSION TO THE BUSINESS CONFLICT OF INTEREST COMMITTEE (BCOIC) FOR R EVIEW IN ACCORDANCE WITH THIS POLICY THE BCOIC WILL ISSUE GUIDELINES FOR MANAGEMENT PLANS IN CASES INVOLVING A CORPORATE OFFICER WHERE THE DEPARTMENT LEADER (TYPICALLY THE DEAN/C EO) BELIEVES THAT A CONFLICT OF INTEREST EXISTS, THE DEPARTMENT LEADER WILL SUBMIT THE MAT TER TO THE AUDIT AND COMPLIANCE COMMITTEE C NON-CORPORATE OFFICER CONFLICTS/BCOIC REVIEW THE BCOIC IS RESPONSIBLE FOR REVIEWING AND EVALUATING EACH POTENTIAL CONFLICT OF INTERES T INVOLVING AN NYULMC MEMBER OTHER THAN A CORPORATE OFFICER SUBMITTED TO IT BY THE CIMU A S A MATTER OF POLICY, IF THE BCOIC FINDS THAT A CONFLICT OF INTEREST EXISTS, THE MEDICAL C ENTER WILL NOT APPROVE THE MATTER UNLESS THE BCOIC DETERMINES, AFTER REVIEWING ALL MATERIA L FACTS, THAT EXTRAORDINARY CIRCUMSTANCES MERIT AN EXCEPTION AND THE BCOIC ADOPTS A PLAN F OR MANAGING AND MONITORING THE CONFLICT OF INTEREST WHICH IS FULLY CONSISTENT WITH THE BES T INTERESTS OF THE MEDICAL CENTER THE BCOIC MUST REPORT TO THE AUDIT AND COMPLIANCE COMMI TTEE ALL FINDINGS IT MAKES ARISING FROM ITS REVIEW AND EVALUATION RESPONSIBILITIES UNDER T HIS POLICY D CORPORATE OFFICER CONFLICTS/AUDIT AND COMPLIANCE COMMITTEE REVIEW THE AUDIT AND COMPLIANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND EVALUATING EACH POTENTIAL CONFL ICT OF INTEREST INVOLVING A CORPORATE OFFICER SUBMITTED TO IT BY THE CIMU AS A MATTER OF POLICY, IF THE AUDIT AND COMPLIANCE COMMITTEE FINDS THAT A CONFLICT OF INTEREST EXISTS, T HE MEDICAL CENTER WILL NOT APPROVE THE MATTER, UNLESS THE AUDIT AND COMPLIANCE COMMITTEE D ETERMINES, AFTER REVIEWING ALL MATERIAL FACTS, THAT EXTRAORDINARY CIRCUMSTANCES MERIT AN E XCEPTION AND THE AUDIT AND COMPLIANCE COMMITTEE ADOPTS A PLAN FOR MANAGING AND MONITORING THE CONFLICT OF INTEREST WHICH IS FULLY CONSISTENT WITH THE BEST INTERESTS OF THE MEDICAL CENTER TRUSTEES MUST SUBMIT A GENERAL DISCLOSURE STATEMENT UPON APPOINTMENT, UPON EACH TR IENNIAL REAPPOINTMENT THEREAFTER, AND UPON REQUEST OF THE OFFICE OF COMPLIANCE IN THE GEN ERAL DISCLOSURE STATEMENT, A TRUSTEE MUST CERTIFY COMPLIANCE WITH THIS POLICY AND DISCLOSE ALL ENTITIES IN WHICH HE OR SHE HOLDS A MATERIAL INTEREST WHICH HE OR SHE REASONABLY BELI EVES DOES OR MAY DO BUSINESS WITH THE MEDICAL CENTER OR COMPETES OR MAY COMPETE WITH THE M EDICAL CENTER ALL DISCLOSURES MUST BE MADE IN SPECIFIC AMOUNTS THE TRUSTEE MUST DISCLOSE ANY ENTITY IN WHICH THE TRUSTEE AND/OR ANY MEMBER</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>OF HIS OR HER IMMEDIATE FAMILY I HAS A DIRECTOR OR TRUSTEE POSITION, II HAS AN OFFICER OR SENIOR EXECUTIVE POSITION, III IS A PARTNER, OR IV OWNS OR CONTROLS MORE THAN 5% OF THE ENTITY'S OUTSTANDING EQUITY THE GENERAL DISCLOSURE STATEMENT FORM WILL BE PROVIDED TO EACH TRUSTEE BY THE OFFICE OF COMPLIANCE AND MUST BE COMPLETED AND RETURNED WITHIN 30 DAY S OF RECEIPT AND PRIOR TO THE FIRST MEETING OF THE BOARD OF TRUSTEES (OR A COMMITTEE THERE OF) FOLLOWING HIS OR HER APPOINTMENT OR REAPPOINTMENT THE OFFICE OF COMPLIANCE IS RESPONS I BLE FOR REVIEWING EACH DISCLOSURE RECEIVED FROM ANY TRUSTEE AND FOR DETERMINING WHETHER A POTENTIAL CONFLICT OF INTEREST EXISTS UNDER THE CIRCUMSTANCES IN CASES WHERE THE OFFICE OF COMPLIANCE BELIEVES THAT A CONFLICT OF INTEREST EXISTS, THE OFFICE OF COMPLIANCE WILL S UBMIT THE MATTER TO THE AUDIT AND COMPLIANCE COMMITTEE FOR REVIEW IN ACCORDANCE WITH THIS POLICY THE AUDIT AND COMPLIANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING AND EVALUATING EAC H POTENTIAL CONFLICT OF INTEREST INVOLVING A TRUSTEE SUBMITTED BY THE OFFICE OF COMPLIANCE AS A MATTER OF POLICY, IF THE AUDIT AND COMPLIANCE COMMITTEE FINDS THAT A CONFLICT OF IN TEREST EXISTS, THE MEDICAL CENTER WILL NOT APPROVE THE MATTER, UNLESS THE AUDIT AND COMPLI ANCE COMMITTEE DETERMINES, AFTER REVIEWING ALL MATERIAL FACTS, THAT EXTRAORDINARY CIRCUMST ANCES MERIT AN EXCEPTION AND THE AUDIT AND COMPLIANCE COMMITTEE ADOPTS A PLAN FOR MANAGING AND MONITORING THE CONFLICT OF INTEREST WHICH IS FULLY CONSISTENT WITH THE BEST INTERESTS OF THE MEDICAL CENTER THE AUDIT AND COMPLIANCE COMMITTEE MUST REPORT TO THE BOARD OF TRU STEES ALL FINDINGS IT MAKES ARISING FROM ITS REVIEW AND EVALUATION RESPONSIBILITIES UNDER THIS POLICY</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>AND 15B OFFICES AND POSITIONS FOR WHICH PROCESS WAS USED AND YEAR PROCESS WAS BEGUN THE EXECUTIVE COMPENSATION PROCESS AT NYU HOSPITALS CENTER ("NYUHC") IS ADMINISTERED BY A COMMITTEE OF TRUSTEES THAT DID NOT HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENTS AT ISSUE. THE COMMITTEE FOLLOWS A BOARD APPROVED CHARTER WHICH EMPOWERS THEM TO ADMINISTER THE EXECUTIVE COMPENSATION PROGRAM AND PROCESS ON BEHALF OF THE FULL BOARD OF TRUSTEES OF NYUHC. IN CARRYING OUT ITS RESPONSIBILITIES, THE COMMITTEE WILL (1) ENSURE THE ADOPTION OF AND MONITOR THE ADHERENCE TO POLICIES AND PROCEDURES FOR DETERMINING AND DOCUMENTING REASONABLE EMPLOYEE COMPENSATION, (2) ENSURE THE MAINTENANCE OF DOCUMENTATION CONFIRMING THAT ALL EMPLOYEE COMPENSATION IS REASONABLE IN NATURE, APPROVED IN ACCORDANCE WITH APPROVED POLICY, IS THE VALUE THAT WOULD ORDINARILY BE PAID FOR LIKE SERVICES BY A LIKE ENTERPRISE UNDER LIKE CIRCUMSTANCES AND GIVEN THE REQUIRED TAX TREATMENT, AND (3) MONITOR EMPLOYEE BENEFIT RETIREMENT PLANS THAT INVOLVE THE ESTABLISHMENT AND MANAGEMENT OF DESIGNATED FUNDS (EXCEPT INVESTMENT MANAGEMENT) FOR THE BENEFIT OF EMPLOYEES GENERALLY OR SPECIFIED GROUPS OF EMPLOYEES. IN REVIEWING AND APPROVING THE COMPENSATION OF HIGHLY COMPENSATED INDIVIDUALS AND OF INDIVIDUALS WHO ARE IN A POSITION TO INFLUENCE THE AFFAIRS OF NYUHC, THE COMMITTEE MAY RELY UPON APPROPRIATE DATA AS TO COMPARABILITY AND SHALL ADEQUATELY AND TIMELY DOCUMENT THE BASIS FOR ITS DETERMINATION CONCURRENTLY WITH MAKING THAT DETERMINATION. THE DOCUMENTATION SHALL INCLUDE THE TERMS OF THE TRANSACTIONS AND THE DATE OF ITS APPROVAL, THE MEMBERS OF THE COMPENSATION AND BENEFITS COMMITTEE PRESENT DURING THE DEBATE AND VOTE ON THE TRANSACTION, THE COMPARABILITY DATA OBTAINED AND RELIED UPON, THE ACTS OF ANY MEMBERS OF THE COMMITTEE HAVING A CONFLICT OF INTEREST AND DOCUMENTATION OF THE BASIS FOR THE DETERMINATION. THE COMMITTEE REVIEW TAKES PLACE ON THE FOLLOWING SCHEDULE: (1) ANNUALLY FOR ALL VICE PRESIDENT, VICE DEANS, CHAIRS AND ABOVE, I.E., KEY EXECUTIVES, (2) AT HIRE AND FOR ADJUSTMENT OF COMPENSATION FOR KEY EXECUTIVES AND COVERED INDIVIDUALS, (3) EVERY 3 YEARS A GLOBAL REVIEW. ALL FACULTY SALARIES WILL BE PERFORMED AND SALARIES RELATED TO CHANGES IN RESPONSIBILITIES OR NEW HIRES WILL BE DONE ON A RETROACTIVE REVIEW BASIS.</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE ON ITS WEBSITE AT <a href="http://www.med.nyu.edu/compliance/policies/index.html">HTTP://WWW.MED.NYU.EDU/COMPLIANCE/POLICIES/INDEX.HTML</a> THE ORGANIZATION'S GOVERNING DOCUMENTS ARE NOT MADE PUBLICLY AVAILABLE THE ORGANIZATION'S FINANCIAL STATEMENT IS MADE AVAILABLE TO THE PUBLIC AS PART OF ITS ANNUAL FILING WITH THE NYS ATTORNEY GENERAL'S OFFICE AND IS AVAILABLE THROUGH THEIR WEBSITE

Identifier	Return Reference	Explanation
ESTIMATED AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII	NAME/TITLE/HOURS JAN T VILCEK, MD, PHD / TRUSTEE / 60 0 MICHAEL C ALFANO, DMD, PHD / EX-OFFICIO / 60 0 ROBERT BERNE, PHD / EX-OFFICIO / 60 0 BONNIE BRIER / EX-OFFICIO / 60 0 ROBERT I GROSSMAN, MD / DEAN & CEO / 30 0 DAVID W MCLAUGHLIN / EX-OFFICIO / 60 0 JOHN E SEXTON / EX-OFFICIO / 60 0 STEVEN B ABRAMSON, MD / SVP/VICE DEAN FOR EDUCATION / 41 4 DAFNA BAR-SAGI, PHD / SVP/VICE DEAN SCIENCE, CHIEF SCIENTIFIC OFFICER / 30 0 ANDREW W BROTMAN, MD / SVP/VICE DEAN, CHIEF CLINICAL OFFICER / 30 0 MICHAEL T BURKE / SVP/VICE DEAN, CORPORATE CHIEF FINANCIAL OFFICER / 30 0 ANNETTE JOHNSON, JD / SVP/VICE DEAN, GENERAL COUNSEL / 9 0 VICKI MATCH SUNA, AIA / SVP/VICE DEAN FOR REAL ESTATE DEVELOP AND FACIL / 30 0 NADER MHERABI / SVP/VICE DEAN, CHIEF INFORMATION OFFICER / 30 0 NANCY SANCHEZ / SVP/VICE DEAN, HUMAN RESOURCES / 30 0 ANTHONY SHORRIS / SVP/VICE DEAN AND CHIEF OF STAFF / 30 0 RICHARD COHEN / VP, FACILITIES / 30 0 RICHARD DONOGHUE / SVP, STRATEGIC PLANNING & BUSINESS DEVELOPMENT / 18 0 THOMAS M FEUERSTEIN / VP, FINANCE / 30 0 REGINALD A ODOM / VP, HUMAN RESOURCES / 30 0 WESLEY SMITH / VP, PATIENT FINANCIAL SERVICES / 9 0 GILDA VENTRESCA-ECROYD / VP, GOVERNMENTAL AFFAIRS / 30 0 ROBERT GLICKMAN, MD / FORMER DEAN& CEO / 35 0 PAUL CONOCENTI, MBA / SVP/VICE DEAN, CHIEF INFORMATION OFFICER (FORMER) / 30 0 VIVIAN S LEE, MD, PHD, MBA / SVP/VICE DEAN, CHIEF SCIENTIFIC OFFICER (FORMER) / 30 0

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 31,442,120 CHANGES IN PENSION & POSTRETIREMENT OBLIGATIONS -88,310,952 TRANSFER OF EQUITY TO SCHOOL OF MEDICINE FOR REAL PROPERTY -10,063,315 TOTAL TO FORM 990, PART XI, LINE 5 -66,932,147

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
NYU HOSPITALS CENTER

Employer identification number  
13-3971298

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							



Part III

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

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

Part IV

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

l Performance of services or membership or fundraising solicitations by related organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

No

Yes

Yes

Yes

Yes

No

Yes

No

Yes

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) CCC550 INSURANCE SCC	L	25,615,860	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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

[illegible]

**Part VII**

**Supplemental Information**

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 13-3971298

Name: NYU HOSPITALS CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
NEW YORK UNIVERSITY  726 BROADWAY NEW YORK, NY 10003 13-5562308	UNIVERSITY	NY	501(C) (3)	LINE 2	N/A		No
34TH STREET CANCER CENTER INC  C/O NYUHC 550 FIRST AVENUE NEW YORK, NY 10016 30-0262470	CANCER CARE	NY	501(C) (3)	LINE 11C III-FI	NYU HOSPITALS CENTER	Yes	
HAROLD ACTON TRUST  726 BROADWAY 9TH FLOOR NEW YORK, NY 10003 13-7050560	SUPPORT OF NYU'S CAMPUS IN FLORENCE, ITALY	NY	501(C) (3)	LINE 11A, I	NEW YORK UNIVERSITY	Yes	
HORTENSE ACTON TRUST  70 WASHINGTON SQ S NEW YORK, NY 10013 36-7110976	SUPPORT OF NYU'S CAMPUS IN FLORENCE, ITALY	NY	501(C) (3)	PF	NEW YORK UNIVERSITY	Yes	
INSTITUTE OF FINE ARTS FOUNDATION  1 EAST 78TH STREET NEW YORK, NY 10021 23-7184242	SUPP NYU'S INSTITUTE OF FINE ARTS	NY	501(C) (3)	LINE 11A, I	NEW YORK UNIVERSITY	Yes	
NATIONAL CENTER ON PHILANTHROPY AND THE LAW  110 WEST 3RD ST 2ND FL NEW YORK, NY 10012 13-3954405	STUDY,RESEARCH, EDUCATION ON PHILANTHROPY & THE LAW	NY	501(C) (3)	LINE 11A, I	NEW YORK UNIVERSITY	Yes	
NEW YORK UNIVERSITY IN ABU DHABI CORP  70 WASHINGTON SQ S NEW YORK, NY 10013 26-2652713	SUPPORT NYU COLLEGE IN ABU DHABI	NY	501(C) (3)	LINE 2	NEW YORK UNIVERSITY	Yes	
NEW YORK UNIV SCHOOL OF BUSINESS FDN  44 WEST 4TH ST STE 11-160 NEW YORK, NY 10012 13-4168015	SUPPORTS NYU'S L N STERN SCHOOL OF BUSINESS	NY	501(C) (3)	LINE 11A, I	NEW YORK UNIVERSITY	Yes	
NYU IMAGING INC  545 FIRST AVENUE NEW YORK, NY 10016 13-4000622	SUPPORT NYU SCHOOL OF MEDICINE	NY	501(C) (3)	LINE 11A, I	NEW YORK UNIVERSITY	Yes	
NYU REAL ESTATE CORPORATION  70 WASHINGTON SQ S 11TH NEW YORK, NY 10013 13-4141728	OWNS REAL PROPERTY	NY	501(C) (25)		NEW YORK UNIVERSITY	Yes	
NYU SCHOOL OF LAW FOUNDATION  161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 13-6161036	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C) (3)	LINE 11A, I	NEW YORK UNIVERSITY	Yes	
NYU SCHOOL OF LAW HOUSING ASSISTANCE CO  161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 13-4043221	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C) (3)	LINE 11A, I	NYU'S SCHOOL OF LAW FOUNDATION	Yes	
NYU SCHOOL OF LAW RECRUITMENT ASSIST CO  161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 13-4043182	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C) (3)	LINE 11A, I	NYU'S SCHOOL OF LAW FOUNDATION	Yes	
NYU SCHOOL OF LAW RETENTION ASSIST CORP  161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 13-4047911	SUPPORT NYU'S SCHOOL OF LAW	NY	501(C) (3)	LINE 11A, I	NYU'S SCHOOL OF LAW FOUNDATION	Yes	
POLYTECHNIC INSTITUTE OF NEW YORK UNIVERSITY  6 METROTECH CENTER BROOKLYN, NY 11201 11-1630820	ENGINEERING COLLEGE	NY	501(C) (3)	LINE 2	NEW YORK UNIVERSITY	Yes	
WASHINGTON SQUARE LEGAL SERVICES INC  161 AVE OF THE AMERICAS 504 NEW YORK, NY 10013 23-7392120	CERTAIN PUBLIC INTEREST ACTIVITIES OF NYU'S SCHOOL OF LAW	NY	501(C) (3)	LINE 11A, I	NEW YORK UNIVERSITY	Yes	
NEW YORK UNIVERSITY MEDICAL CENTER FOUNDATION  550 FIRST AVENUE NEW YORK, NY 10016 23-7268635	SUPPORT RESEARCH	NY	501(C) (3)	LINE 11A, I	NEW YORK UNIVERSITY	Yes	
JURODIN FUND  PO BOX 6089 NEWARK, DE 197146089 13-6169166	SILVER FUNDS	DE	501(C) (3)	PF	NEW YORK UNIVERSITY	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Percentage ownership
CCC 550 INSURANCE SCC 550 FIRST AVENUE NEW YORK, NY 10016	PROF LIAB COVERAGE	BB	NYU HOSPITALS CENTER	C	67,206,000	333,581,000	100 000 %
INTERNATIONAL ART FUND C/O NYU 726 BROADWAY NEW YORK, NY 10003	HOLDS STOCK IN LA PIETRA CORP	PM	N/A	C			
LA PIETRA CORPORATION VIA BOLOGNESE 120 FLORENCE 50139 IT	HOLDS PROPERTY COMPRISING NYU'S FLORENCE CAMPUS	IT	N/A	C			
NYU IN FRANCE 56 RUE DE PASSY PARIS 75016 FR	SUPPORT NYU'S PROGRAM IN FRANCE	FR	N/A	C			
NIU DA ED INFOR CONSULTING CO LTD 3663 ZHONGSHAN RD N SHANGHAI 200062 CH	SUPPORT NYU'S PROGRAM IN CHINA	CH	N/A	C			
NYU IN LONDON 6 BEDFORD SQUARE LONDON WC1B 3RA UK	SUPPORT NYU'S PROGRAM IN LONDON	UK	N/A	C			
NYU IN TEL-AVIV LTD TUVAL 13 TEL AVIV 52522 IS	SUPPORT NYU'S PROGRAM IN TEL-AVIV	IS	N/A	C			
NYU TISCH INT'L (LONDON) LTD SENATE HOUSE SOUTH BLOCK ROOM 26 LONDON WC1E 7HU UK	SUPPORT NYU'S TSOA'S PROGRAM IN LONDON	UK	N/A	C			
NYU TISCH SCH OF ARTS ASIA LTD 3 KAY SIANG ROAD 248923 SN	SUPPORT NYU'S TSOA'S PROGRAM IN SINGAPORE	SN	N/A	C			
NYU-PRO FRANCE 56 RUE DE PASSY PARIS 75016 FR	SUPPORT NYU'S PROGRAM IN FRANCE	FR	N/A	C			
CENTER FOR THE FORMATION OF NYU SHANGHAI 3663 ZHONGSHAN RD N SHANGHAI 200062 CH	SUPPORT NYU'S PROGRAM IN CHINA	CH	N/A	C			

# **NYU Hospitals Center**

**Consolidated Financial Statements**  
**August 31, 2012 and 2011**

**NYU Hospitals Center**  
**Index**  
**August 31, 2012 and 2011**

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## Report of Independent Auditors

Board of Trustees  
NYU Langone Medical Center

In our opinion, the accompanying consolidated balance sheets and the related consolidated statements of operations, changes in net assets and cash flows present fairly, in all material respects, the financial position of NYU Hospitals Center and subsidiaries (the "Hospitals Center") at August 31, 2012 and 2011, and the results of their operations, and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America. These consolidated financial statements are the responsibility of the Hospitals Center's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We did not audit the financial statements of CCC550, a wholly owned subsidiary of the Hospitals Center, which statements reflect total assets of \$333.6 million and \$306.0 million as of August 31, 2012 and 2011, respectively, and total revenues of \$67.2 million and \$63.9 million for the years then ended. Those statements were audited by other auditors whose report thereon has been furnished to us and our opinion expressed herein, insofar as it relates to the amounts included for CCC550 is based solely on the report of other auditors. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit 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, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements taken as a whole. The consolidating supplemental information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidating financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures, in accordance with auditing standards generally accepted in the United States of America. In our opinion, the consolidating information is fairly stated, in all material respects, in relation to the consolidated financial statements taken as a whole. The consolidating information is presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position, results of operations and cash flows of the individual companies and is not a required part of the consolidated financial statements. Accordingly, we do not express an opinion on the financial position, results of operations and cash flows of the individual companies.

*PricewaterhouseCoopers LLP*

December 12, 2012

**NYU Hospitals Center**  
**Consolidated Balance Sheets**  
**August 31, 2012 and 2011**

<i>(in thousands)</i>	<b>2012</b>	<b>2011</b>
<b>Assets</b>		
Current assets		
Cash and cash equivalents	\$ 176,992	\$ 116,313
Marketable securities	3,688	4,141
Assets limited as to use	15,993	19,906
Assets limited as to use – Board designated	360,005	240,005
Patient accounts receivable, less allowances for uncollectibles (2012 – \$68,231 and 2011 – \$67,517)	245,036	228,396
Contributions receivable	32,587	52,422
Insurance receivables – billed	35,849	45,149
Due from related organizations	18,788	11,054
Inventories	23,589	26,439
Other current assets	41,006	36,546
Total current assets	953,533	780,371
Marketable securities	21,300	21,076
Assets limited as to use	390,955	395,546
Contributions receivable	59,450	71,075
Other assets	11,027	15,081
Deferred financing costs	11,875	11,896
Property, plant and equipment – net	1,165,259	824,229
Total assets	<u>\$ 2,613,399</u>	<u>\$ 2,119,274</u>
<b>Liabilities and net assets</b>		
Current liabilities		
Current portion of long-term debt	\$ 34,894	\$ 44,125
Accounts payable and accrued expenses	189,294	175,931
Accrued salaries and related liabilities	30,426	49,525
Accrued interest payable	4,778	4,735
Current portion of accrued postretirement liabilities	1,678	1,657
Deferred revenue	11,576	15,428
Due to related organizations - net	-	178
Other current liabilities	38,269	49,143
Total current liabilities	310,915	340,722
Long-term debt, less current portion	868,379	554,752
Outstanding losses and loss adjustment expenses	188,962	168,530
Accrued pension liabilities	141,840	73,267
Accrued postretirement liabilities, less current portion	68,806	54,152
Other liabilities	211,651	227,403
Total liabilities	1,790,553	1,418,826
Commitments and contingencies		
<b>Net assets</b>		
Unrestricted	618,059	493,427
Temporarily restricted	191,776	198,275
Permanently restricted	13,011	8,746
Total net assets	822,846	700,448
Total liabilities and net assets	<u>\$ 2,613,399</u>	<u>\$ 2,119,274</u>

The accompanying notes are an integral part of these consolidated financial statements

**NYU Hospitals Center**  
**Consolidated Statements of Operations**  
**Years Ended August 31, 2012 and 2011**

<i>(in thousands)</i>	<b>2012</b>	<b>2011</b>
<b>Operating revenue</b>		
Net patient service revenue	\$ 1,830,158	\$ 1,625,839
Grants and sponsored programs	839	2,319
Premiums earned	36,892	27,414
Contributions	3,552	4,796
Endowment distribution and return on short-term investments	14,758	11,474
Other revenue	81,978	49,484
Net assets released from restrictions for operating purposes	20,536	10,437
Total operating revenue and other support	1,988,713	1,731,763
<b>Operating expenses</b>		
Salaries and wages	669,671	588,975
Employee benefits	207,396	177,772
Supplies and other	765,546	696,306
Depreciation and amortization	78,131	62,571
Interest	19,217	20,376
Total operating expenses	1,739,961	1,546,000
Gain from operations	248,752	185,763
<b>Other items</b>		
Loss on disposals of property, plant and equipment	(1,865)	-
Mission based payment to NYUSoM	(27,750)	(45,000)
Investment return less endowment distribution - net	62	460
Excess of revenue over expenses	219,199	141,223
<b>Other changes in unrestricted net assets</b>		
Changes in pension and postretirement obligations	(88,311)	15,015
Contributions for capital asset acquisitions	697	1,892
Net assets released from restrictions for capital purposes	3,110	15,598
Transfer of equity to NYUSoM	(10,063)	(3,925)
Net increase in unrestricted net assets before effect of change in accounting principle	124,632	169,803
Cumulative effect of change in accounting principle	-	(7,029)
Net increase in unrestricted net assets	\$ 124,632	\$ 162,774

The accompanying notes are an integral part of these consolidated financial statements

**NYU Hospitals Center**  
**Consolidated Statements of Changes in Net Assets**  
**Years Ended August 31, 2012 and 2011**

	Year Ended August 31, 2012				Year Ended August 31, 2011			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<i>(in thousands)</i>								
Net assets at beginning of year	\$ 493,427	\$ 198,275	\$ 8,746	\$ 700,448	\$ 330,653	\$ 167,749	\$ 8,746	\$ 507,148
Excess of revenue over expenses	219,199	-	-	219,199	141,223	-	-	141,223
Net assets released from restrictions for operations	-	(20,536)	-	(20,536)	-	(10,437)	-	(10,437)
Net assets released from restrictions for capital purposes	3,110	(3,110)	-	-	15,598	(15,598)	-	-
Contributions for capital assets acquisitions	697	-	-	697	1,892	-	-	1,892
Change in pension and postretirement obligation	(88,311)	-	-	(88,311)	15,015	-	-	15,015
Transfer of gifts to University	-	(5,700)	-	(5,700)	-	-	-	-
Investment return - net	-	604	-	604	-	2,629	-	2,629
Appropriation of endowment distribution	-	(1,026)	-	(1,026)	-	(948)	-	(948)
Transfer of equity to NYUSoM	(10,063)	-	-	(10,063)	(3,925)	-	-	(3,925)
Gifts, bequests and other items	-	23,269	4,265	27,534	-	47,851	-	47,851
Total changes in net assets before cumulative effect of change in accounting principle	124,632	(6,499)	4,265	122,398	169,803	23,497	-	193,300
Cumulative effect of change in accounting principle	-	-	-	-	(7,029)	7,029	-	-
Total changes in net assets after change in accounting principle effect	124,632	(6,499)	4,265	122,398	162,774	30,526	-	193,300
Net assets at end of year	<u>\$ 618,059</u>	<u>\$ 191,776</u>	<u>\$ 13,011</u>	<u>\$ 822,846</u>	<u>\$ 493,427</u>	<u>\$ 198,275</u>	<u>\$ 8,746</u>	<u>\$ 700,448</u>

The accompanying notes are an integral part of these consolidated financial statements

# **NYU Hospitals Center** **Consolidated Statements of Cash Flows** **Years Ended August 31, 2012 and 2011**

<i>(in thousands)</i>	<b>2012</b>	<b>2011</b>
<b>Cash flows from operating activities</b>		
Changes in net assets	\$ 122,398	\$ 193,300
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Depreciation and amortization	78,131	62,571
Loss on disposal of property, plant and equipment	1,865	-
Patient care bad debt expense	26,629	18,867
Write-off of contributions receivable	6,286	-
Post-retirement benefit adjustment	18,415	(10,586)
Pension benefit adjustment	69,896	(4,429)
Asset retirement obligation adjustment	(1,241)	(900)
Contributions restricted for permanent investment and capital	(40,403)	(37,752)
Net unrealized and realized gains on investments	(12,193)	(11,677)
Changes in operating assets and liabilities		
Transfer of gift to University	(5,700)	-
Patient accounts receivable	(43,269)	(64,440)
Nonendowment and noncapital contributions receivable	25,174	(9,198)
Insurance receivables – billed	9,300	(25,256)
Accounts payable and accrued expenses	(5,794)	47,654
Accrued salaries and related liabilities	(19,099)	8,836
Accrued interest payable	43	1,238
Due to related organizations	(7,912)	(42,699)
Outstanding losses and loss adjustment expenses	20,432	(27,381)
Accrued pension obligation	(1,323)	(12,970)
Accrued postretirement obligation	(3,740)	5,266
Other liabilities	(37,559)	82,810
Other assets	8,770	(17,924)
Net cash provided by operating activities	<u>209,106</u>	<u>155,330</u>
<b>Cash flows from investing activities</b>		
Acquisitions of property, plant and equipment	(366,925)	(217,093)
Purchases of marketable securities	(15,677)	(11,102)
Sales of marketable securities	16,531	12,189
Additions to assets limited as to use board designated	(120,000)	(119,730)
Changes in assets limited as to use - net	20,072	(121,909)
Net cash used in investing activities	<u>(465,999)</u>	<u>(457,645)</u>
<b>Cash flows from financing activities</b>		
Contributions restricted for permanent investment and capital	40,403	37,752
Proceeds from issuance of long-term debt	268,907	128,969
Proceeds from borrowing on lines of credits	355,000	60,000
Payments of deferred financing costs	(880)	(2,830)
Payments on line of credit	(295,000)	(30,000)
Principal payments on long-term debt	(50,858)	(24,839)
Net cash provided by financing activities	<u>317,572</u>	<u>169,052</u>
Net change in cash and cash equivalents	60,679	(133,263)
<b>Cash and cash equivalents</b>		
Beginning of year	<u>116,313</u>	<u>249,576</u>
End of year	<u>\$ 176,992</u>	<u>\$ 116,313</u>
<b>Supplemental information</b>		
Cash paid for interest	\$ 19,174	\$ 19,138
Non-cash acquisitions of property, plant and equipment	19,157	1,503
Assets acquired under capital leases	25,829	-

The accompanying notes are an integral part of these consolidated financial statements

# **NYU Hospitals Center**

## **Notes to Financial Statements**

### **August 31, 2012 and 2011**

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#### **1. Organization and Summary of Significant Accounting Policies**

##### **Organization**

NYU Hospitals Center ("Hospitals Center") is a component of NYU Langone Medical Center (the "Medical Center"), which also includes the accounts of the NYU School of Medicine ("NYUSoM"), CCC550 Insurance, SCC ("CCC550"). The Medical Center is a component of New York University (the "University")

The University's Board of Trustees ("University Board") appoints the members of the Hospitals Center Board

The Hospitals Center is a Section 501(c)(3) organization exempt from federal income taxes under Section 501(a) of the Internal Revenue Code and from New York State and City income taxes. It operates the following: Tisch Hospital, a 705-bed acute care facility and a major center for specialized procedures in cardiovascular services, neurosurgery, cancer treatment, reconstructive surgery and transplantation, the Rusk Institute of Rehabilitation Medicine, a 174-bed unit, which has earned worldwide recognition for its leadership in the treatment of the physically challenged, and NYU Hospital for Joint Diseases ("HJD"), a 190-bed acute care facility specializing in orthopedic services.

CCC550 is an offshore captive insurance company that is a wholly owned subsidiary of the Hospitals Center. CCC550 was incorporated as a segregated cell company and is subject to taxation in accordance with Section 29 of the Exempt Insurance Act of Barbados, 1983.

##### **Basis of Presentation and Principles of Consolidation**

The accompanying consolidated financial statements are prepared on the accrual basis of accounting and in accordance with accounting principles generally accepted in the United States of America. The accompanying consolidated financial statements include the accounts of the Hospitals Center (which includes Cancer Center) and CCC550. Accordingly, amounts due (to) from the Hospitals Center and CCC550 and the transactions between the entities have been eliminated in consolidation.

##### **Related Organizations**

Transactions among the related organizations in the accompanying consolidated financial statements relate principally to the sharing of certain services, facilities, equipment and personnel and are accounted for on the basis of allocated cost, as agreed among the parties. The amounts due from or to related organizations do not bear interest. Additionally, the Hospitals Center and the University have established guidelines for reimbursement, on a fee-for-service basis, for services provided.

##### **Cash and Cash Equivalents**

The Hospitals Center considers highly liquid financial instruments purchased with a maturity of three months or less, excluding those held in its investment portfolio and assets limited as to use, to be cash equivalents. The Hospitals Center maintains its deposits with high credit quality financial institutions. The Hospitals Center has balances in these financial institutions that exceed federal depository insurance limits. Management does not believe the credit risk related to these deposits is significant.

##### **Marketable Securities and Assets Limited as to use**

All of the Hospitals Center's marketable securities are in a pooled investment portfolio maintained by the University. Investments in equity securities with readily determinable fair values and all

# **NYU Hospitals Center**

## **Notes to Financial Statements**

### **August 31, 2012 and 2011**

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investments in debt securities are reported at fair value, based on quoted market prices. The fair value of alternative investments in the pooled investment portfolio is based on values reported by the respective external investment managers, and consists of primarily readily marketable securities but may be less liquid than other investments. Certain securities underlying the alternative instruments are not readily marketable. Although the estimated value is subject to uncertainty and may differ from the value that would have been used had a ready market for the securities existed, management believes that any such difference would not have a material effect on the Hospitals Center's consolidated balance sheets. In addition, a limited number of the investment vehicles included in the alternative instruments have liquidity restrictions which may defer redemption of the investment for a short period of time. The amount of gain or loss associated with these alternative instruments is reflected in the accompanying consolidated financial statements at net asset values. Investments in certain private capital funds are recorded at fair value as of the date of the last portfolio appraisal. The funds are then adjusted for capital contributions and redemptions made between the valuation date and year end.

Assets limited as to use principally consist of cash and investments held by trustees under the various debt agreements and funds set aside by the Hospitals Center Board over which the Hospitals Center Board retains control and may, at its discretion, subsequently use for other purposes.

The Hospitals Center's investment portfolio and assets limited as to use is classified as trading, with unrealized gains and losses included in excess of revenue over expenses.

Gains, losses and investment income are included in the consolidated statements of operations unless their use is temporarily or permanently restricted by donor stipulations.

Purchase and sales of securities are recorded on a trade-date basis.

The Hospitals Center's assets limited to use and marketable securities are recorded at fair value as described below.

#### ***Fair Value Measurements***

Fair Value Accounting establishes a framework for measuring fair value under generally accepted accounting principles and enhances disclosures about fair value measurements. Fair value is defined as the exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement that is determined based on assumptions that market participants would use in pricing an asset or liability. Fair value requires an organization to determine the unit of account, the mechanism of hypothetical transfer, and the appropriate markets for the asset or liability being measured.

The guidance establishes a hierarchy of valuation inputs based on the extent to which the inputs are observable in the marketplace. Observable inputs reflect market data obtained from sources independent of the reporting entity and unobservable inputs reflect the entity's own assumptions about how market participants would value an asset or liability based on the best information available. Valuation techniques used to measure fair value must maximize the use of observable inputs and minimize the use of unobservable inputs. As a basis for comparing assumptions, accounting guidance establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair values as follows:

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- Level 1 Financial instruments for which quoted market prices are available in active markets. Level 1 assets consist of money market funds, equity securities, some mutual funds, and U S Treasury Notes/Bills securities as they are traded in an active market with sufficient volume and frequency of transactions.
- Level 2 Financial instruments for which there are inputs, other than the quoted prices in active markets, that are observable either directly or indirectly. The Hospitals Center's Level 2 assets consist of government backed securities. These investments can also be valued by the investment portfolio managers utilizing a portfolio system, which relies on one of the largest pricing services and is used by many mutual funds. The Hospitals Center reviews the results of these valuations in assessing its fair value of investments.
- Level 3 Financial instruments for which there are unobservable inputs, in which there is little or no market data, which require the reporting entity to develop its own assumptions.

Assets and liabilities measured at fair value are based on one or more of three valuation techniques. The three valuation techniques are as follows:

- Market approach - Prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities,
- Cost approach - Amount that would be required to replace the service capacity of an asset (i.e. replacement cost), and
- Income approach - Techniques to convert future amounts to a single present amount based on market expectations (including present value techniques, option-pricing models, and lattice models).

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Inputs are used in applying the various valuation techniques and broadly refer to the assumptions the market participants use to make valuation decisions. Inputs may include price information, credit data, liquidity statistics and other factors.

The following is a description of the methods and assumptions used to estimate fair value of the Hospitals Center's assets limited as to use. There have been no changes in valuation methods and assumptions used at August 31, 2012 and 2011.

#### *Mutual Funds and Money Market Funds*

Fair value estimates for publicly traded mutual funds are based on quoted market prices (Level 1) and/or other market data for the same or comparable instruments and transactions in establishing the prices (Level 2).

#### *U S Government Debt and Corporate Debt Securities*

Valued on the basis of the quoted market prices at year-end. If quoted market prices are not available for the investments, these investments are valued based on yields currently available on comparable securities or issuers with similar credit ratings.

#### *Interest-bearing Cash Equivalents*

Consist primarily of U S government debt securities with maturities less than three months from year-end. These investments are valued on the basis of the quoted market prices at year-end. If



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quoted market prices are not available for the investments, these investments are valued based on yields currently available on comparable securities or issuers with similar credit ratings

#### *Marketable Securities*

The Hospitals Center's entire marketable securities balance consists of investments held in the University endowment pool. As the fair value of these assets cannot be corroborated by observable market data as of August 31, 2012, it is therefore classified as Level 3.

#### *Investments held by CCCIT*

The Medical Center records assets limited to use that are held by CCC550 within the Combined Coordinated Council Investment Trust ("CCCIT"). The fair value of the Hospital Center's interest in CCCIT is based on unobservable inputs that cannot be corroborated by observable market data and is therefore classified as Level 3.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

#### **Inventories**

The Hospitals Center's inventories are carried at the lower of cost or market using the FIFO (first in, first out) method. Inventories are used in the provision of patient care and generally are not held for sale.

#### **Assets limited as to use**

Assets limited as to use primarily represent assets held by trustees under long-term debt agreements, self-insurance trust agreements and assets represented by cash and investments held by CCC550. The assets limited as to use (not held by CCC550) are comprised of U.S. Government obligations for which cost approximates fair value, and investments held by CCC550, which include cash, hedge, fixed income, and equity units of CCCIT, are reported at fair value.

#### **Deferred Financing Costs**

Deferred financing costs represent costs incurred to obtain long-term financing. Amortization of these costs is provided using the effective interest method over the term of the applicable indebtedness. See Note 6 for additional information relative to debt related matters.

#### **Property, Plant and Equipment**

Property, plant and equipment is carried at cost and those acquired by gifts and bequests are carried at appraised or fair value established at the date of contribution. The carrying amounts of assets and the related accumulated depreciation and amortization are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations. Annual provisions for depreciation are made based primarily upon the straight-line method over the estimated useful lives of the assets.

Land improvement	20 years
Building and building improvement	40 years
Fixed and moveable equipment	3-15 years

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Equipment under capital leases is recorded at present value at the inception of the leases and is amortized on the straight-line method over the shorter of the lease term or the estimated useful life of the equipment. The amortization of assets recorded under capital leases is included in depreciation and amortization expense in the accompanying consolidated statements of operations. When assets are retired or otherwise disposed of, the cost and the related depreciation are reversed from the accounts, and any gain or loss is reflected in current operations. Repairs and maintenance expenditures are expensed as incurred.

#### **Asset Retirement Obligation**

The Hospitals Center recorded an asset retirement obligation liability related to the estimated future costs to remediate asbestos. At August 31, 2012 and 2011, this liability was approximately \$14.0 million and \$15.2 million and is included in other liabilities in the consolidated balance sheets.

#### **Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are those whose use by the Hospitals Center has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospitals Center in perpetuity.

The Hospitals Center prepares its consolidated financial statements focusing on the entity as a whole and requires classification of net assets as unrestricted, temporarily restricted, or permanently restricted, as determined by the existence or absence of restrictions placed on the assets' use by donors or by provision of law. A description of the net assets classifications follows.

*Permanently Restricted* net assets include gifts, pledges, trusts, and gains explicitly required by donors to be retained in perpetuity, while allowing the use of the investment return for general or specific purpose, in accordance with donor provisions.

*Temporarily Restricted* net assets include gifts, pledges, trusts, and gains that can be expended, but the donor restrictions have not yet been met. Contributions receivable that do not carry a purpose restriction are deemed to be time restricted. Temporary restrictions are removed either through the passage of time or because certain actions are taken by the Hospitals Center that fulfill the restrictions.

*Unrestricted* net assets are the remaining net assets of the Hospitals Center that are used to carry out its mission and are not subject to donor restrictions.

#### **Contributions**

Contributions, including unconditional promises to give cash and other assets (pledges), are reported at fair value on the date received. Contributions receivable are reported at their discounted present value and an allowance for amounts estimated to be uncollectible is provided. Conditional promises to give are not recognized as revenue until they become unconditional, that is, when the conditions on which they depend are substantially met.

The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported as net assets released from restrictions.

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Donor-restricted contributions whose restrictions are met within the same year as received are reflected in temporarily restricted net assets and net assets released from restrictions in the accompanying consolidated financial statements

#### **Uncompensated Care**

As a matter of policy, the Hospitals Center provides significant amounts of partially or totally uncompensated patient care. For accounting purposes, such uncompensated care is treated either as charity care or bad debt expense.

The Hospitals Center's charity care policy, in accordance with the New York State Department of Health's guidelines, ensures the provision of quality health care to the community served while carefully considering the ability of the patient to pay. The policy has sliding fee schedules for inpatient, ambulatory and emergency services provided to the uninsured and under-insured patients that qualify. Patients are eligible for the charity care fee schedule if they meet certain income and liquid asset tests. For accounting and disclosure purposes, charity care is reported at cost. Since payment for services is not sought from charity care eligible patients, charity care allowances are not reported as revenue. Total forgone charges for charity care totaled \$23.1 million and \$21.2 million for fiscal year 2012 and 2011. This equated to an approximate cost of \$7.2 million and \$7.2 million for the years ended August 31, 2012 and 2011, respectively, which is based on a ratio of cost to charges during the period. Patients who not qualify for sliding scale fees and all uninsured inpatients who do not qualify for Medicaid assistance are billed at the Hospitals Center's full rates. Uncollected balances for these patients are categorized as bad debts.

#### **Performance Indicator**

The consolidated statements of operations include excess of revenue over expenses as the performance indicator. Changes in unrestricted net assets which are excluded from excess of revenue over expenses, consistent with industry practice, include changes in pension and postretirement obligations, contributions for capital asset acquisitions, net assets released from restrictions for capital purposes, transfer of equity to NYUSoM, and cumulative effect of change in accounting principle.

The Hospitals Center differentiates its operating activities through the use of gain from operations as an intermediate measure of operations. For the purposes of display, items which management does not consider to be components of the Hospitals Center's operating activities are excluded from the gain from operations and reported as other items in the consolidated statements of operations. These include losses on disposals of property, plant and equipment, investment returns (realized and unrealized net gains or losses on investments, interest and dividends) in excess of (or less than) the Hospitals Center's approved endowment distribution and mission based payments to NYUSoM.

#### **Use of Estimates**

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

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#### Income Taxes

FASB's guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions. This guidance defines the threshold for recognizing tax return positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits. The guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements. There was no significant impact on the Medical Center's combined financial statements during the years ended August 31, 2012 and 2011.

#### Reclassifications

Certain amounts in the 2011 combined financial statements have been reclassified to conform to the current year's presentation.

#### New Authoritative Pronouncements

On September 17, 2010, New York adopted a version of the Uniform Prudent Management of Institutional Funds Act. New York's version of the law is known as the New York Prudent Management of Institutional Funds Act ("NYPMIFA"). In accordance with NYPMIFA and the authoritative accounting guidance in 2011, the Hospital Center has reclassified \$7.0 million of unrestricted net assets to temporarily restricted net assets. Such amounts relate to accumulated earnings on endowment funds and other funds, including distributions from the endowment unspent due to timing. The full amount of \$7.0 million is reflected in the consolidated statements of operations as a cumulative effect of a change in accounting principle in fiscal year 2011.

In August 2010, the FASB issued Accounting Standards Update ("ASU") No. 2010-23, *Measuring Charity Care for Disclosure*. ASU No. 2010-23 requires that the level of charity care provided be presented based on the direct and indirect costs of the charity services provided. ASU No. 2010-23 also requires separate disclosure of the amount of any cash reimbursements received for providing charity care. ASU No. 2010-23 is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. The Hospitals Center has adopted this guidance for the fiscal year ended August 31, 2012 and included the applicable disclosures within the Uncompensated Care section of Note 1.

In August 2010, the FASB also issued ASU No. 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries*. Under ASU No. 2010-24, anticipated insurance recoveries and estimated liabilities for medical malpractice claims or similar contingent liabilities will be presented separately on the balance sheet. The guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2010. The Hospitals Center adopted this guidance in fiscal year 2012, however, there was no impact to the Hospital Center's balance sheet.

In July 2011, the FASB issued ASU No. 2011-07, *Presentation and Disclosure of Patient Service Revenue Provision for Bad Debts and Allowance for Doubtful Accounts for Certain Health Care Entities*. ASU No. 2011-07, requires that certain health care entities must reclassify their provisions for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). This guidance is effective for fiscal years beginning after December 15, 2011, with early adoption permitted. The Hospitals Center has early adopted this guidance within its consolidated statement of operations for fiscal year ended August 31, 2012, and also applied the guidance retrospectively for the year ended August 31, 2011. The enhanced disclosures required under this guidance are included in Note 2.

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In September 2011, the FASB issued ASU No. 2011-09, *Compensation – Retirement Benefits – Multiemployer Plans*. ASU No. 2011-09 requires that employers provide additional separate disclosures for multiemployer pension plans and multiemployer other postretirement benefit plans. This guidance is effective for annual periods for fiscal years ending after December 15, 2011. The Hospitals Center has adopted this guidance for fiscal year 2012, and the additional disclosures are included in Note 8.

In October 2012, the FASB issued ASU No. 2012-5, *Statement of Cash Flows (Topic 230) Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows (a consensus of the FASB EITF)*. ASU No. 2012-5 requires not-for-profit entities to classify cash receipts from the sale of donated financial assets consistently with cash donations received in the statement of cash flows if those cash receipts were from the sale of donated financial assets that upon receipt were directed without any not-for-profit entity imposed limitations for sale and were converted nearly immediately into cash. Accordingly, the cash receipts from the sale of those financial assets should be classified as cash inflows from operating activities, unless the donor restricted the use of the contributed resources to long-term purposes, in which case those cash receipts should be classified as cash flows from financing activities. Otherwise, cash receipts from the sale of donated financial assets should be classified as cash flows from investing activities by the not-for-profit entity. The guidance is effective prospectively (with retrospective application permitted) for fiscal years beginning after June 15, 2013, and early adoption is permitted. The Medical Center has adopted this guidance retrospectively for fiscal years 2012 and 2011.

## **2. Net Patient Service Revenue, Accounts Receivable and Allowance for Uncollectible Accounts**

The Hospitals Center has agreements with third-party payers that provide for payments to the Hospitals Center at amounts different from its established rates (i.e., gross charges). Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments.

Billings related to services rendered are recorded as net patient service revenue in the period in which the service is performed, net of contractual and other allowances that represent differences between gross charges and the estimated receipts under such programs. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Patient accounts receivable are also reduced for allowances for uncollectible accounts. The net adjustment included within the consolidated statements of operations relating to changes in prior year estimates decreased net patient service revenue by \$1.7 million and \$12.6 million for the years ended August 31, 2012 and 2011, respectively.

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The process for estimating the ultimate collection of receivables involves significant assumptions and judgments. The Hospitals Center has implemented a monthly standardized approach to estimate and review the collectability of receivables based on the payer classification and the period from which the receivables have been outstanding. Past due balances over 90 days from the date of billing and over a specified amount are considered delinquent and are reviewed for collectability. Account balances are written off against the allowance when management feels it is probable the receivable will not be recovered. Historical collection and payer reimbursement experience is an integral part of the estimation process related to reserves for doubtful accounts. In addition, the Hospitals Center assesses the current state of its billing functions in order to identify any known collection or reimbursement issues and assess the impact, if any, on reserve estimates. The Hospitals Center believes that the collectability of its receivables is directly linked to the quality of its billing processes, most notably those related to obtaining the correct information in order to bill effectively for the services it provides. Revisions in reserve for doubtful accounts estimates are recorded as an adjustment to bad debt expense.

A summary of the payment arrangements with major third-party payers follows.

#### **Medicare**

Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Effective October 1, 2007, the Centers for Medicare and Medicaid services ("CMS") revised the Medicare patient classification systems. The new Medicare severity adjusted diagnosis related groups ("MS - DRGs") reflect changes in technology and current methods of care delivery. CMS has expanded the number of DRG's from 538 to 745 and requires identification of conditions that are present upon admission. Inpatient rehabilitation cases are grouped into case-mix groups (CMGs). Outpatients are assigned to ambulatory payment classification groups (APCs). The Centers for Medicare and Medicaid Services (CMS) issue annual updates to payment rates and patient classification groups.

#### **Non Medicare Payments**

The New York Health Care Reform Act of 1996, as updated, governs payments to hospitals in New York State. Under this system, hospitals and all non Medicare payers, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospital's payment rates. If negotiated rates are not established, payers are billed at hospitals established charges. Medicaid, workers' compensation and no-fault payers pay hospital rates promulgated by the New York State (NYS) Department of Health (DOH) on a prospective basis. Adjustments to current and prior years' rates for these payers will continue to be made in the future. Effective July 1, 2008 and January 1, 2009, the NYS DOH updated the data utilized to calculate the NYS DRG service intensity weights (SIWs) in order to utilize more current data in DOH promulgated rates. Effective December 1, 2009, NYS implemented inpatient reimbursement reform. The reform updated the data utilized to calculate the NYS DRG rates and service intensity weights (SIWS) in order to utilize refined data and more current information in DOH promulgated rates. The inpatient and outpatient rates are further refined on an annual basis.

There are also various other proposals at the Federal and State level that could, among other things, reduce payment rates. The ultimate outcome of these proposals, regulatory changes, and other market conditions cannot presently be determined.

The Hospitals Center has established estimates, based on information presently available, of amounts due to or from Medicare and non Medicare payers for adjustments to current and prior year's payment rates, based on industry-wide and hospital-specific data. Net amounts due to third

# **NYU Hospitals Center** **Notes to Financial Statements** **August 31, 2012 and 2011**

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party payors at August 31, 2012 and 2011 were \$104.1 million and \$74.2 million, respectively. Additionally, certain payers' payment rates for various years have been appealed by the Hospitals Center. If the appeals are successful, additional income applicable to those years will be realized.

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Hospitals Center's Medicare cost reports have been audited through December 31, 2004 and finalized through December 31, 2002 by the Medicare intermediary.

On February 19, 2004, the Secretary of Health and Human Services confirmed that hospitals can provide discounts for uninsured patients, which allowed the Hospitals Center to implement a discount policy in accordance with state law. The Hospitals Center's goal was to create a financial aid program that is consistent with the mission, values, and capacity of the Hospitals Center, while considering an individual's ability to contribute to his or her care.

The Hospitals Center has implemented a discount policy and provides discounts to additional uninsured patients. Under this policy, the discount offered to uninsured patients is reflected as a reduction to net patient service revenue at the time the uninsured billings are recorded.

Federal and state law requires that hospitals provide emergency services regardless of a patient's ability to pay. Uninsured patients seen in the emergency department, including patients subsequently admitted for inpatient services, often do not provide information necessary to allow the Hospitals Center to qualify such patients for charity care. Uncollectible amounts due from such uninsured patients represent the substantial portion of the provision for bad debts reflected in the accompanying consolidated statements of operations. The Hospitals Center records a significant provision for bad debts related to uninsured patients in the period the services are provided. As a percent of patient service revenue net of contractual allowances, bad debt expense is consistent year over year. The overall revenue increase is based on increases in volume and rates.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major sources, is as follows for the years ended August 31, 2012 and 2011:

<i>(in thousands)</i>	<b>2012</b>	<b>2011</b>
Gross Charges	\$ 5,529,760	\$ 4,509,653
Allowances	<u>(3,672,973)</u>	<u>(2,864,947)</u>
Patient service revenue, net of contractual allowances	1,856,787	1,644,706
Bad debt	<u>(26,629)</u>	<u>(18,867)</u>
Total net patient services	<u>\$ 1,830,158</u>	<u>\$ 1,625,839</u>

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The Hospitals Center grants credit without collateral to its patients, most of who are local residents and are insured under third-party payer arrangements. The mix of patient service revenue, net of contractual allowances from patients and third-party at August 31, 2012 and 2011 are as follows:

	<u>2012</u>	<u>2011</u>
Medicare	18 %	19 %
Medicaid	2 %	2 %
Blue Cross	21 %	19 %
Managed care and other	59 %	60 %
	<u>100 %</u>	<u>100 %</u>

The case mix of receivables (net of contractual allowances and advances from certain third-parties) from patients and third party payers at August 31, 2012 and 2011 are as follows:

	<u>2012</u> <u>NYUHC</u>	<u>2011</u> <u>NYUHC</u>
Medicare	14 %	21 %
Medicaid	2 %	3 %
Blue Cross	14 %	17 %
Managed care and other	70 %	59 %
	<u>100 %</u>	<u>100 %</u>

**3. Marketable Securities and Assets limited as to use**

The composition and fair value hierarchy of marketable securities and assets limited as to use measured at fair value on a recurring basis at August 31, 2012 and 2011, is set forth in the following table:

(in thousands)

	<u>August 31, 2012</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<b>Marketable securities</b>				
Investments in University Endowment pool	\$ -	\$ -	\$ 24,988	\$ 24,988
Total marketable securities	-	-	24,988	24,988
Less: Current portion				(3,688)
Total long term marketable securities				<u>\$ 21,300</u>



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	<b>August 31, 2012</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Assets limited as to use</b>				
U S Government and other obligations	\$ 140,081	\$ 4,130	\$ -	\$ 144,211
Investments held by CCCIT	-	-	262,628	262,628
Total non-cash assets limited as to use	140,081	4,130	262,628	406,839
Cash and cash equivalents				360,114
Total assets limited as to use				766,953
Less Current portion				(375,998)
Total long term assets limited as to use				\$ 390,955

	<b>August 31, 2011</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Marketable securities</b>				
Investments in University				
Endowment pool	\$ -	\$ -	\$ 25,217	\$ 25,217
Total marketable securities	-	-	25,217	25,217
Less Current portion				(4,141)
Total long term marketable securities				\$ 21,076

	<b>August 31, 2011</b>			
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Assets limited as to use</b>				
U S Government and other obligations	\$ 145,941	\$ 28,356	\$ -	\$ 174,297
Investments held by CCC550	-	-	226,951	226,951
Total non-cash assets limited as to use	145,941	28,356	226,951	401,248
Cash and cash equivalents				254,209
Total assets limited as to use				655,457
Less Current portion				(259,911)
Total long term assets limited as to use				\$ 395,546

The following table provides a rollforward of the fair value of Level 3 marketable securities and assets limited as to use for the year ended August 31, 2012 and 2011

	<b>2012</b>	<b>2011</b>
<b>Fair value at beginning of year</b>	\$ 252,168	\$ 229,327
Additions during the year	93,205	57,017
Disposals during the year	(60,455)	(36,064)
Adjustments to record increase in estimated fair value	2,698	1,888
<b>Fair value at end of year</b>	<b>\$ 287,616</b>	<b>\$ 252,168</b>

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The Hospitals Center invests in an investment pool maintained by the University which includes University endowment and similar funds. The pool is managed to achieve the maximum prudent long-term return. The University Board has authorized a policy designed to allow asset growth while providing a predictable flow of return to support operations. This policy permits the use of total return at approved spending rates (5% in 2012 and 2011). The rate is applied to the twelve quarter moving average fair value of the investment pool. This amount, along with interest and dividends earned on short-term investments, is reported as operating revenues in the consolidated statements of operations. Investment return in excess of or less than the University's approved endowment distribution is reported as other items in the consolidated statements of operations.

Investment return consisted of the following for the years ended August 31, 2012 and 2011

<i>(in thousands)</i>	<b>2012</b>	<b>2011</b>
Dividends and interest	2,231	\$ 1,994
Realized and unrealized losses, net	12,193	11,677
Investment expenses	(26)	(56)
Total investment return, net	<u>\$ 14,398</u>	<u>\$ 13,615</u>
Endowment distribution and return on short-term investments	14,758	11,474
Investment return less endowment distribution, net	62	460
Temporarily restricted investment return, net	604	2,629
Temporarily restricted appropriation of endowment distribution	(1,026)	(948)
Total investment return, net	<u>\$ 14,398</u>	<u>\$ 13,615</u>

The investments held in the University investment pool are comprised of the following

	<b>2012</b>	<b>2011</b>
Equity securities	44 %	44 %
Opportunistic & Credit	30 %	27 %
Real Assets	11 %	10 %
Fixed Income	11 %	14 %
Other	4 %	5 %
	<u>100 %</u>	<u>100 %</u>

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The Hospitals Center's assets limited as to use can be categorized as limited for the following purposes

<i>(in thousands)</i>	<b>2012</b>	<b>2011</b>
<b>Assets held under long-term debt agreements (Note 6)</b>		
Construction funds	\$ 80,466	\$ 105,231
Debt service funds	5,495	5,428
Debt service reserve funds	50,733	50,799
Capitalized interest funds	7,626	12,973
Tax exempt leasing program escrow	-	14,070
	<u>144,320</u>	<u>188,501</u>
<b>Assets held by CCC550 (Note 7)</b>		
Cash	9,502	6,732
Bond fund	253,126	220,219
	<u>262,628</u>	<u>226,951</u>
<b>Total Assets limited as to use- external designated</b>	<u>406,948</u>	<u>415,452</u>
<b>Assets limited as to use- board designated</b>	<u>360,005</u>	<u>240,005</u>
	<u>766,953</u>	<u>655,457</u>
Less Current portion	<u>(375,998)</u>	<u>(259,911)</u>
Long-term portion	<u>\$ 390,955</u>	<u>\$ 395,546</u>

In November 2012, CCC550 declared and paid a dividend of \$51.0 million to the Hospitals Center from its assets held in CCCIT.

**4. Contributions Receivable**

Unconditional promises to give are recorded when the gift intent is made known in writing. A receivable has been established and net assets have been increased by the time-discounted value of the unconditional promises. Irrevocable trusts are recorded at the point of notification and are recorded as temporarily or permanently restricted net assets as determined by the trust instruments. Estates are estimated and recorded at the conclusion of probate.

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The Hospitals Center has received numerous unconditional promises to give and estimates the year of receipt to the extent possible. Contributions receivable are recorded within the accompanying consolidated balance sheets and are recorded net of an allowance for uncollectible pledges of \$14.8 million and \$17.8 million at August 31, 2012 and 2011, respectively. The anticipated present value of the receivable is as follows:

*(in thousands)*

	<u>2012</u>	<u>2011</u>
<b>Amounts to be collected in</b>		
Less than one year	\$ 32,587	\$ 52,422
One to five years	82,229	97,544
More than five years	<u>2,109</u>	<u>2,000</u>
	116,925	151,966
Discount to present value	(10,094)	(10,662)
Allowance for uncollectible amounts	<u>(14,794)</u>	<u>(17,807)</u>
Contributions receivable, net	<u>\$ 92,037</u>	<u>\$ 123,497</u>

Contributions receivable activity for the years ended August 31, 2012 and 2011 was as follows:

	<u>2012</u>	<u>2011</u>
Contributions receivable at beginning of year, net	\$ 123,497	\$ 114,370
Add discount to present value and allowance for uncollectibles	<u>28,469</u>	<u>31,900</u>
Contributions receivable at beginning of year, gross	151,966	146,270
New pledges received (undiscounted) beginning	27,697	40,220
Adjustments and writeoffs	(6,286)	-
Pledge payments received	<u>(56,452)</u>	<u>(34,524)</u>
Subtotal	116,925	151,966
Deduct discount to present value and allowance for uncollectibles	<u>(24,888)</u>	<u>(28,469)</u>
Contributions receivable at end of year, net	<u>\$ 92,037</u>	<u>\$ 123,497</u>

Conditional promises to give, not included in these financial statements, were \$199.1 million and \$221.9 million at August 31, 2012 and 2011, respectively.

Expenses related to fundraising activities were \$3.1 million and \$7.4 million for the years ended August 31, 2012 and 2011, respectively.

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**5. Property, Plant and Equipment**

A summary of property, plant and equipment is as follows at August 31, 2012 and 2011

<i>(in thousands)</i>	<u><b>2012</b></u>	<u><b>2011</b></u>
Land and improvements	\$ 39,025	\$ 39,025
Buildings and improvements	937,075	763,811
Fixed and movable equipment	<u>449,215</u>	<u>445,594</u>
	1,425,315	1,248,430
Less Accumulated depreciation	<u>656,035</u>	<u>655,798</u>
	769,280	592,632
Capital projects in progress	<u>395,979</u>	<u>231,597</u>
Property, plant and equipment, net	<u><u>\$ 1,165,259</u></u>	<u><u>\$ 824,229</u></u>

Depreciation expense for the years ended August 31, 2012 and 2011 was \$77.2 million and \$61.6 million, respectively

The Hospitals Center capitalizes costs incurred in connection with the development of internal use software or purchased software modified for internal use. In 2012 and 2011, approximately \$31.8 million and \$63.4 million was capitalized.

Substantially all property, plant and equipment have been pledged as collateral under various debt agreements (See Note 6)

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**6. Long-Term Debt**

A summary of long-term debt is as follows at August 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
<i>(in thousands)</i>		
Series 2000D <sup>(a)</sup>	\$ 43,300	\$ 45,100
Series 2006A <sup>(b)</sup>	94,590	94,590
Series 2006B <sup>(b)</sup>	-	5,750
Series 2007A <sup>(c)</sup>	149,230	152,760
Series 2007B <sup>(d)</sup>	87,600	89,370
Series 2011A <sup>(e)</sup>	128,255	128,505
NYUHC Taxable Series 2012A <sup>(f)</sup>	250,000	-
Accounts receivable financing <sup>(g)</sup>	-	21,800
Taxable Exempt Leasing Program <sup>(h)</sup>	20,703	29,867
Lines of credit <sup>(i)</sup>	90,000	30,000
Capital leases and equipment Loans <sup>(j)</sup>	39,557	-
	<u>903,235</u>	<u>597,742</u>
Add Premium	5,445	5,730
Less Discount	(5,407)	(4,595)
Less Current portion	<u>(34,894)</u>	<u>(44,125)</u>
Long term debt, less current portion	<u>\$ 868,379</u>	<u>\$ 554,752</u>

Interest expense on long-term debt totaled \$19.2 million and \$20.4 million for the years ended August 31, 2012 and 2011, respectively. This excludes \$8.7 million and \$5.4 million of capitalized interest (net of income earned on assets limited as to use) for the years ended August 31, 2012 and 2011, which is included in property, plant and equipment, net.

The carrying values and fair values of the Hospitals Center's long term debt as of August 31, 2012 and 2011 are as follows:

	<u>2012</u>		<u>2011</u>	
	<u>Carrying Values</u>	<u>Fair Values</u>	<u>Carrying Values</u>	<u>Fair Values</u>
<i>(in thousands)</i>				
Long-term debt	\$ 903,273	\$ 936,081	\$ 598,877	\$ 603,506

<sup>(a)</sup> In 2000, the Mount Sinai NYU Health Obligated Group Revenue Bonds, Series 2000 (Series 2000) were issued through the Dormitory Authority of the State of New York (DASNY) to raise capital to refinance and/or refund certain outstanding long-term debt of the Obligated Group's members and to make available additional capital. The Obligated Group consisted of the Hospitals Center (including HJD separately at that time) and Mount Sinai NYU Health. The Series 2000 bonds allocated to the Hospitals Center were payable at varying dates through July 2026, at variable rates and fixed interest rates ranging from 5.3% to 6.8%.

# **NYU Hospitals Center**

## **Notes to Financial Statements**

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In April 2004, the Hospitals Center arranged for a bank syndicate to acquire all of its Series 2000D bonds thereby removing the Series 2000D bonds from the 28-day auction mode for a period of five years. This arrangement has been subsequently renewed on several occasions with the latest amendment extending for a period of 3 years and maturing on January 1, 2014. Interest was reset at an interest rate of 30-day LIBOR plus 125 basis points. The Hospitals Center's obligation under Series 2000D is \$43,300 and \$45,100 at August 31, 2012 and 2011, respectively.

- (b) In October 2006, the Hospitals Center issued through DASNY the Series 2006A revenue bonds totaling \$94.6 million. Concurrently with the issuance of the Series 2006A bonds, DASNY issued \$27.4 million in taxable revenue bonds (Series 2006B) on behalf of the Hospitals Center. These Series 2006A bonds are payable at varying dates through July 2026 at a fixed rate of 4.80%. The Series 2006B bonds were privately placed with a commercial bank with a fixed interest rate of 6.09% and matured in July 2012.

The proceeds of the Series 2006A and Series 2006B bonds were used to advance refund the Hospitals Center's portion of the outstanding indebtedness on the Series 2000A bonds. This transaction completed the Hospitals Center's withdrawal from the Mount Sinai NYU Health Obligated Group ("HSO") in October 2007 when the University became the sole corporate member of the Hospitals Center indebtedness. Accordingly, the Hospitals Center withdrew from the HSO on October 4, 2006.

- (c) In February 2007, the Hospitals Center issued through DASNY, Series 2007A revenue bonds totaling \$165.3 million. The Series 2007A bonds are payable at varying dates through July 2036 at a fixed rate of 5.0%. The proceeds of the Series 2007A bonds were used primarily to refund the outstanding Series 2000B bonds and finance the acquisition of the 34th Street Cancer Center facility.
- (d) In December 2007, the Hospitals Center issued through DASNY, Series 2007B revenue bonds totaling \$95.5 million. The Series 2007B bonds are payable at varying dates through 2037 at a fixed rate of 5.6%. The proceeds of the Series 2007B bonds were used to finance certain capital expenditures of the Hospitals Center.
- (e) In January 2011, the Hospitals Center issued through DASNY, Series 2011A revenue bonds totaling \$130.9 million. The Series 2011A bonds are payable at varying dates through July 2040 at fixed rates varying from 2.0% thru 6.0%. The proceeds of the Series 2011A bonds are to be used to finance the renovation and equipping of the Emergency Department of the Hospitals Center, renovation and equipping of the new Musculoskeletal Center, various capital expenditures, and the funding of a debt service reserve fund.
- (f) In August 2012, the Hospitals Center issued Series 2012A taxable bonds totaling \$250.0 million. The Series 2012A bonds required annual interest payments through July 2042 at a fixed rate of 4.4%. Principal on this bond is payable in full in 2042. The proceeds of the Series 2012A bonds are to be used to pay the costs of various construction, renovation and equipment projects, repay certain outstanding lines of credit and for working capital and other eligible corporate purposes.

## NYU Hospitals Center

### Notes to Financial Statements

#### August 31, 2012 and 2011

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- (g) During 2003, the Hospitals Center entered into an accounts receivable financing agreement. Under the terms of the agreement, the Hospitals Center received \$17.0 million in cash and recorded a corresponding amount of long-term debt which is collateralized by accounts receivable. In 2004, the Hospitals Center refinanced this lending agreement with another bank for the same value, or \$17.0 million. Additionally, in 2004, HJD entered into a similar accounts receivable lending agreement with a bank for \$7.0 million. Interest is payable monthly at the 30-day LIBOR plus 80 basis points (approximately 1.00% at August 31, 2011). The loans matured in June 2012.
- (h) In August 2009, the Hospitals Center entered into a lease agreement with DASNY under its tax-exempt leasing program ("TELP"). The lease line, totaling \$46.0 million at a fixed interest rate of 5.25% will provide financing to the Hospitals Center for various capital equipment.
- (i) The Hospitals Center has three unsecured lines of credit totaling \$400.0 million (Commitment 1, 2 and 3). Commitment no. 1 was amended in 2012 to increase the total capacity to \$200.0 million. Interest is payable on funds drawn on this line of credit at LIBOR plus 100 basis points and expires in July 2014. Commitment no. 2, with a total capacity of \$100.0 million, was amended in 2012 to extend the maturity date to March 2013. Interest is payable on funds drawn on this line of credit at LIBOR plus 80 basis points. Commitment no. 3, obtained in July 2012, provided a \$100.0 million line of credit capacity. Interest is payable on funds drawn on this line of credit at LIBOR plus 100 points and expires in 2015.

As of August 31, 2012, the Hospitals Center has drawn \$90.0 million from these lines of credit (\$45.0 million each from commitment no. 1 and no. 3). Interest is payable on these funds at an average rate of 1.33%.

In October 2012, the Hospitals Center drew down an additional \$50.0 million from its lines of credit.

- (j) During 2012, the Hospitals Center entered into several capital leases agreements under which the Hospital can purchase various capital equipment. The agreements have rates varying from 0% to 2.24%.

In conjunction with the former and current debt agreements, various types of security agreements were executed. The agreements include pledging, as collateral, a security interest in the Hospitals Center's property, plant and equipment, gross receipts and limitations on the use of certain assets, including the transfer of assets to entities outside the Hospitals Center. Under the terms of the various agreements listed above, the Hospitals Center is required to maintain certain financial ratios. The Hospitals Center's most restrictive covenants are meeting minimum requirements for debt service coverage ratio and days cash on hand. At August 31, 2012 and 2011, the Hospitals Center was in compliance with the financial ratio covenants.



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**Notes to Financial Statements**  
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Principal payments on long-term debt are as follows

*(in thousands)*

2013	\$	34,867
2014		123,131
2015		25,985
2016		26,026
2017		23,498
Thereafter		669,728
	\$	<u>903,235</u>

**7. Professional Liabilities Insurance Program**

The Hospitals Center is self insured for professional liability primarily through a wholly owned segregated cell captive company, CCC550, created on April 20, 2005 pursuant to the Exempt Insurance Act of Barbados. Prior coverage for professional and general liability risks was provided through a multi-provider pooled insurance program that includes commercial coverage and a captive insurance program.

Self-insured loss reserves comprise estimates for known reported losses and loss expenses plus a provision for losses incurred but not reported. Losses are actuarially determined and are based on the loss experience of the insured. In management's opinion, recorded reserves for self-insured exposures are adequate to cover the ultimate net cost of losses incurred to date, however, the provision is based on estimates and may ultimately be settled for a significantly greater or lesser amount.

CCC550 has cash and cash equivalents, and investments totaling \$262.6 million and \$227.0 million at August 31, 2012 and 2011, respectively, to fund related obligations. Also, within accounts payable and accrued expenses, the Hospitals Center has recorded obligations related to the multi-provider pooled program, obligations related to excess self insured exposures not covered by CCC550, and other self-insured risks. CCC550 has total obligations for insurance exposures of \$189.0 million and \$168.5 million as of August 31, 2012, and 2011, respectively. Including investment assets, CCC550 has total assets of \$333.6 million and \$306.0 million at August 31, 2012 and 2011, respectively. Including obligations for insurance exposures, CCC550 has total liabilities of \$263.1 million and \$261.8 million at August 31, 2012 and 2011, respectively. After eliminating entries, total assets and total liabilities on the consolidated balance sheets relating to CCC550 are \$200.7 million at August 31, 2012 and \$184.3 million at August 31, 2011.

CCC550 also provides insurance coverage to certain voluntary attending physicians servicing the Hospitals Center and NYUSoM. The cost of this insurance coverage is the responsibility of such physicians.

**8. Retirement Plans**

Substantially all Hospitals Center employees are covered by retirement plans. These plans include various defined contribution plans and two Hospitals Center-sponsored defined benefit plans. The Hospitals Center contributes to its defined contribution plans based on rates required by union or other contractual arrangements. Expenses related to the Hospitals Center's defined contribution

# **NYU Hospitals Center** **Notes to Financial Statements** **August 31, 2012 and 2011**

plans were \$16.6 million and \$15.8 million for the years ended August 31, 2012 and 2011, respectively

The risk of participating in these multi-employer plans are different from single-employer plans in the following aspects: (1) assets contributed to the multi-employer plan by one employer may be used to provide benefits to employees of other participating employers, (2) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers and (3) if the Hospitals Center chooses to stop participating in some of its multi-employer plans, it may be required to pay those plans an amount based on the underfunded status of the plan, referred to as withdrawal liability. The Hospitals Center has contributed cash and recorded expenses for the multi-employer plans noted in the table below.

<i>(in thousands)</i>	2012	2011
<b>Pension Fund</b>		
1199 SEIU Health Care Employees Pension Fund <sup>(a)</sup>	\$ 15,852	\$ 12,272
Local 810 Pension Fund <sup>(b)</sup>	785	1,766
	<u>\$ 16,637</u>	<u>\$ 14,038</u>

(a) Represents less than 5% of total plan contributions

(b) Medical Center's contributions are insignificant

The following table includes additional disclosure information related to the 1199 SEIU Health Care Employees Pension Fund.

	Pension Protection Act Zone Status <sup>(c)</sup>		FIP/RP <sup>(d)</sup> Status Pending/ Implemented	Surcharge Imposed	Expiration Date of Collective- Bargaining Agreement
<b>EIN/Pension Plan Number</b>	<b>2012</b>	<b>2011</b>			
13-3604862/001	Green	Green	N/A	No	4/30/2015

(c) A zone status rating of green indicates the plan is at least 80% funded

(d) Funding improvement plan or rehabilitation plan

Contributions to defined benefit plans are intended to provide not only for benefits attributed to service to date, but also for those expected to be earned in the future. Contributions to the two defined benefit plans are made in amounts sufficient to meet the minimum funding requirements set forth in the Employee Retirement Income Security Act of 1974 plus such additional amounts as the sponsors may deem appropriate, from time to time. Pension benefits under these plans are based on participants' final average compensation levels and years of service. The measurement date for these defined benefit plans is August 31, 2012.

The Hospitals Center and the Hospitals Center's plans were frozen as of June 30, 2000, and December 31, 2005, respectively and are no longer available to any new participants. Participants of the plans as of these dates continue to accrue benefits.

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The following table provides information with respect to these plans as of and for the years ended August 31, 2012 and 2011

**Plans' Funded Status**

*(in thousands)*

	<b>2012</b>	<b>2011</b>
<b>Change in benefit obligation</b>		
Benefit obligation at beginning year	\$ 334,759	\$ 320,075
Service cost	5,033	5,045
Interest cost	18,069	16,520
Actuarial loss	81,959	4,268
Benefits paid	<u>(13,691)</u>	<u>(11,149)</u>
Benefit obligation at end of year	<u>426,129</u>	<u>334,759</u>
<b>Change in fair value of plan assets</b>		
Fair value of plan assets at beginning of year	261,492	229,409
Actual return on plan assets	24,367	20,839
Employer contributions	12,121	22,393
Benefits paid	<u>(13,691)</u>	<u>(11,149)</u>
Fair value of plan assets at end of year	<u>284,289</u>	<u>261,492</u>
Funded status at end of year	<u>\$ (141,840)</u>	<u>\$ (73,267)</u>

**Amounts recognized in the consolidated balance sheet consist of**

Noncurrent liabilities	<u>141,840</u>	<u>73,267</u>
Total amount recognized in consolidated balance sheet	<u>\$ 141,840</u>	<u>\$ 73,267</u>

**Weighted average assumptions used to determine net periodic benefit costs**

Discount rate	5.50 %	5.25 %
Rate of increase in compensation levels	4.00 %	4.00 %
Expected long term rate of return on assets	8.00 %	8.00 %

**Weighted average assumptions as of August 31**

Discount rate	4.00 %	5.50 %
Rate of compensation increase	4.00 %	4.00 %

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<i>(in thousands)</i>	<b>2012</b>	<b>2011</b>
<b>Amounts in unrestricted net assets expected to be recognized in net periodic pension cost in the coming year</b>		
Actuarial loss	\$ 19,361	\$ 10,237
<b>Net Periodic Benefit Cost</b>		
<b>Amounts not reflected yet in periodic benefit cost and included in unrestricted net assets are as follows</b>		
Net loss	\$ 211,155	\$ 141,259
Total decrease in unrestricted net assets	\$ 211,155	\$ 141,259
<b>Components of net periodic benefit cost</b>		
Service cost	\$ 5,033	\$ 5,045
Interest cost	18,069	16,520
Expected return on plan assets	(22,540)	(21,566)
Amortization of actuarial loss	10,237	9,425
Net periodic benefit cost	\$ 10,799	\$ 9,424
<b>Other changes recognized in unrestricted net assets</b>		
Actuarial net loss arising during period	\$ 80,133	\$ 4,996
Amortization of actuarial loss	(10,237)	(9,425)
Total recognized in other changes in unrestricted net assets	\$ 69,896	\$ (4,429)

The accumulated benefit obligation for the pension plans were \$400.8 million and \$314.3 million at August 31, 2012 and 2011, respectively.

**Plan Assets**

The plan's investment objectives seek a positive long-term total rate of return after inflation to meet the Hospitals Center's current and future plan obligations. Asset allocations for the plans combine tested theory and informed market judgments to balance investment risks with the need for high returns. The Hospitals Center's target asset allocations are 45% in equity securities, 50% in debt securities and 5% in real estate.

The expected long-term rate of return assumption is determined by adding expected inflation to expected long-term real returns of various asset classes, weighting the asset class returns by the plans' investment in each class, and taking into account expected volatility and correlation between the returns of various asset classes. Hospitals Center management believes 8% is a reasonable long term rate of return on plan assets for 2012 and 2011, respectively, and will continue to evaluate the actuarial assumptions and adjust the assumptions as necessary.

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**Fair Value Measurements of Plan Assets**

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of August 31, 2012 and 2011

(in thousands)

	Balance at August 31, 2012	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Inputs Unobservable (Level 3)
Cash & cash equivalents	\$ 3,682	\$ 3,682	\$ -	\$ -
Fixed income	102,512	-	102,512	-
Equity	78,070	-	78,070	-
International funds	74,543	-	74,543	-
Real Estate	17,787	-	17,787	-
Other	7,695	-	7,695	-
Total assets at fair value	<u>\$ 284,289</u>	<u>\$ 3,682</u>	<u>\$ 280,607</u>	<u>\$ -</u>

	Balance at August 31, 2011	Quoted Price in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Inputs Unobservable (Level 3)
Cash & cash equivalents	\$ 2,605	\$ 2,605	\$ -	\$ -
Fixed income	96,582	-	96,582	-
Equity	70,605	-	70,605	-
International funds	62,481	-	62,481	-
Real Estate	14,596	-	14,596	-
Other	14,623	-	14,623	-
Total assets at fair value	<u>\$ 261,492</u>	<u>\$ 2,605</u>	<u>\$ 258,887</u>	<u>\$ -</u>

The Hospitals Center's valuation methods and assumptions have been described in Note 1. For fiscal year 2013, the Hospitals Center has adjusted the assumption used for the expected long term rate of return on assets from 8.0% to 6.0%. This adjustment had no impact on the current period net period costs on projected benefit obligation.

**Contributions**

Annual contributions are determined by the Hospitals Center based upon calculations prepared by the Plans' actuaries. There are no expected contributions for fiscal year 2013.

**Benefit Payments**

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid (in thousands):

**Year ending August 31**

2013	\$ 15,230
2014	16,314
2015	17,794
2016	19,183
2017	20,693
2018-2022	<u>120,242</u>
	<u>\$ 209,456</u>

**NYU Hospitals Center**  
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**9. Other Postretirement Benefits**

The Hospitals Center provides certain health care and life insurance benefits for eligible retired employees. Hospitals Center employees may become eligible for these benefits if they reach the age and service requirements of the plan while working for the Hospitals Center. The costs related to these plans are accrued during the period the employees provide service to the Hospitals Center.

Effective January 1, 2012, participants who are currently ineligible for postretirement medical and who do not meet rule of 60 (age plus service greater than or equal to 60) with a minimum age 40 and minimum of 10 years of continuous service will move to a defined contribution arrangement for Medicare coverage and will no longer be valued as part of the plan. There was no impact on the pre Medicare or Life Insurance benefits for plan participants who were not considered grandfathered.

Information with respect to these plans as of and for the year ended August 31, 2012 and 2011 is as follows:

**Plans' Funded Status**

*(in thousands)*

	<b>2012</b>	<b>2011</b>
<b>Change in benefit obligation</b>		
Benefit obligation at beginning of year	\$ 55,809	\$ 61,129
Service cost	1,922	3,631
Interest cost	3,023	3,318
Actuarial (gain) loss	10,902	(5,176)
Participant contributions	1,150	1,290
Plan amendments	-	(6,236)
Retiree drug subsidy receipts	180	182
Benefits paid	<u>(2,502)</u>	<u>(2,329)</u>
Benefit obligation at end of year	<u>70,484</u>	<u>55,809</u>
<b>Change in fair value of plan assets</b>		
Company contributions	1,172	857
Plan participants' contributions	1,150	1,290
Benefits paid	<u>(2,322)</u>	<u>(2,147)</u>
Fair value of plan assets at end of year	<u>-</u>	<u>-</u>
Funded status at end of year	<u>\$ (70,484)</u>	<u>\$ (55,809)</u>
<b>Amounts recognized in the consolidated balance sheet consist of</b>		
Current liabilities	\$ 1,678	\$ 1,657
Noncurrent liabilities	<u>68,806</u>	<u>54,152</u>
Total amount recognized in consolidated balance sheet	<u>\$ 70,484</u>	<u>\$ 55,809</u>

**NYU Hospitals Center**  
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**Weighted average assumptions used to determine net periodic benefit cost**

Discount rate	5.50 %	5.50 %
Expected long term rate or return on plan assets	N/A	N/A

**Weighted average assumptions as of August 31**

Discount rate	4.00 %	5.50 %
Initial health care cost trend rate	8.50 %	8.00 %
Ultimate retiree health-care cost trend	4.50 %	5.00 %
Year ultimately trend rate is achieved	2020	2019

**Net Periodic Benefit Cost**

*(in thousands)*

	<b>2012</b>	<b>2011</b>
<b>Amounts not yet reflected in net periodic benefit cost and included in unrestricted net assets</b>		
Prior service credit	\$ (4,222)	\$ (12,453)
Accumulated loss	<u>24,575</u>	<u>14,391</u>
Amounts in unrestricted net assets at August 31, 2012 and 2011	<u>\$ 20,353</u>	<u>\$ 1,938</u>
<b>Amounts in unrestricted net assets expected to be recognized in net periodic pension cost in the coming year</b>		
Actuarial loss	\$ 1,576	\$ 718
Prior service cost recognition	<u>(1,995)</u>	<u>(2,701)</u>
Total amounts to be expected to be recognized in net periodic pension cost in the coming year	<u>\$ (419)</u>	<u>\$ (1,983)</u>
<b>Components of net periodic benefit cost</b>		
Service cost	\$ 1,922	\$ 3,631
Interest cost	3,023	3,318
Amortization of prior service (cost)	(8,231)	(1,995)
Amortization of actuarial loss	<u>718</u>	<u>1,169</u>
Net periodic benefit cost	<u>\$ (2,568)</u>	<u>\$ 6,123</u>
<b>Other changes recognized in unrestricted net assets</b>		
Actuarial net loss (gain) arising during period	\$ 10,902	\$ (5,176)
Amortization of actuarial net loss	(718)	(1,169)
Prior service cost	-	(6,236)
Amortization of prior service cost	<u>8,231</u>	<u>1,995</u>
Total recognized in unrestricted net assets in current year	<u>\$ 18,415</u>	<u>\$ (10,586)</u>

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In 2012 and 2011, the effect of a 1% change in the health care cost trend rate is as follows

<i>(in thousands)</i>	<b>2012</b>	
	<b>1% Increase</b>	<b>1% Decrease</b>
Effect on total of service and interest cost components	\$ 922	\$ (737)
Effect on postretirement benefit obligation	\$ 11,916	\$ (9,626)
<b>2011</b>		
	<b>1% Increase</b>	<b>1% Decrease</b>
Effect on total of service and interest cost components	\$ 1,546	\$ (1,205)
Effect on postretirement benefit obligation	\$ 8,723	\$ (7,116)

**Plan Assets**

The Hospitals Center does not have any plan assets

**Benefit Payments**

The following benefit payments (net of retiree contributions) and estimated gross amount of subsidy receipts, as appropriate, are expected as follows

Estimated future benefit payments

**Year ending August 31**

2013	\$ 1,974
2014	2,193
2015	2,451
2016	2,728
2017	2,981
2018-2022	19,372
	<u>\$ 31,699</u>

Estimated gross amounts of subsidy receipts

**Year ending August 31**

2013	\$ 263
2014	293
2015	324
2016	355
2017	392
2018-2022	2,549
	<u>\$ 4,176</u>



**NYU Hospitals Center**  
**Notes to Financial Statements**  
**August 31, 2012 and 2011**

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**10. Functional Expenses**

Expenses by function related to the provision of health care services for the year ended August 31, 2012 and 2011 are as follows

<i>(in thousands)</i>	<u>2012</u>	<u>2011</u>
Health care related services	\$ 1,364,077	\$ 1,253,574
General and administrative	<u>375,884</u>	<u>292,426</u>
	<u>\$ 1,739,961</u>	<u>\$ 1,546,000</u>

**11. Related Organizations**

The Hospitals Center shares various services with both the NYUSoM and the University. The net balance due from related parties at August 31, 2012 of \$18.8 million, consist of \$17.4 million due from NYUSoM and \$1.4 million due from the University.

In 2012 and 2011, the Hospitals Center transferred \$27.7 million and \$45.0 million, respectively, to NYUSoM to support certain joint strategic programs that are expected to promote the common missions of the Hospitals Center and NYUSoM. This amount is included as an expense in the other items section in the consolidated statements of operations.

**12. Commitments and Contingencies**

**Litigation**

The Hospitals 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 is 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 Hospitals Center's consolidated balance sheet.

**Management Agreement**

On October 1, 2003, the Hospitals Center entered into a management agreement with Aptium E New York, Inc. (Aptium) to perform the patient billing and administrative functions for the Cancer Center. Under the terms of agreement, the Hospitals Center pays Aptium for the services provided beginning in December 2004. The Hospitals Center terminated the agreement with Aptium as of December 31, 2011.

**Operating Leases**

Future minimum lease payments under noncancellable operating leases with initial or remaining terms of one year or more at August 31, 2012 consisted of the following:

2013	\$ 22,536
2014	17,016
2015	14,521
2016	13,723
2017	13,773

Total rent expense for 2012 and 2011 was \$30.5 million and \$30.3 million, respectively.

**NYU Hospitals Center**  
**Notes to Financial Statements**  
**August 31, 2012 and 2011**

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**Other**

The Hospitals Center is self-insured for workers' compensation benefits. In connection with being self-insured, the Hospitals Center has stand-by letters of credit aggregating approximately \$19.4 million and \$13.9 million at August 31, 2012 and 2011, respectively. Cash and marketable securities collateralize the letters of credit.

The Hospitals Center is self-insured, based on individual employees' elections for Hospitals and pharmaceutical benefits. Liabilities have been accrued at August 31, 2012 and 2011 based on expected future payments pertaining to such years.

**13. Components of Temporarily and Permanently Restricted Net Assets**

Temporarily restricted net assets are available for the following purposes at August 31, 2012 and 2011:

*(in thousands)*

	<u>2012</u>	<u>2011</u>
<b>Temporarily restricted</b>		
Contributions and earnings for operating purposes	\$ 78,686	\$ 97,434
Contributions for building and equipment	<u>113,090</u>	<u>100,841</u>
	<u>\$ 191,776</u>	<u>\$ 198,275</u>

Permanently restricted net assets at August 31, 2012 and 2011 are retained in perpetuity with investment return on the respective funds available for programmatic support was \$13.0 million and \$8.7 million at August 31, 2012 and 2011, respectively. These funds are included in marketable securities on the balance sheet, which total \$25.0 million.

**NYU Hospitals Center**  
**Notes to Financial Statements**  
**August 31, 2012 and 2011**

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**14. Endowments**

The Hospitals Center's portion of the University's endowment consists of approximately 606 individual funds established for a variety of purposes. The endowment includes both donor restricted endowment funds and funds designated by the Board of Trustees to function as endowments. As required by Generally Accepted Accounting Principles ("GAAP"), net assets associated with endowment funds, including funds designated by the University Board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The fair value of the Hospitals Center's endowments consisted of the following at August 31, 2012 and 2011:

<b>Endowment Net Asset Composition by Type of Fund as of August 31, 2012</b>				
<i>(in thousands)</i>	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Donor-restricted endowment funds	\$ -	\$ 8,289	\$ 8,929	\$ 17,218
Board-designated endowment funds	7,770	-	-	7,770
<b>Total funds</b>	<b>\$ 7,770</b>	<b>\$ 8,289</b>	<b>\$ 8,929</b>	<b>\$ 24,988</b>

<b>Endowment Net Asset Composition by Type of Fund as of August 31, 2011</b>				
	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Donor-restricted endowment funds	\$ -	\$ 8,710	\$ 8,746	\$ 17,456
Board-designated endowment funds	7,761	-	-	7,761
<b>Total funds</b>	<b>\$ 7,761</b>	<b>\$ 8,710</b>	<b>\$ 8,746</b>	<b>\$ 25,217</b>

Excluded from the permanently restricted portion of the Hospitals Center's endowment are contributions receivable. The temporarily restricted portion of the endowment includes accumulated unspent earnings from the permanently restricted portion of the endowment and is available for expenditure in subsequent years following appropriation by the University Board and the Hospitals Center. The unrestricted portion of the endowment includes certain funds which have been designed by the University Board to function as a fund of permanent duration (quasi-endowment) as well as any accumulated losses on any individual permanently restricted endowments.

The University Board has interpreted the State of New York's enacted version of the New York Prudent Management of Institutional Funds Act ("NYPMIFA") as requiring the University (and therefore, the Hospitals Center), absent of explicit donor stipulations to the contrary, to act in good faith and with care that an ordinarily prudent person in a like position would exercise under similar circumstances in making determinations to appropriate or accumulate endowment funds taking into account both its obligation to preserve the value of the endowment and its obligation to use the endowment to achieve the purpose for which it was donated. The Hospitals Center classifies

**NYU Hospitals Center**  
**Notes to Financial Statements**  
**August 31, 2012 and 2011**

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permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment required by the applicable donor gift instrument. The remaining portion of donor restricted endowment funds that is not classified as permanently restricted is classified as temporarily restricted net assets until such amounts are appropriated for expenditure by the Hospitals Center's Board. The total cumulative effect of the Hospitals Center's adoption of NYPMIFA in 2011 was a reclassification of unrestricted to temporarily restricted net assets of \$7.0 million.

The Hospitals Center defines the appropriation of endowment net assets for expenditure as the authorization of its investment spending rate as approved annually by the University Board. In making a determination to appropriate or accumulate, the Hospitals Center adheres to the standard of prudence prescribed by NYPMIFA and considers the following factors:

1. The duration and preservation of the endowment fund,
2. The purpose of the Hospitals Center and the endowment fund,
3. General economic conditions,
4. The possible effect of inflation or deflation,
5. The expected total return from income and the appreciation of investments,
6. Other resources of the Hospitals Center,
7. Where appropriate and circumstances would otherwise warrant, alternatives to expenditure of the endowment fund, giving due consideration to the effect such alternatives may have on the Hospitals Center,
8. The investment policy of the University.

The Hospitals Center has adopted investment and spending policies for endowment assets that support the objective of providing a sustainable and increasing level of endowment income distribution to support the Hospitals Center activities while preserving the real purchasing power of the endowment. The Hospitals Center primary investment objective is to maximize total return within reasonable and prudent levels of risk while ensuring preservation of capital, to satisfy its long-term rate-of-return objectives. The Hospitals Center relies on a total return strategy, the objective of which is to achieve a return consisting of a combination of current income and capital appreciation recognizing that changes in market conditions and interest rates will result in varying strategies in an attempt to optimize results. The endowment portfolio is diversified among various asset classes and utilizes strategies to help reduce risk.

The Hospitals Center investment policy states spending will be determined annually by the University Board. For the years ended August 31, 2012 and 2011, the spending rate was determined to be 5% of the twelve quarter moving average of the market value of the endowment. However, when donors have expressly stipulated a payout percentage of earnings on endowment that differs from the 5% policy determined above, the donor stipulated policy is followed. This is consistent with the Hospitals Center objective as addressed above.

**NYU Hospitals Center**  
**Notes to Financial Statements**  
**August 31, 2012 and 2011**

The following table provides the changes in each endowment net asset category

<i>(in thousands)</i>	<b>Unrestricted</b>	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
<b>Endowment net assets at August 31, 2010</b>	14,583	-	8,746	23,329
Reclassification to temporarily restricted net assets	(7,029)	7,029	-	-
Investment return				
Investment income, net of fees	23	136	-	159
Net appreciation/depreciation	482	2,493	-	2,975
Total investment return	505	2,629	-	3,134
Contributions and other additions	(5)	-	-	(5)
Endowment distribution	(45)	(948)	-	(993)
Liquidations	(248)	-	-	(248)
<b>Endowment net assets at August 31, 2011</b>	<b>\$ 7,761</b>	<b>\$ 8,710</b>	<b>\$ 8,746</b>	<b>\$ 25,217</b>
Reclassification to temporarily restricted net assets				
Investment return				-
Investment income, net of fees	12	72	-	84
Net appreciation/depreciation	(1,035)	532	-	(503)
Total investment return	(1,023)	604	-	(419)
Contributions and other additions	1,127	-	183	1,310
Endowment distribution	(42)	(1,025)	-	(1,067)
Liquidations	(53)	-	-	(53)
<b>Endowment net assets at August 31, 2012</b>	<b>\$ 7,770</b>	<b>\$ 8,289</b>	<b>\$ 8,929</b>	<b>\$ 24,988</b>

**15. Subsequent Events**

The Hospitals Center performed an evaluation of subsequent events through December 12, 2012, which is the date the Consolidated Financial Statements were issued

On October 29, 2012, Superstorm Sandy struck New York City causing widespread damage to properties throughout the region, including lower Manhattan. The Hospitals Center experienced extensive property damage to buildings, mechanical systems, equipment and materials. All of the Hospitals Center's operations were impacted, with the main campus inpatient and outpatient facilities temporarily closed. The Hospitals Center has been able to restore operations at the majority of its outpatient and ambulatory care facilities, however the Hospitals Center has not yet resumed hospital operations at the main campus, including Tisch, and as a result, the Hospitals Center continues to experience business interruption. Approximately 60% of the Hospitals Center's net patient service revenue for the year ended August 31, 2012 was generated by services provided at the main campus. Patient services provided on the main campus prior to the storm have been partially redeployed to other service locations of the Hospitals Center. Based on the Hospitals Center's current plans, a phased re-opening of a number of procedural and surgical services located at the main campus will begin in mid-December 2012, including limited inpatient services at Tisch Hospital beginning before the end of the year. The Hospitals Center expects to have the majority of the services provided on the main campus prior to the storm up and running by the end of January 2013.

**NYU Hospitals Center**  
**Notes to Financial Statements**  
**August 31, 2012 and 2011**

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In addition to the financial implications of the business interruption referred to above, the Hospitals Center will incur significant costs to replace, repair and remediate damage to its affected property and facilities. The Hospitals Center is still in the midst of quantifying the extent of the damage as well as determining what the costs of remediation will be. Therefore, at this time, the Hospitals Center is not able to make an estimate of the range of loss from the resulting business interruption, the impairment of the carrying amount of damaged property and equipment and the cost to replace such property and equipment, however, the amount of the impairment could be material.

The Hospitals Center has business interruption, property casualty and other insurance coverage with respect to the incurred losses in effect at the time of the storm. Discussions with the insurance carriers are ongoing as is our investigation into and measurement of the loss. Management expects to receive substantial recoveries, however, the amount of recovery cannot be determined at this time. In addition, management submitted three applications for assistance to the Federal Emergency Management Agency ("FEMA") for an initial total amount of approximately \$200 million, of which \$114 million has been obligated by FEMA on the first application, with the two remaining applications pending review. Management will apply for additional FEMA funding for reconstruction and mitigation as rebuilding plans and costs become known. Management expects FEMA to provide funding of at least 75% of submitted expenses not covered by insurance. The ultimate loss and any associated recoveries cannot be determined at this time and could be material.

## **Other Financial Information**

**NYU Hospitals Center**  
**Consolidating Balance Sheet**  
**August 31, 2012**

	NYU Hospitals Center	CCC550	NYUHC Eliminations	NYUHC
<b>Assets</b>				
Current assets				
Cash and cash equivalents	\$ 176,992	\$ -	\$ -	\$ 176,992
Marketable securities	3,688	-	-	3,688
Assets limited as to use	15,993	-	-	15,993
Assets limited as to use — board designated	360,005	-	-	360,005
Patient accounts receivable, less allowances for uncollectibles (2012 \$68,231)	245,036	-	-	245,036
Contribution receivable, current	32,587	-	-	32,587
Insurance receivables — billed	-	69,336	(33,487)	35,849
Due from related organizations	18,788	-	-	18,788
Inventories	23,589	-	-	23,589
Other current assets	39,389	1,617	-	41,006
Total current assets	916,067	70,953	(33,487)	953,533
Marketable securities	21,300	-	-	21,300
Assets limited as to use	128,327	262,628	-	390,955
Contributions receivable — long term	59,450	-	-	59,450
Other assets	110,374	-	(99,347)	11,027
Deferred financing costs	11,875	-	-	11,875
Property, plant and equipment — net	1,165,259	-	-	1,165,259
Total assets	\$ 2,412,652	\$ 333,581	\$ (132,834)	\$ 2,613,399
<b>Liabilities and net assets</b>				
Current liabilities				
Current portion of long-term debt	\$ 34,894	\$ -	\$ -	\$ 34,894
Accounts payable and accrued expenses	189,085	209	-	189,294
Accrued salaries and related liabilities	30,426	-	-	30,426
Accrued interest payable	4,778	-	-	4,778
Current portion of accrued postretirement liabilities	1,678	-	-	1,678
Deferred revenue	-	45,063	(33,487)	11,576
Other current liabilities	38,269	-	-	38,269
Total current liabilities	299,130	45,272	(33,487)	310,915
Long-term debt, less current portion	868,379	-	-	868,379
Outstanding losses and loss adjustment expenses	-	188,962	-	188,962
Accrued pension liabilities	141,840	-	-	141,840
Accrued postretirement liabilities, less current portion	68,806	-	-	68,806
Other liabilities	211,651	28,887	(28,887)	211,651
Total liabilities	1,589,806	263,121	(62,374)	1,790,553
Net assets				
Unrestricted	618,059	70,460	(70,460)	618,059
Temporarily restricted	191,776	-	-	191,776
Permanently restricted	13,011	-	-	13,011
Total net assets	822,846	70,460	(70,460)	822,846
Total liabilities and net assets	\$ 2,412,652	\$ 333,581	\$ (132,834)	\$ 2,613,399



**NYU Hospitals Center**  
**Consolidating Statement of Operations**  
**Year Ended August 31, 2012**

	NYU Hospitals Center	CCC550	Eliminations	NYUHC
<b>Operating revenue</b>				
Net patient service revenue	\$ 1,830,158	\$ -	\$ -	\$ 1,830,158
Grants and sponsored programs	839	-	-	839
Premiums earned	-	55,586	(18,694)	36,892
Contributions	3,552	-	-	3,552
Endowment distribution and return on short-term investments	3,138	11,620	-	14,758
Other revenue	113,222	-	(31,244)	81,978
Net assets released from restrictions for operating purposes	20,536	-	-	20,536
Total operating revenue and other support	1,971,445	67,206	(49,938)	1,988,713
<b>Operating expenses</b>				
Salaries and wages	669,671	-	-	669,671
Employee benefits	207,396	-	-	207,396
Supplies and other	748,278	35,962	(18,694)	765,546
Depreciation and amortization	78,131	-	-	78,131
Interest	19,217	-	-	19,217
Total operating expenses	1,722,693	35,962	(18,694)	1,739,961
Gain (loss) from operations	248,752	31,244	(31,244)	248,752
<b>Other items</b>				
Loss on disposals of property, plant and equipment	(1,865)	-	-	(1,865)
Mission based payment to NYUSoM	(27,750)	-	-	(27,750)
Investment return less than endowment distribution - net	62	-	-	62
Excess (deficiency) of revenue over expenses	219,199	31,244	(31,244)	219,199
<b>Other changes in unrestricted net assets</b>				
Changes in pension and postretirement obligations	(88,311)	-	-	(88,311)
Contributions for capital asset acquisitions	697	-	-	697
Net assets released from restrictions for capital purposes	3,110	-	-	3,110
Transfer of Equity to NYUSoM	(10,063)	-	-	(10,063)
Net increase (decrease) in unrestricted net assets before effect of change in accounting principle	124,632	31,244	(31,244)	124,632
Net increase (decrease) in unrestricted net assets	\$ 124,632	\$ 31,244	\$ (31,244)	\$ 124,632

Additional Data

Software ID:

Software Version:

EIN: 13-3971298

Name: NYU HOSPITALS CENTER

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH G LANGONE CHAIR	1 00	X		X				0	0	0
LAURENCE D FINK CO-CHAIR	1 00	X		X				0	0	0
DWIGHT ANDERSON TRUSTEE	1 00	X						0	0	0
MARC H BELL TRUSTEE	1 00	X						0	0	0
WILLIAM R BERKLEY TRUSTEE	1 00	X						0	0	0
EDGAR M BRONFMAN JR TRUSTEE	1 00	X						0	0	0
KENNETH I CHENAULT TRUSTEE	1 00	X						0	0	0
GARY D COHN TRUSTEE	1 00	X						0	0	0
WILLIAM J CONSTANTINE TRUSTEE	1 00	X						0	0	0
ELIZABETH B DATER TRUSTEE	1 00	X						0	0	0
JAMIE DIMON TRUSTEE	1 00	X						0	0	0
FIONA DRUCKENMILLER TRUSTEE	1 00	X						0	0	0
JAMES J DUNNE III TRUSTEE	1 00	X						0	0	0
ALVIN H EINBENDER TRUSTEE	1 00	X						0	0	0
LORI FINK TRUSTEE	1 00	X						0	0	0
LOUIS P FRIEDMAN TRUSTEE	1 00	X						0	0	0
JAY M FURMAN TRUSTEE	1 00	X						0	0	0
MICHAEL GARDNER TRUSTEE	1 00	X						0	0	0
STEVEN J GILBERT TRUSTEE	1 00	X						0	0	0
GEORGE E HALL TRUSTEE	1 00	X						0	0	0
SYLVIA HASSENFELD TRUSTEE	1 00	X						0	0	0
JACKIE S HARRIS HOCHBERG TRUSTEE	1 00	X						0	0	0
HELEN L KIMMEL TRUSTEE	1 00	X						0	0	0
SIDNEY LAPIDUS TRUSTEE	1 00	X						0	0	0
THOMAS H LEE TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAURENCE C LEEDS JR TRUSTEE	1 00	X						0	0	0
MARTIN LIPTON ESQ TRUSTEE	1 00	X						0	0	0
LOUIS MARX JR TRUSTEE	1 00	X						0	0	0
SIR DERYCK C MAUGHAN TRUSTEE	1 00	X						0	0	0
EDWARD H MEYER TRUSTEE	1 00	X						0	0	0
SANDRA MEYER TRUSTEE	1 00	X						0	0	0
ROBERTO A MIGNONE TRUSTEE	1 00	X						0	0	0
EDWARD J MINSKOFF TRUSTEE	1 00	X						0	0	0
THOMAS K MONTAG TRUSTEE	1 00	X						0	0	0
DARLA MOORE TRUSTEE	1 00	X						0	0	0
THOMAS S MURPHY TRUSTEE	1 00	X						0	0	0
THOMAS S MURPHY JR TRUSTEE	1 00	X						0	0	0
FRANK T NICKELL TRUSTEE	1 00	X						0	0	0
MICHAEL E NOVOGRATZ TRUSTEE	1 00	X						0	0	0
DEBRA PERELMAN TRUSTEE	1 00	X						0	0	0
RONALD O PERELMAN TRUSTEE	1 00	X						0	0	0
WILLIAM A PERLMUTH TRUSTEE	1 00	X						0	0	0
LAURA PERLMUTTER TRUSTEE	1 00	X						0	0	0
DOUGLAS A PHILLIPS TRUSTEE	1 00	X						0	0	0
ROBERT W PITTMAN TRUSTEE	1 00	X						0	0	0
ALAN RAPPAPORT TRUSTEE	1 00	X						0	0	0
LINDA GOSDEN ROBINSON TRUSTEE	1 00	X						0	0	0
E JOHN ROSENWALD JR TRUSTEE	1 00	X						0	0	0
ALAN D SCHWARTZ TRUSTEE	1 00	X						0	0	0
BERNARD L SCHWARTZ TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STANLEY SHOPKORN TRUSTEE	1 00	X						0	0	0
HENRY R SILVERMAN TRUSTEE	1 00	X						0	0	0
LARRY A SILVERSTEIN TRUSTEE	1 00	X						0	0	0
JOEL E SMILOW TRUSTEE	1 00	X						0	0	0
NORMA KAPLAN SMITH TRUSTEE	1 00	X						0	0	0
ROBIN L SMITH MD MBA TRUSTEE	1 00	X						0	0	0
CARLA SOLOMON PHD TRUSTEE	1 00	X						0	0	0
WILLIAM C STEERE JR TRUSTEE	1 00	X						0	0	0
ALICE M TISCH TRUSTEE	1 00	X						0	0	0
THOMAS J TISCH TRUSTEE	1 00	X						0	0	0
JAN T VILCEK MD PHD TRUSTEE	1 00	X						0	59,291	19,351
BRADLEY J WECHSLER TRUSTEE	1 00	X						0	0	0
ANTHONY WELTERS TRUSTEE	1 00	X						0	0	0
MICHAEL C ALFANO DMD PHD EX-OFFICIO	1 00	X						0	1,121,019	47,021
ROBERT BERNE PHD EX-OFFICIO	1 00	X						0	1,201,982	36,405
BONNIE BRIER EX-OFFICIO	1 00	X						0	570,972	36,405
ROBERT I GROSSMAN MD EX-OFFICIO , DEAN & CEO	30 00	X		X				1,770,471	1,770,471	606,226
DAVID W MCLAUGHLIN EX-OFFICIO	1 00	X						0	592,925	36,405
JOHN E SEXTON EX-OFFICIO	1 00	X						0	1,301,620	172,134
STEVEN B ABRAMSON MD SVP/VICE DEAN FOR EDUCATIO	18 60			X				268,275	597,129	32,930
DAFNA BAR-SAGI PHD SVP/VICE DEAN,CHIEF SCI OFFCR	30 00			X				0	676,202	21,058
BERNARD A BIRNBAUM MD SVP/VICE DEAN,CHIEF OF HOSPITAL	60 00			X				1,433,721	0	41,852
ANDREW W BROTMAN MD SVP/VICE DEAN,CHIEF CLIN OFFCR	30 00			X				669,017	669,017	24,500
MICHAEL T BURKE SVP/VICE DEAN,CFO	30 00			X				576,918	576,918	38,040
ANNETTE JOHNSON JD SVP/VICE DEAN, GNRL COUNSEL	51 00			X				681,542	120,272	36,351

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VICKI MATCH SUNA AIA SVP/VICE DEAN, REAL ESTATE	30 00			X				388,300	388,300	37,778
NADER MHERABI SVP/VICE DEAN, CIO	30 00			X				298,878	298,878	29,684
NANCY SANCHEZ SVP/VICE DEAN,HUMAN RSRCS	30 00			X				441,637	441,637	30,018
ANTHONY SHORRIS SVP/VICE DEAN/CHIEF OF STAFF	30 00			X				502,131	502,131	35,736
KEVIN HANNIFAN SVP, HOSPITAL OPERATIONS	60 00					X		608,721	0	19,600
DAVID DIBNER SVP, NYUHJD HOSPITAL OPERA	60 00					X		512,268	0	32,821
ROBERT A PRESS MD PHD CHIEF MEDICAL OFFICER	60 00					X		541,511	0	30,167
NINA KATHRYN MCCLELLAN VP EPIC DESIGN AND IMPLEME	60 00					X		381,777	0	24,327
MAUREEN T FITZPATRICKMSNRN VP OF PERIOPERATIVE SERVIC	60 00					X		346,649	0	29,506
DEBRA BERGER VP, FACILITIES	60 00						X	238,070	0	33,109
RICHARD COHEN VP, FACILITIES	30 00						X	126,717	126,717	34,618
RICHARD DONOGHUE SVP, STRTGC PLNG & BUS DEV	42 00						X	608,593	260,826	31,387
SHEILA EISENBERG ASSISTANT SECRETARY	60 00						X	210,492	0	23,439
THOMAS M FEUERSTEIN VP, FINANCE	30 00						X	247,546	247,546	34,096
KIMBERLY GLASSMAN VP, NURSING OPERATIONS	60 00						X	411,920	0	34,065
KARIM HABIBI VP, MANAGED CARE	60 00						X	438,251	0	39,825
AMY HORROCKS VP, HOSPITAL OPERATIONS	60 00						X	287,385	0	19,600
KEVIN KIRCHEN VP, HOSPITAL OPERATIONS	60 00						X	356,663	0	28,269
IRENE KREUSCHER VP, HOSPITAL OPERATIONS	60 00						X	292,721	0	25,787
REGINALD A ODOM VP, HUMAN RESOURCES	30 00						X	113,479	113,479	32,968
WESLEY SMITH VP, PATIENT FINANCIAL SERV	51 00						X	436,079	76,955	36,277
GILDA VENTRESCA-ECROYD VP, GOVERNMENTAL AFFAIRS	30 00						X	146,525	146,525	36,670
ROBERT GLICKMAN MD FORMER DEAN & CEO	0 00						X	0	204,760	29,428
PAUL CONOCENTI MBA SVP/VICE DEAN CIO (FORMER)	30 00						X	385,346	385,346	23,606
VIVIAN S LEE MD PHD MBA SVP/VICE DEAN,CHIEF SCI OFFCR (FRMR)	30 00						X	0	512,074	21,926