

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

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1 Briefly describe the organization’s mission:

MISSION: TO HEAL, TO TEACH, TO DISCOVER AND TO ADVANCE THE HEALTH OF THE COMMUNITIES WE SERVE. VISION: TO BE A PREMIER ACADEMIC MEDICAL CENTER THAT TRANSFORMS HEALTH AND ENRICHES LIVES. VALUES: HUMANITY, INNOVATION, TEAMWORK, DIVERSITY AND EQUITY - OUR VALUES DEFINE OUR PHILOSOPHY OF CARE. THEY SHAPE OUR ACTIONS AND MOTIVATE AND INSPIRE US TO PURSUE EXCELLENCE AND ACHIEVE OUR GOALS. SINCE 1884, MONTEFIORE HAS CARED FOR THE CHRONICALLY ILL AND HAS MADE IT A PRIORITY TO IMPROVE THE QUALITY OF LIFE FOR UNDERSERVED POPULATIONS. THIS FOUNDING BELIEF IS THE CORNERSTONE OF OUR MISSION, VISION AND VALUES. MONTEFIORE'S MISSION IS ROOTED IN OUR ENDURING COMMITMENT TO PROVIDE ONE STANDARD OF EXCELLENT CARE TO ALL PATIENTS REGARDLESS OF THEIR BACKGROUNDS OR ABILITY TO PAY. MONTEFIORE, THE UNIVERSITY HOSPITAL FOR ALBERT EINSTEIN COLLEGE OF MEDICINE, COMBINES NATIONALLY-RENOWNED CLINICAL AND RESEARCH EXPERTISE WITH COMPASSIONATE, PATIENT-CENTERED CARE. BUILDING UPON OUR RICH HISTORY OF INNOVATION AN

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 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 \$ 3,400,326,159 including grants of \$ 39,098) (Revenue \$ 3,507,028,157)
<p>Patient Care DOING MORE - It's how we created our history of firsts. It's why we developed the world's first transvenous cardiac pacemaker and performed the world's first coronary bypass. Doing more put us at the forefront of treating cancer with highly targeted therapies. It made us one of only a few hospitals in the U.S. performing surgeries on babies before they're born. It built one of the most active and successful transplant centers in the country. Doing more - It's how we are creating the future of healthcare. Established in 1884 as a hospital for patients with chronic illnesses, Montefiore is a full-service integrated healthcare delivery system serving a large and complex urban population, a distinguished academic medical center with renowned faculty, an innovative research center pioneering scientific breakthroughs and medical "firsts"an exceptionally dedicated community partner with an unparalleled roster of innovative programs and services that address needs ranging far beyond medical care. Montefiore's mission is to heal, to teach, to discover and to advance the health of the communities it serves. To this mission Montefiore brings a unique synergy of strengths and resources. The Montefiore delivery system offers a full range of healthcare services (preventive, primary, specialty, acute and post acute) to the nearly 2 million residents of the Bronx, New York and nearby Westchester County. Montefiore also serves as a tertiary care referral center for patients across the metropolitan area, the nation and the world, and is known for advanced care in numerous specialties, including cardiology and cardiac surgery, cancer care, children's health, tissue and organ transplantation, women's health, surgery and surgical subspecialties. Montefiore combines its deep commitment to the community with nationally-renowned expertise to reach people at convenient locations. Through the Montefiore School Health Program (the largest and most comprehensive school-based health program in the country), Primary Care at Home programs, mobile medical and dental health vans and health education initiatives, Montefiore provides primary care services in non-traditional settings. Montefiore is increasingly recognized for success in delivering high-quality care to a large urban community, harnessing the power of health information technology and using care management tools to improve quality, safety and outcomes while controlling costs. To help patients, especially those with chronic diseases, achieve a better quality of life and reduced hospitalizations, Montefiore goes beyond the fragmented fee-for-service payment system, assuming total responsibility for the quality and costs of care for some of its sickest patients. Through the Montefiore IPA, Inc. (MIPA), The Care Management Company, LLC (CMO) and Bronx Accountable Healthcare Network IPA, Inc., dba Montefiore Accountable Care Organization IPA (ACO), a global prepayment strategy is used to manage care over the continuum, including hospital care, rehabilitation, outpatient care, professional services, remote patient monitoring and other programs. The CMO and ACO takes a proactive approach to care management by developing strategies that help improve integrated, accountable and affordable care throughout the health system with the objective of reducing expensive hospital based care. Our approach to care management stresses the importance of early identification of patients at risk working with a collaborative, interdisciplinary team to develop and oversee individualized care plans and promote patient self-monitoring and education. Our strategy emphasizes the interaction and communication among patients, healthcare providers, case managers, mental health agencies and other allied health professionals along with programs provided to reinforce health education, promote compliance with treatment and preventative care guidelines, monitor health status, and promote timely intervention when needed. Our Care Management Programs are developed to anticipate an individual's healthcare needs, to provide and coordinate the scope of necessary health services and to involve the patient in establishing goals and individual care plans. At the center of the Medical system are six main campuses with a total of 1,558 licensed beds that provided over 75,800 inpatient admissions in 2020, including over 4,150 births and multiple ambulatory services: - The 680 bed Henry and Lucy Moses Division; - the 421 bed Jack D. Weiler Hospital of Albert Einstein College of Medicine; - the 136 bed Children's Hospital at Montefiore, recognized as one of "America's Best Children's Hospitals" in U.S. News & World Report's rankings; - the 321 bed Wakefield Division (formerly the North Division renamed to reflect its anchor role in the community); - Montefiore Westchester Square (The former New York Westchester Square Hospital) operating as a Free standing Emergency Department and Ambulatory Surgery Facility; - The Montefiore Hutchinson Campus - The innovative "hospital without beds" providing world-class treatment with the latest technology and the best of multidisciplinary approach to care, enabling patients to be treated effectively and safely without hospitalization. Montefiore also operates extensive ambulatory care services connected by a robust health information technology system through a network of more than 175 locations - from community-based ambulatory care centers to school-based health centers to mobile clinics: - Montefiore's Emergency Departments, among the busiest in the nation, treats more than 320,000 patients annually (down to 229,651 in 2020 as a result of the COVID pandemic) ; - The hospital based clinics provides over 469,000 visits a year; - The Physician practices provides more than 1.5 million office visits annually; - Montefiore Medical Group, a network with over 350 distinguished physicians supported by a dedicated team of nurses, health educators and other highly-qualified medical professionals, working at more than 20 community based locations throughout the Bronx and Westchester provides over 900,000 visits a year; - Montefiore Home Care Program provides over 205,000 visits each year to homebound patients; - The Montefiore School Health Program, the largest in the nation, with 31 school-based health centers serves more than 22,600 children annually (down to 17,566 visits in 2020 due to school closings as a result of the COVID pandemic); - The Montefiore Substance Abuse and Treatment Program operating 11 substance abuse treatment sites offering drug treatment and rehabilitation services and comprehensive primary care to recovering abusers in communities across the Bronx; - Targeted outreach services to at-risk populations including programs serving the homeless and victims of domestic violence, mothers at risk of premature birth, as well as services to homebound and/or fragile seniors in community-based settings throughout the Bronx. At the intersection of Albert Einstein College of Medicine and Montefiore are Centers of Excellence in Cancer Care, Cardiovascular services, the Children's hospital, transplantation and neurosciences. In these centers, renowned investigators and multidisciplinary clinical teams collaborate to develop and deliver the advanced, innovative care available only at premier academic medical centers and the seamless continuum of services that ensures an ideal patient experience. New York State was first hit hardest in early 2020 by the novel coronavirus spreading across the U.S., with more cases and more related deaths per capita than any other state. The Bronx, the main service area of the Medical Center, was the epicenter of this pandemic. In response to the COVID-19 pandemic, the Medical Center quickly and comprehensively integrated telehealth into our service programs to meet the needs of our patients who are largely from high-risk and low-income communities. Beginning in mid-March 2020, several ambulatory spaces were converted to inpatient settings and additional ICU beds were opened to meet the surge of high-acuity patients. Telehealth capabilities were rollout to triage patients with COVID-19 symptoms, safely conduct video and voice visits with patients in our ambulatory sites and hospitals and expand ICU communications with physicians who were serving patients with COVID-19 in other parts of the Medical Center. Telehealth has made it possible for medical staff in Montefiore's three hospitals to communicate safely with our ICU command center, staffed by board-certified Critical Care and Pulmonary Physicians at all times, effectively enabling all beds involved in the treatment of COVID-19 to be ICU beds. Prior to the pandemic, the Medical Center operated 106 ICU beds that was increased to 284 ICU beds at the height of the pandemic. This technology has ensured remote monitoring of vital signs, ultrasounds, and electrocardiograms for all patients throughout the system, and fo</p>	

4b	(Code:) (Expenses \$ 430,999,514 including grants of \$ 2,162,259) (Revenue \$ 200,130,282)
<p>Medical Education & Research Medical Education Montefiore is the University Hospital for Albert Einstein College of Medicine, one of the nation's premier institutions for medical education, basic research and clinical investigations. This strong alignment enables Montefiore to advance clinical and translational research results more rapidly to the bedside and to the medical community, and educate the next generation of physicians, healthcare leaders and investigators. In place are extensive training programs for medical students, residents and fellows. Through the second-largest medical residency program in the country, Montefiore provides postgraduate clinical training to more than 1,250 residence across 89 accredited residency and fellowship programs. Our progressive focus on comprehensive rather than fragmented care provides the ideal training ground for healthcare leaders of the future. To remain on the cutting-edge of training, we develop and expand programs that advance teamwork, communication and decision-making providing the doctors of tomorrow a unique opportunity for education and training in one of the most diverse urban areas in the country caring for a global population where the disease burden is high and the need for quality care is great. These programs, coupled with Montefiore's mission and vision draw residents from top medical schools who are particularly committed to increasing access to excellent care in an underserved population. Montefiore is dedicated to cultivating the ethical and professional development of all of its trainees. Montefiore's physicians are at the forefront of their fields, actively mentoring and cultivating a new generation of physicians and scientists committed to our mission and values of advancing the front line of health and leading the way in twenty-first century medicine and patient care. Montefiore training experience - clinically advanced and grounded in our</p>	

organizational values of humanity, innovation, teamwork and equity - extends to all disciplines. On an average over 1,750 undergraduate and graduate nursing staff train at Montefiore (down to 179 in 2020 due to the pandemic) as did hundreds of social workers, nutritionists and pharmacists. Montefiore training also extends beyond the graduate level. The Center for Continuing Medical Education (CCME) at Montefiore Medical Center and Albert Einstein College of Medicine, founded in 1976, is accredited by the Accreditation Council for Continuing Medical Education (ACCME). The Center has provided hundreds of CME activities and CME credits to thousands of practitioners. Recognizing the vital importance of developing and embracing innovative techniques and treatments, Montefiore is committed to the utilization of resources for the advancement of physicians' education and delivery of care. Research Montefiore's large biomedical and clinical research initiatives include inquiry into a range of medical and health care delivery issues, including basic research into the fundamental process of disease and its treatment in humans, clinical trials and related clinical research and research into the organization and management of health care services. Montefiore is among 38 academic medical centers nationwide, at that time, to be awarded the Prestigious clinical and translational science award (CTSA) by the National Institutes of Health (NIH). The National Institutes of Health, along with other Federal, State and other funding, supports research in such areas as Aids, Oncology, Pediatrics, Anesthesiology, Emergency Medicine, Neurology, Pathology, Social Medicine and other clinical programs. Montefiore and Einstein are aligned around shared goals, with special emphasis on advancing clinical and translational research to accelerate the pace at which new discoveries become the treatments and therapies of today. At the heart of Montefiore Medical Center's pioneering research initiatives is its unique partnership with Albeert Einstein College of Medicine. Since 1963, Montefiore has served as the University Hospital of Albert Einstein College of Medicine (Einstein), a powerful collaboration between two of the nation's preeminent medical institutions that fosters the creation of knowledge by attracting world-renowned leaders in their fields and promoting opportunities for basic translational and clinical research. This bond was strengthen further in 2015 when Montefiore assumed operational and financial control of the College and, more recently, when Montefiore Medicine Academic Health System, Inc., the parent organization of the Montefiore Health System, Inc., became the sole member of the College. Montefiore and Einstein together have successfully collaborated to secure a National Institute of Health funded \$22.5 million clinical and translational Science award to create a research infrastructure to support and promote clinical and translational research. Montefiore researchers are currently involved in more than 400 clinical trials and research studies, helping to translate scientific breakthroughs into cutting edge diagnostics and innovative treatments.

4c	(Code:) (Expenses \$ 132,301,378 including grants of \$ 546,121) (Revenue \$ 0)
	Community Services Services to the community are an explicit and essential component of Montefiore's mission and one of its most valued traditions. The Medical Center has a long history of reaching beyond the walls of its hospitals to identify and meet the needs of its community and has been a national leader in organizing and expanding community-based services. Montefiore's commitment to the community has required a multifaceted, continually evolving response, in which the unique capacities of the academic medical center are mobilized to improve the lives of the people and the communities served-not just medically, but socially, economically and environmentally, wherever and whenever resources can make a difference. The Medical Center has maintained and expanded its range of community services, reaching out to and serving un-met health needs, including those with poor access to comprehensive primary care, at-risk and hard to reach children and their families, underserved and at-risk senior citizens, those affected by cancer, those affected by the continuing HIV epidemic in the Bronx, persons with or at-risk for tuberculosis infection, persons affected with problems of substance abuse, the homeless, adults and children with limited access to primary dental care and those affected by chronic health care diseases such as congestive heart failure, diabetes and asthma. Embracing its social responsibility to the community, Montefiore is nationally known as a pioneer in programs that are tailored to the specific needs of the community. Montefiore has been in the vanguard of intervention to combat such conditions as HIV disease, tuberculosis and lead poisoning prevention. Montefiore has sharpened the focus on such issues as childhood obesity, diabetes, improving community access to fresh, healthy foods at green markets and reducing healthcare disparities. Montefiore is aligning components of the delivery system to help improve public outcomes and building behavioral and population-based research to identify best practices. The community served by Montefiore, by several measures, faces many challenges. It is ranked the poorest urban county in the country, leads the nation in rates of diabetes and obesity and other chronic conditions and leads New York City in a host of significant markers: people in "fair or poor health", low birth weight, teen pregnancy, children in poverty, disabled individuals and families living below the poverty line. Montefiore is continuously working to help the community maintain a sense of security and economic stability, as well as to improve such quality-of-life fundamentals as education and affordable housing. Montefiore seeks to advance life in the Bronx beyond the traditional bounds of healthcare, by leading development efforts, promoting safe and productive neighborhoods and taking a leadership role in community business development. Montefiore is an advocate and partner with our neighbors in the Bronx, helping to sustain the community that sustains us.

4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 3,963,627,051
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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	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; 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 Yes	
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, line 10? 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 Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f	No
12a If "Yes," complete Schedule D, Part XI. Did the organization submit separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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 and XII 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	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	17 Yes	
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 hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	928
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
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	22,643			
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>				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, securities account, or other financial account)?				4a		No
b Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
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 as charitable contributions?				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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?						
9 Sponsoring organizations maintaining donor advised funds.						
a Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b Did the sponsoring 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. See the instructions for additional information the organization must report on Schedule O.				13a		
b Enter the 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 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? <i>If "No," provide an explanation in Schedule O</i>				14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?				15	Yes	
16 If the organization is subject to the section 4968 excise tax on net investment income?				16		No
If "Yes," complete Form 4720, Schedule O.						

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response or note to any line in this Part VI

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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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		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?	Yes	
10b	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?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official		No
15b	Other officers or key employees of the organization		No
15c	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?	Yes	
16b	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?	Yes	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 <input type="checkbox"/> Other (explain in Schedule O)	
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 during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: EVAN RESNICK 555 SOUTH BROADWAY BLDG A FL 1 Tarrytown, NY 105916301 (914) 349-8455	

Part VII

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PHILIP O OZUAH MD PHD President & CEO	40.8 19.2	X		X				0	6,539,217	883,393
(2) STEVEN SAFYER MD former officer	0.0 0.0						X	0	5,164,478	0
(3) Christopher Panczner Asst Sec.-SVP & Gen Counsel	37.7 22.3			X				0	4,617,017	26,736
(4) ROBERT MICHLER MD CHAIR-Surg/Cardiothoracic Surg	60.0 0.0					X		4,219,597	0	46,337
(5) SUSAN GREEN-LORENZEN RN System Senior VP-OPERations	44.0 16.0				X			0	2,557,455	44,593
(6) Emad Eskandar MD Chair-Neurological Surgery	60.0 0.0					X		2,067,025	0	44,100
(7) COLLEEN M BLYE Exec VP & CFO	36.8 23.2			X				0	1,936,586	28,328
(8) Joseph De Rose MD Dir Min Invasive Robotic Surg	60.0 0.0					X		1,687,313	0	42,423
(9) Daniel Goldstein MD Vice Chair-Cardiothoracic Surg	60.0 0.0					X		1,673,310	0	19,700
(10) Mark Schoenberg MD Chair-Department of Urology	60.0 0.0					X		1,522,590	0	46,800
(11) ODED ABOODI Treasurer	0.75 1.75	X						0	0	0
(12) JAY B ABRAMSON TRUSTEE	0.75 2.75	X						0	0	0
(13) PATRICIA BAUMAN TRUSTEE	0.5 0.75	X						0	0	0
(14) JAMES M BUTLER CHAIRMAN	1.25 3.0	X						0	0	0
(15) BRUCE DONIGER TRUSTEE	0.5 0.75	X						0	0	0
(16) RUTH L GOTTESMAN EdD TRUSTEE	0.5 2.0	X						0	0	0
(17) BARRY W GRAY TRUSTEE (Resigned 6/24/20)	0.5 0.75	X						0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PATRICIA GREEN TRUSTEE	0.5 0.75	X						0	0	0
(19) THOMAS L HARRISON TRUSTEE	0.5 0.75	X						0	0	0
(20) JOHN HEFFER TRUSTEE	0.5 1.5	X						0	0	0
(21) LEWIS HENKIND Trustee	0.5 1.75	X						0	0	0
(22) HELEN A JOHNSON TRUSTEE	0.75 0.75	X						0	0	0
(23) DAVID B KEIDAN TRUSTEE	0.5 0.75	X						0	0	0
(24) ALAN M KLEIN Secretary	1.0 2.5	X						0	0	0
(25) STACEY R LANE TRUSTEE	0.5 2.5	X						0	0	0
(26) JAY B LANGNER TRUSTEE/CHAIRMAN EMERITUS	0.5 0.75	X						0	0	0
(27) MARGARET S NATHAN TRUSTEE	0.5 0.75	X						0	0	0
(28) GAYLE F ROBINSON TRUSTEE	0.75 1.25	X						0	0	0
(29) JON W ROTENSTREICH TRUSTEE	0.5 0.75	X						0	0	0
(30) HON FELICE K SHEA TRUSTEE	0.5 0.75	X						0	0	0
(31) EDWIN H STERN III TRUSTEE	0.5 0.75	X						0	0	0
(32) DAVID A TANNER TRUSTEE	0.5 1.0	X						0	0	0
(33) CYNTHIA KING VANCE TRUSTEE	0.5 2.5	X						0	0	0
(34) JENNIE EMIL TRUSTEE	0.5 0.75	X						0	0	0
(35) JONATHAN A LIPTON Trustee	0.5 1.0	X						0	0	0
(36) ZITA G ROSENTHAL Trustee	0.5 0.75	X						0	0	0
(37) Nathan Gantcher Trustee	0.5 2.0	X						0	0	0
(38) Catherine Klema Vice Chair	0.75 2.5	X						0	0	0
(39) Melissa Ceriale Trustee	0.5 2.5	X						0	0	0
(40) BARRY S BLATTMAN TRUSTEE	0.75 1.75	X						0	0	0
(41) MATTHEW H NORD TRUSTEE	0.5 1.0	X						0	0	0
(42) MICHAEL A STOCKER MD TRUSTEE	0.75 2.5	X						0	0	0
(43) ROGER EINIGER TRUSTEE (Deceased 12/10/20)	0.5 2.0	X						0	0	0
(44) JOEL BRAUN TRUSTEE	0.5 0.75	X						0	0	0
(45) EMANUEL CHIRICO TRUSTEE	0.75 1.5	X						0	0	0
(46) W NORMAN MILNER TRUSTEE	0.5 0.75	X						0	0	0
(47) ALISA R DOCTOROFF TRUSTEE	0.5 2.5	X						0	0	0
(48) JOHN P GUTFREUND TRUSTEE	0.5 0.75	X						0	0	0
(49) RONALD L MOELIS TRUSTEE	0.75 1.25	X						0	0	0
(50) ALAN N SUNA TRUSTEE	0.5 0.75	X						0	0	0
(51) DANIEL R TISHMAN TRUSTEE	0.5 2.75	X						0	0	0
(52) Douglas F Eisenberg Trustee (effective 6/24/20)	0.5 0.75	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							11,169,835	20,814,753	1,182,410	

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6,965

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		Yes	No
		3	Yes	
		4	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

1Complete 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
Epic Systems Corporation, PO Box 88314 MILWAUKEE, WI 532880314	System conversion	17,723,186
Alto New York City LLC, 190 N 10th Street BROOKLYN, NY 11211	Agency fees	14,534,910
Fastaff LLC, PO Box 911452 DENVER, CO 802911452	Temporary nurses	13,118,618
Quest Diagnostics, PO Box 912512 PASADENA, CA 911102512	outside lab services	9,592,650
Optimum Healthcare IT LLC, PO Box 741383 ATLANTA, GA 303841383	IT Consulting fees	7,722,471
2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 416		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
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Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	439,440		
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c	1,912,700		
	d Related organizations	1d	42,500		
	e Government grants (contributions)	1e	511,260,063		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	46,150,821		
	g Noncash contributions included in lines 1a - 1f:\$	1g	3,142,958		
h Total. Add lines 1a-1f			559,805,524		

Program Service Revenue	2a INPATIENT SERVICES		Business Code				
			622000	1,995,719,669	1,995,719,669	0	0
	b OUTPATIENT SVCS INCLUDING HOME HEALTH		621400	1,418,711,414	1,415,778,024	2,933,390	0
	c SHARED SAVING REVENUE (DSRIP)		621990	93,358,382	93,358,382	0	0
	d INTERCOMPANY ADMIN. & SHARED SERVICES		561490	85,677,795	70,739,162	14,938,633	0
	e CARE MANAGEMENT SERVICES		621900	35,341,954	33,213,516	2,128,438	0
	f All other program service revenue.			78,349,225	75,963,960	2,385,265	0
	9 Total. Add lines 2a-2f.			3,707,158,439			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			48,529,904	0	-139,708	48,669,612
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross rents	6a	4,421,883	0			
	b Less: rental expenses	6b	4,014,640	0			
	c Rental income or (loss)	6c	407,243	0			
	d Net rental income or (loss)			407,243	0	0	407,243
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	13,499,952	139,837			
	b Less: cost or other basis and sales expenses	7b	0	0			
	c Gain or (loss)	7c	13,499,952	139,837			
	d Net gain or (loss)			13,639,789	0	128,244	13,511,545
	8a Gross income from fundraising events (not including \$ 1,912,700 of contributions reported on line 1c). See Part IV, line 18						
		8a	256,900				
		8b	531,322				
	c Net income or (loss) from fundraising events			-274,422		0	-274,422
	9a Gross income from gaming activities. See Part IV, line 19						
		9a	0				
		9b	0				
	c Net income or (loss) from gaming activities			0	0	0	0
	10a Gross sales of inventory, less						

returns and allowances . . .	10a	0				
b Less: cost of goods sold	10b	0				
c Net income or (loss) from sales of inventory . . .			0			
Miscellaneous Revenue	Business Code					
11a PARKING INCOME	812930	4,853,033	0	0	4,853,033	
b CAFETERIA & VENDING MACHINE INCOME	722514	4,641,573	0	0	4,641,573	
c LATE FEES	900099	1,178,508	0	0	1,178,508	
d All other revenue		2,745,736	0	561,958	2,183,778	
e Total. Add lines 11a–11d		13,418,850				
12 Total revenue. See instructions		4,342,685,327	3,684,772,713	22,936,220	75,170,870	

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).
Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	2,708,380	2,708,380		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	39,098	39,098		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	466,980	466,980	0	0
7 Other salaries and wages	2,024,883,000	1,864,857,298	157,852,554	2,173,148
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	177,103,475	163,702,378	13,214,258	186,839
9 Other employee benefits	311,346,204	285,907,829	25,109,915	328,460
10 Payroll taxes	142,563,762	131,778,165	10,635,197	150,400
11 Fees for services (non-employees):				
a Management	7,302,372	7,302,372	0	0
b Legal	8,624,281	4,531,869	4,092,412	0
c Accounting	864,356	0	864,356	0
d Lobbying	400,000	400,000	0	0
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,399,421	0	2,399,421	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	145,663,257	99,295,391	46,130,490	237,376
12 Advertising and promotion	17,852,215	3,202,859	14,649,356	0
13 Office expenses	233,799,406	212,211,213	21,378,664	209,529
14 Information technology	193,232,217	136,545,140	56,663,712	23,365
15 Royalties	0			
16 Occupancy	221,392,925	203,581,094	17,755,622	56,209
17 Travel	5,700,080	4,827,728	803,218	69,134
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	3,706,101	3,359,603	336,102	10,396
20 Interest	11,797,270	11,797,270	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	147,849,241	103,304,843	44,541,624	2,774
23 Insurance	83,380,335	79,116,762	4,263,573	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	575,860,258	575,688,670	171,020	568
b MEMBERSHIP DUES	42,973,980	27,276,701	15,669,623	27,656
c SHARED SERVICES	16,055,718	24,641	16,031,077	0
d BILLING & COLLECTION	15,130,462	0	15,130,462	0
e All other expenses	42,931,480	41,700,767	1,150,385	80,328
25 Total functional expenses. Add lines 1 through 24e	4,436,026,274	3,963,627,051	468,843,041	3,556,182
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		113,512	1	122,652
	2	Savings and temporary cash investments		404,056,808	2	833,701,234
	3	Pledges and grants receivable, net		27,413,749	3	38,712,362
	4	Accounts receivable, net		321,380,649	4	226,138,123
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net		219,966,223	7	347,925,423
	8	Inventories for sale or use		36,959,868	8	35,061,433
	9	Prepaid expenses and deferred charges		35,977,319	9	35,916,974
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,519,107,749			
	b	Less: accumulated depreciation	10b 2,406,808,662	1,142,844,676	10c	1,112,299,087
	11	Investments—publicly traded securities		1,136,903,800	11	1,618,752,812
	12	Investments—other securities. See Part IV, line 11		294,425,436	12	337,239,739
	13	Investments—program-related. See Part IV, line 11		12,247,368	13	15,809,596
	14	Intangible assets		430,000	14	430,000
	15	Other assets. See Part IV, line 11		903,058,027	15	844,804,752
16	Total assets: Add lines 1 through 15 (must equal line 33)		4,535,777,435	16	5,446,914,187	
Liabilities	17	Accounts payable and accrued expenses		632,718,286	17	873,793,304
	18	Grants payable		0	18	0
	19	Deferred revenue		111,361,511	19	47,082,750
	20	Tax-exempt bond liabilities		467,982,759	20	790,279,471
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		141,460	21	141,460
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,148,807,459	23	1,488,958,324
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		1,448,901,692	25	1,683,501,528
	26	Total liabilities. Add lines 17 through 25		3,809,913,167	26	4,883,756,837
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		625,338,447	27	460,958,424
	28	Net assets with donor restrictions		100,525,821	28	102,198,926
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		725,864,268	32	563,157,350
	33	Total liabilities and net assets/fund balances		4,535,777,435	33	5,446,914,187

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,342,685,327
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,436,026,274
3	Revenue less expenses. Subtract line 2 from line 1	3	-93,340,947
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	725,864,268
5	Net unrealized gains (losses) on investments	5	331,176
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-69,697,147
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	563,157,350

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited 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 separate basis	Yes	
c If "Yes," to line 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	
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	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

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 12, check only one box.)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II **Support Schedule for Organizations Described in Sections 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	76,668,354	70,646,717	75,979,040	74,395,294	559,366,084	857,055,489
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
4 Total. Add lines 1 through 3	76,668,354	70,646,717	75,979,040	74,395,294	559,366,084	857,055,489
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).						0
6 Public support. Subtract line 5 from line 4.						857,055,489

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4.	76,668,354	70,646,717	75,979,040	74,395,294	559,366,084	857,055,489
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,759,729	20,961,442	37,030,018	50,355,089	52,951,787	179,058,065
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	16,090,246	19,979,281	21,313,472	19,238,951	13,418,850	90,040,800
11 Total support. Add lines 7 through 10						1,126,154,354
12 Gross receipts from related activities, etc. (see instructions)					12	18,568,666,047

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	76.105 %
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	61.177 %

- 16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2019. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			
3b			

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		(continued)
Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Form 990, Schedule A, Part II	The Schedule A, Part II support schedule has been completed and demonstrates that Montefiore Medical Center meets the 170(b)(1)(A)(vi)public support test as required to use the Schedule B, Special Rule. Montefiore Medical Center is not classified as a 170(b)(1)(A)(vi) entity, as it meets its public charity status requirement as a Hospital under section 170(b)(1)(A)(iii).

Additional Data

[Return to Form](#)

Software ID:

Software Version:

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization MONTEFIORE MEDICAL CENTER	Employer identification number 13-1740114
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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 in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	\$
3	Volunteer hours for political campaign activities (see instructions)	

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 function 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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-.
1				
2				
3				
4				
5				
6				

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><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		400,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		658,894
j	Total. Add lines 1c through 1i			1,058,894
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1G	THE MEDICAL CENTER'S LOBBYING EXPENDITURES INCLUDED THE FOLLOWING: Amounts PAID TO Welsh Rose, LLC FOR FEDERAL LOBBYING and The MirRam Group, LLC for NYS and NYC lobbying RELATED TO REGULATIONS AND LEGISLATION IMPACTING THE MEDICAL CENTER'S PROGRAMS.
Schedule C, Part II-B, Line 1i	Other Lobbying activities were for indirect cost associated with a PERCENTAGE OF MEMBERSHIP DUES used by THE FOLLOWING ORGANIZATIONS for LOBBYING EFFORTS: - GREATER NEW YORK HOSPITAL ASSOCIATION - AMERICAN HOSPITAL ASSOCIATION - ASSOCIATION OF AMERICAN MEDICAL COLLEGES - HEALTH CARE ASSOCIATION OF NYS - 1199/SEIU - GNYHA HEALTH EDUCATION PROJECT - 340B Health - FOCUSED ON 340B ISSUES.

Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization MONTEFIORE MEDICAL CENTER	Employer identification number 13-1740114
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Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of 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?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a through 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 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year
▶ _____

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under FASB ASC 958, 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 XIII, the text of the footnote to its financial statements that describes these items.

b

If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, 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 XIII.
- 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" on 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
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 | 28,842,524 | 26,473,515 | 26,450,629 | 26,424,742 | 31,390,105 |
| b Contributions | 631,000 | 18,250 | 22,886 | 25,887 | -4,965,363 |
| c Net investment earnings, gains, and losses | 226,796 | 2,350,759 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 50,107 | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 29,650,213 | 28,842,524 | 26,473,515 | 26,450,629 | 26,424,742 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 0 %

b Permanent endowment ▶ 91.480 %

c Term endowment ▶ 8.520 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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
- b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | No |
| 3a(ii) | | No |
| 3b | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		21,221,224		21,221,224
b Buildings		1,841,442,806	1,450,908,490	390,534,316
c Leasehold improvements				
d Equipment		1,580,187,804	950,202,178	629,985,626
e Other		76,255,915	5,697,994	70,557,921
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,112,299,087

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MALPRACTICE INSURANCE PROGRAMS	105,110,849	F
(B) LIMITED PARTNERSHIPS	199,902,454	F
(C) MANAGED CARE COMPANIES	31,771,715	F
(D) OTHER INVESTMENTS	454,721	F
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	337,239,739	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)AMTS DUE FROM AFFILIATES	83,823,294
(2)ESTIMATED INSURANCE CLAIMS REC	369,055,000
(3)SECURITY DEPOSITS	632,410
(4)RIGHT OF USE OPER LEASE ASSETS	378,044,048
(5)PURCHASE ESCROW	13,250,000
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	844,804,752

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	1,683,501,528

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

☐

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 XIII.)	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 XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

Part XIII

Supplemental Information

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule D, Part III, Line 4	Montefiore Medical Center fine art collections numbers over 1,500 objects located throughout the campuses that are insured and scheduled with risk management. The fine art Program directs eight rotating gallery exhibition spaces, including but not limited to: - ARTView Gallery at the Moses, Wakefield and Weiler campuses; - The Gallery of Artful Medicine at the Hutch, Tower one campus; - Spotlight on Montefiore located in the Tishman Learning Center; - The Queen City Art Gallery at Montefiore New Rochelle Hospital and - the Yes Gallery at the Moses Campus. In honor of Montefiore's health care heroes, a monochromatic painting by Israeli artist Tomer Peretz portraying a healthcare worker during the COVID-19 pandemic was gifted by the Israeli American Council. This painting is currently on display at the Max and Sadie Lounge on the Einstein Campus. Montefiore's mission - to heal, to teach, to discover and to advance the health of the communities we serve - serves as the driving force behind all of our work, including the Montefiore Fine Art Program and Collection. The Collection is integrated into the daily life of Montefiore, fostering a life-affirming, restorative and supportive environment for patients, families, caregivers, students, faculty and staff.
Schedule D, Part IV, line 2b	Montefiore Medical Center holds security deposits from tenants in escrow pursuant to the individual lease agreements between the tenants and the organization. These deposits are returned to the tenants once they vacate their rental unit less any amounts, if any, due from the tenants for damages or unpaid rent.
Schedule D, Part V, Line 4	The organization's endowments were established pursuant to donor gifts received over time so the earnings can provide support to the Medical center's activities, specifically its clinical programs and related research as designated by the individual donors.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number
13-1740114

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Sub-Saharan Africa			Grantmaking		39,098
(2) Central America and the Caribbean			Investments		68,036,756
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					68,075,854
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					68,075,854

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	EDUCATIONAL SUPPORT	39,098	wire			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

1

3 Enter total number of other organizations or entities

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*

☐ 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, Information 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*

☐ Yes

☒ No

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

[illegible]

Additional Data

Software ID:

Software Version:

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" on 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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number
13-1740114

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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			
1 Event Associates Inc 162 West 56th Street New York, NY 10019	Gala event	Yes		1,749,700	65,000	1,684,700
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				1,749,700	65,000	1,684,700

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

All States

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		Remote Gala (event type)	Golf outing (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,749,700	327,150	92,750	2,169,600
	2 Less: Contributions	1,599,500	248,125	65,075	1,912,700
	3 Gross income (line 1 minus line 2)	150,200	79,025	27,675	256,900
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		71,379		71,379
	7 Food and beverages	20,343			20,343
	8 Entertainment				
	9 Other direct expenses	386,427	21,306	31,867	439,600
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				531,322
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-274,422

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash 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. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities:_____

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

b If "No," explain: _____
State of New York on an appeal. _____

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 conduct 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 conducted in:

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

14

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

Name ▶ -----

Address ▶ 111 East 210th Street bronx, NY 10467 -----

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 of the third party:

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

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was 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 _____ 500 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	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 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)			57,743,591	12,783,622	44,959,969	1.030 %
b Medicaid (from Worksheet 3, column a)			1,456,792,539	953,455,866	503,336,673	11.490 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			1,514,536,130	966,239,488	548,296,642	12.520 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			70,968,586	42,158,100	28,810,486	0.660 %
f Health professions education (from Worksheet 5)			376,767,895	181,358,039	195,409,856	4.460 %
g Subsidized health services (from Worksheet 6)			108,040,849	63,086,471	44,954,378	1.030 %
h Research (from Worksheet 7)			58,065,836	22,689,559	35,376,277	0.810 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			60,000,000	0	60,000,000	1.370 %
j Total. Other Benefits			673,843,166	309,292,169	364,550,997	8.330 %
k Total. Add lines 7d and 7j			2,188,379,296	1,275,531,657	912,847,639	20.850 %

Part II

Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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					
1 Physical improvements and housing			481,867	0	481,867
0.010 %					
2 Economic development					
3 Community support					
4 Environmental improvements			146,414	0	146,414
0 %					
5 Leadership development and training for community members					
6 Coalition building					
7 Community health improvement advocacy					
8 Workforce development			607,091	0	607,091
0.010 %					
9 Other					
10 Total			1,235,372	0	1,235,372
0.020 %					

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	6,615,156	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	3,688,199	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			
Section B. Medicare			
5 Enter total revenue received from Medicare (including DSH and IME)	5	375,071,931	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	405,251,888	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-30,179,957	
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 type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other			
Section C. Collection Practices			
9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest
—see instructions)

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

Name, address, primary website address,
and state license number (and if a group
return, the name and EIN of the subordinate
hospital organization that operates the
hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
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Facility
reporting group

1	MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467 www.Montefiore.org 7000006H	X	X	X	X		X	X	
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
MONTEFIORE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" 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 checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) j <input type="checkbox"/> Other (describe in Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V - Section C</u> b <input type="checkbox"/> Other website (list url): _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url): <u>See Part V - Section C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

MONTEFIORE MEDICAL CENTER				
Name of hospital facility or letter of facility reporting group			Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes	
	a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100 _____ %			
	b <input type="checkbox"/> Income level other than the FPG (describe in Section C)			
	c <input type="checkbox"/> Asset level			
	d <input type="checkbox"/> Medical indigency			
	e <input type="checkbox"/> Insurance status			
	f <input type="checkbox"/> Underinsurance discount			
	g <input checked="" type="checkbox"/> Residency			
	h <input checked="" type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
	a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
	b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
	c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
	d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
	e <input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
	a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Part V - Section C			
	b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Part V - Section C			
	c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Part V - Section C			
	d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
	f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
	g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or			
	h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
	i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
	j <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

MONTEFIORE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 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 all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous			
d <input type="checkbox"/> Actions that required a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:	19		No
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous			
d <input type="checkbox"/> Actions that required a legal or judicial process			
e <input type="checkbox"/> Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):			
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the ECA and FAP application process (if not, describe in Section C)			
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)			
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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:	21	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 Section			
d <input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

MONTEFIORE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
	b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
	d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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 Section C.	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	No

Part V

Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5	In conducting its most recent CHNA, the hospital facility took into account input from persons who represented the broad interests of the community served by the hospital facility including those with special knowledge of or expertise in public health. Montefiore Medical Center, in partnership with multiple Bronx hospital and healthcare providers, community stakeholders including the New York City Department of Health and Mental Hygiene's Bronx Bureau, community organizations and community residents conducted its 2019-2021 Community Health Needs Assessment to identify the significant health concerns of the Bronx County. Montefiore Medical Center facilitated strong relationships with community groups. The Montefiore Community Advisory Boards, which serve the Montefiore Medical Center Acute Care campuses in the Bronx consist of membership serving the twelve Bronx Community Boards and represent key constituencies in those communities including local police precinct councils, large faith based organizations and major social service providers. The staff of Montefiore's Office of Community and Population Health and Montefiore's Office of Government and Community Relations also engages with the Bronx Borough President's duly appointed representatives of the official twelve Bronx Community Boards. In addition to receiving input from these regional boards and their community membership, the staff also solicits information from elected leaders through health focused legislative breakfasts which allow the sharing of secondary data with the local elected officials to receive confirmation or alternate opinion on the impacts felt by their constituencies. In addition, Montefiore also participates with a number of coalitions, most notably the #Not 62 Coalition-The Campaign for a Health Bronx in obtaining information representing broad interest of the community. The preparation of the 2019-2021 Community Health Needs Assessment was an inter-organizational and community collaborative process, initiated with the goal of developing an assessment that was reflective of the needs of the community including the clinical and social determinants of health. Given the complexity and diversity of the populations of the Bronx, a collection of secondary and primary data was used to identify the significant Health concerns of the Bronx community. The collection of primary data was made from a representative sample of Bronx residents. To capture the voices of various sectors of Bronx community residents and workers from various perspectives, a multi-lingual electronic survey directed through partnering Bronx organizations was used in the spring and early summer of 2019. The NYCDOHMH's provision of comprehensive borough specific data assisted the process of interpreting areas of need across the borough. In addition to data provided from New York City sources, multiple additional secondary data sources were used to support the identification and selection of the priority items that were selected and reviewed with the partners and enhanced through the input from the New York City Department of Health and Mental Hygiene's Bureau of Bronx Neighborhood Health. Through the process of completing and reviewing data obtained through the primary and secondary sources, engaging with community stakeholders and key partners and a review of resources available within the Medical Center and through its partnerships, an implementation Strategy was developed to address the significant needs identified. With the previous community health assessments, Montefiore did not receive any written feedback; however, Montefiore was invited to explain its Community Benefit spending to a group of key community stakeholders led by the North West Bronx Community and Clergy Coalition (NWbcc). The NWbcc directly questioned the allocation of resources and recommended that resources be directed towards addressing the social determinants of health, specifically violence prevention efforts in the communities along the Jerome Avenue Corridor. This meeting led to an evaluation of available data on local violence, including shootings, and has resulted in a financial resources being identified from DSRIP and other budgeted sources to support a St. Barnabas Hospital Health System led violence prevention effort which is a part of St. Barnabas Hospital's Prevention Agenda efforts and in which Montefiore is a partner. Schedule H, Part V, Section B, Line 6a Montefiore Medical Center consists of the Montefiore Health System facilities within the Bronx County. The Community Health Needs Assessment conducted included the three hospital campuses (Moses, Weiler/Einstein and Wakefield), the Children's Hospital at Montefiore (CHAM), the off campus hospital based Emergency Department at Montefiore - Westchester Square, the Montefiore Hutchinson Campus and the sites of the Montefiore Medical Group and the Montefiore School Health Program.
Schedule H, Part V, Section B, Line 7a	The CHNA is available on the hospital facility's website: URL: https://www.montefiore.org/documents/communityservices/MMC-Community-Health-Needs-Report-2019-2021.pdf
Schedule H, Part V, Section B, Line 10a	The hospital facility's most recent adopted implementation strategy is posted on the website: URL: https://www.montefiore.org/documents/communityservices/MMC-Community-Health-Needs-Report-2019-2021.pdf
Schedule H, Part V, Section B, Line 11	Based on the reported and documented health needs that were important across the populations surveyed and reflected in the data as critical and in alignment with the New York State Prevention Agenda, two priority areas were identified for the 2019-2021 report. One of the Priority Areas selected in 2016 have been re-selected in 2019, though the focus areas have expanded to include food security. This cycle's Priority Areas also includes work on mental and substance use disorders that is in alignment with the DSRIP work at Montefiore. DSRIP has a very strong focus on both the prevention and management of chronic diseases and behavioral health issues including substance abuse. Given that these priorities represent significant risk factors for the residents of the Bronx, we believe that it is important to continue our chronic disease prevention work in our clinics and extending our reach into the community. The first of the two priority areas identified is to prevent chronic disease with the focus on healthy eating and food security and preventive care and management. The goals for the first focus area are to increase access to healthy and affordable foods and beverages, increase the skills and knowledge to support healthy food and beverage choices and increase food security. The Montefiore Healthy Store Initiative (MHSI) is engaging bodega owners in increasing the supply and promotion of healthier food and beverage options, engaging local groups around advocacy for improved food access and nutrition education and technical assistance to drive demand for healthier food and beverage options. The Medical Center will also implement social determinants of health screener in outpatient and inpatient settings to screen for social needs, including food insecurity, and use community resource directory/referral tool to connect patients to appropriate resources. The goals of the second focus area are to increase early detection of cardiovascular disease, diabetes, pre-diabetes and obesity and to promote evidence-based care to prevent and manage chronic diseases including asthma, arthritis, cardiovascular disease, diabetes and pre diabetes and obesity. The Medical Center serves an ethnically diverse and income challenged community where the risk for diabetes is greater than in any other NYC boroughs and targets a higher percentage of Hispanic and non-Hispanic blacks. The Medical Center is engaging its clinical partners in the HbA1c screening protocol, aligning clinical

Part IV Facility Information (continued)

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Health Care Facility (from largest to smallest)

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

187

Name and address	Type of Facility (describe)
1 Greene Medical Arts Pavilion 3400 Bainbridge Avenue Bronx, NY 10461	Hospital Outpatient Dept
2 Hutchinson Campus 1250 Waters Place Bronx, NY 10461	Specialty Care Extension
3 MMG - MAP GREENE MEDICAL ARTS PAVILION 3400 Bainbridge Avenue Bronx, NY 10467	Primary Care Practice
4 Caring Home Health Agency 1 Fordham Plaza Bronx, NY 10458	Certified Home Health Care Agency
5 MMC-MONTEFIORE EINS CTR FR CANCER CARE 1695 Eastchester Road Bronx, NY 10461	Specialty Care Ext Clinic
6 MMG-Comprehensive Family Care Ctr 1621 Eastchester Rd Bronx, NY 10461	Primary Care Extension Clinic
7 MMG-Comprehensive Health Care Ctr 305 East 161st Street Bronx, NY 10451	Primary Care Extension Clinic
8 Montefiore Musculoskeletal Center 1250 Waters Place Bronx, NY 10461	SPECIALTY CARE PRACTICE
9 MONTEFIORE ADVANCED IMAGING MAP 3400 BAINBRIDGE AVENUE Bronx, NY 10467	Imaging Center
10 MMG-BRONX EAST 2300 WESTCHESTER AVENUE Bronx, NY 10462	Primary Care PRACTICE
11 MMG-FAMILY HEALTH CENTER One Fordham Plaza Bronx, NY 10458	Primary Care EXTENSION CLINIC
12 MMG-GRAND CONCOURSE 2532 GRAND CONCOURSE Bronx, NY 10458	PRIMARY CARE PRACTICE
13 MMC-CENTER FOR RADIATION THERAPY 1635 Popple Street Bronx, NY 10461	Specialty Care Ext Clinic
14 MONTEFIORE ADVANCED IMAGING MMP 1635 POPLAR STREET Bronx, NY 10461	SPECIALTY CARE EXT CLINIC
15 MMG-UNIVERSITY AVENUE FAMILY PRACTICE 105 WEST 188TH STREET Bronx, NY 10458	Primary Care Extension Clinic
16 MMG-FAMILY CARE CENTER 3444 KOSSUTH AVE BRONX, NY 10467	PRIMARY CARE EXTENSION CLINIC
17 MMG-CROSS COUNTY 1010 CENTRAL PARK AVE YONKERS, NY 10704	PRIMARY CARE PRACTICE
18 CARDIOLOGY Associates 3201 GRAND CONCOURSE BRONX, NY 10468	Specialty Care Practice
19 Scarsdale Women's Center 1075 Central Park Avenue Scarsdale, NY 10583	sPECIALTY CARE PRACTICE
20 MMP-OUTPATIENT REHABILITATION SERVICES 1500 Union Avenue Bronx, NY 10461	Specialty Care eXT CLINIC
21 MONTEFIORE DPT OF CARDIOTHORACIC SURGERY 1575 BLONDELL AVENUE BRONX, NY 10461	Specialty Care Practice
22 SUBSTANCE ABUSE TREATMENT PROG UNIT 3 2058 JEROME AVENUE Bronx, NY 10463	SUBSTANCE Use Disorders Clinic
23 MMG-WEST FARMS FAMILY PRACTICE 1055 EAST TREMONT AVENUE Bronx, NY 10460	Primary Care Extension Clinic
24 MMG-WILLIAMBRIDGE 3011 BOSTON ROAD Bronx, NY 10469	Primary Care Extension Clinic
25 MMG-Cross County 2100 HARTOW AVENUE Bronx, NY 10475	PRIMARY CARE EXTENSION CLINIC
26 SO BRONX HEALTH CTR FOR CHILD & FAMILIES 871 PROSPECT AVENUE Bronx, NY 10459	PRIMARY CARE EXTENSION CLINIC
27 MONTEFIORE WAKEFIELD MENTAL HLTH CLINIC 4401 BRONX BOULEVARD BRONX, NY 10470	MENTAL HEALTH EXT CLINIC
28 Hartsdale Family and Fetal Medicine Inst 141 s CENTRAL AVE HARTSDALE, NY 10530	SPECIALTY CARE PRACTICE
29 MMG Marble Hill Family Practice 5525 Broadway Bronx, NY 10463	Primary Care Extension Clinic
30 Tarrytown CARDIOLOGY ASSOCIATES 150 WHITE PLAINS ROAD Tarrytown, NY 10591	Specialty Care Practice
31 MMG-Eastchester 440 White Plains Road Eastchester, NY 10709	Primary Care Practice
32 MMG-Castle Hill Family Practice 2175 Westchester Avenue Bronx, NY 10462	Primary Care Extension Clinic
33 SUBSTANCE ABUSE TREATMENT CENTER UNIT 1 3550 Jerome Avenue Bronx, NY 10467	Substance use disorders clinic
34 Montefiore Med Park ORTHODONTIC CENTER 1631 Popple Street Bronx, NY 10461	Specialty Care Ext Clinic
35 MMG-Riverdale 3510 Johnson Avenue Bronx, NY 10463	Primary Care Practice
36 MONTEFIORE EAST TREMONT FAMILY PRACTICE 3101 E Tremont Avenue Bronx, NY 10461	Primary Care Practice
37 J&B BUTLER Child Advocacy Center 3314 Steuben Avenue Bronx, NY 10467	Specialty Care Ext Clinic & Mental Health Clinic
38 Bronx Health Collective 853 Longwood Avenue Bronx, NY 10459	Homeless Shelter Ext Clinic
39 MSHP - STEVENSON HIGH SCHOOL 1980 Lafayette Avenue Bronx, NY 10461	School Health Clinic
40 MSHP - De Witt Clinton High School 100 W Mosholu Parkway So Bronx, NY 10468	School Health Clinic
41 MSHP - Herbert H Lehman Campus 3000 East Tremont Avenue Bronx, NY 10461	School Health Clinic
42 MONTEFIORE Medical Specialists 495 Central Park Avenue Yonkers, NY 10704	Specialty Care Practice
43 MSHP - PS 8 3010 Briggs Avenue Bronx, NY 10458	School Health Clinic
44 Inst fr Women's Hlth Genetics & Hum Rep 1695 Eastchester Road Bronx, NY 10461	Specialty Care Practice
45 MSHP - Evander Childs Campus 800 East Gun Hill Road Bronx, NY 10467	School Health Clinic
46 MSHP - John Philip Sousa MS 142 3750 Baychester Avenue Bronx, NY 10466	School Health Clinic
47 MONTEFIORE DIVISION OF GASTROENTEROLOGY 1500 Waters Place Bronx, NY 10461	Specialty Care Practice
48 MSHP - PS 105 7339 Broadway Bronx, NY 10462	School Health Clinic
49 MSHP - Walton Campus 2780 Reservoir Avenue Bronx, NY 10468	School Health Clinic
50 MSHP - THEODORE ROOSEVELT CAMPUS 500 EAST FORDHAM ROAD BRONX, NY 10458	SCHOOL HEALTH CLINIC
51 MSHP - PS 28 1861 ANTHONY AVENUE Bronx, NY 10457	School Health Clinic
52 MSHP - MS 45 2502 LORRILAND AVENUE Bronx, NY 10458	School Health Clinic
53 MSHP - PS 55 450 ST PAULS PLACE Bronx, NY 10456	School Health Clinic
54 MSHP - PS 85 2400 MARION AVENUE Bronx, NY 10458	School Health Clinic
55 SAFE HOUSE FOR LEAD POISONING PREV PROG 932 EAST 150TH PARKWAY Bronx, NY 10467	SPECIALTY CARE EXT CLINIC
56 MSHP - SOUTH BRONX CAMPUS 701 ST ANNS AVENUE 3RD FLOOR Bronx, NY 10455	SCHOOL HEALTH CLINIC
57 MSHP - IS 217 ENTRADA 977 FOX STREET BRONX, NY 10469	SCHOOL HEALTH CLINIC
58 MONTEFIORE WAKEFIELD CHEM DEP OP PROG 4401 BRONX BOULEVARD Bronx, NY 10470	Substance Use Disorders Clinic
59 MSHP - PSMS 95 3961 HILLMAN AVENUE Bronx, NY 10463	School Health Clinic
60 MSHP - BRONX REGIONAL HIGH SCHOOL 1010 REV JACOB POLITE AVENUE Bronx, NY 10459	sCHOOL HEALTH cLINIC
61 CENTER FOR CHILD HEALTH AND RESILIENCY 890 PROSPECT AVENUE Bronx, NY 10459	PRIMARY CARE EXTENSION CLINIC
62 MONTEFIORE DENTAL CENTER 951 PROSPECT AVENUE Bronx, NY 10459	Dental Center
63 MSHP - MOTT HAVEN HS campus 730 CONCOURSE VILLAGE east Bronx, NY 10451	SCHOOL HEALTH CLINIC
64 MONTEFIORE STD INITIATIVE 3230 Bainbridge Avenue Bronx, NY 10461	Specialty Care Ext Clinic
65 MSHP - William Howard Taft Campus 240 East 172nd Street Bronx, NY 10457	School Health Clinic
66 MONTEFIORE Gottscho Child Dialysis CTR Frost Valley YMCA Camp Claryville, NY 12725	Chronic Dialysis Ext Clinic
67 Saratoga Interfaith Family Shelter 17515 Rockway Boulevard Queens, NY 11434	Homeless Shelter Ext Clinic
68 Help Bronx Crotona 785 Crotona Park North Bronx, NY 10460	Homeless Shelter Pt Clinic
69 American Red Cross Family ShelterICAHN 4 East 28th Street New York, NY 10016	Homeless Shelter Ext Clinic
70 Montefiore Breast Center 1500 Blondell Avenue Bronx, NY 10461	Imaging Center
71 Saint John's Family Shelter 1630 Saint Johns Place Brooklyn, NY 11233	Homeless Shelter Ext Clinic
72 Wellness Center at Port Morris 804 East 138th Street Bronx, NY 10454	Substance Use Disorders Clinic
73 Streetwork's Project Drop-In Center 209 W 125th Street New York, NY 10016	Homeless Shelter Ext Clinic
74 Wellness Center at Waters Place 1510 Waters Place Bronx, NY 10461	Substance use Disorders Clinic
75 Wakefield-Dept of Ophthalmology 4141 Carpenter Avenue Bronx, NY 10466	Specialty Care
76 Wellness Center at Melrose 260 East 161st Street Bronx, NY 10451	Substance Use Disorders Clinic
77 Wakefield-Dept of Orthopedic Surgery 4141 Carpenter Avenue Bronx, NY 10466	Specialty Care
78 MONTEFIORE WELLNESS CENTER 1180 MORRIS PARK AVENUE BRONX, NY 10461	SPECIALTY CARE PRACTICE
79 RIVERDALE MEDICAL ASSOCIATES 2711 HENRY HUDSON PARKWAY BRONX, NY 10463	SPECIALTY CARE Practice
80 NEUROSCIENCE CENTER 3316 ROEHAMBEAU AVENUE BRONX, NY 10467	IMAGING CENTER
81 MONTEFIORE GENERAL CLINICAL RESEARCH CTR 1300 MORRIS PARK AVENUE BRONX, NY 10461	CLINICAL RESEARCH EXT CLINIC
82 GENERAL CLINICAL RESEARCH CENTER 111 e 210TH STREET-MRT BRONX, NY 10467	CLINICAL RESEARCH EXT CLINIC
83 MONTEFIORE-EINSTEIN CTR FOR CANCER CARE 1521 JARRETT PLACE BRONX, NY 10461	CANCER SERVICES
84 MONTEFIORE RADIOLOGY 1628 Eastchester 1628 EASTCHESTER ROAD BRONX, NY 10461	SPECIALTY PRACTICE
85 MONTEFIORE JARRETT PEDIATRIC DENTAL CTR 1516 JARRETT AVENUE BRONX, NY 10466	DENTAL CENTER
86 MONTEFIORE DEPARTMENT OF DENTISTRY 3332 ROCHAMBEAU AVENUE BRONX, NY 10467	dENTAL cENTER
87 MONTEFIORE ADVANCED IMAGING GUNHILL 200 EAST GUNHILL ROAD BRONX, NY 10467	IMAGING CENTER
88 MONTEFIORE WAKEFIELD CHILD PSYCH CTR 4401 BRONX BOULEVARD BRONX, NY 10470	MENTAL HEALTH CLINIC
89 ADOLESCENT AIDS PROGRAM 3415 WAYNE AVENUE BRONX, NY 10467	PEDIATRIC SPECIALTY CENTER
90 MONTEFIORE DEPARTMENT OF NEUROLOGY 140 LOCKWOOD AVENUE NEW ROCHELLE, NY 10801	SPECIALTY CENTER
91 EINSMONTEFIORE AUTISM EVAL & TREAT CTR 6 EXECUTIVE PLAZA YONKERS, NY 10701	SPECIALTY CENTER
92 CENTENNIAL WOMEN'S CENTER 3332 ROCHAMBEAU AVE BRONX, NY 10467	WOMEN'S HEALTH CENTER
93 DEPT OF OB & GYNWOMEN'S HEALTH 4170 BRONX BOULEVARD BRONX, NY 10466	WOMEN'S HEALTH CENTER
94 MONTEFIORE CHILDADOL MENTAL HLTH CLINIC 3340 BAINBRIDGE AVENUE BRONX, NY 10467	MENTAL HELATH CLINIC
95 Montefiore Riverdale Cardiology Practice 2711 HENRY HUDSON PARKWAY BRONX, NY 10463	SPECIALTY CARE PRACTICE
96 REHABILITATION MEDICINE PRIVATE PRACTICE 3329 BAINBRIDGE AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE
97 MONTEFIORE DIVISION OF DERMATOLOGY 3514 BAINBRIDGE AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE
98 SLEEPWAKE DISORDERS 3411 WAYNE AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE
99 MONTEFIORE BEHAVIORAL HEALTH CTR AT WS 2527 GLEBE AVENUE BRONX, NY 10461	MENTAL HEALTH CLINIC
100 ADVANCED ONCOLOGY ASSOCIATES 50 GUION PLACE NEW ROCHELLE, NY 10801	SPECIALTY CARE PRACTICE
101 ADVANCED ONCOLOGY ASSOCIATES 18 ASHFORD AVENUE DOBBS FERRY, NY 10522	SPECIALTY CARE PRACTICE
102 ADVANCED ONCOLOGY ASSOCIATES 75 EAST GUN HILL ROAD BRONX, NY 10467	SPECIALTY CARE PRACTICE
103 ADVANCED ONCOLOGY ASSOCIATES 1578 WILLIAMSBRIDGE ROAD BRONX, NY 10461	SPECIALTY CARE PRACTICE
104 ADVANCED ONCOLOGY ASSOCIATES 984 NORTH BROADWAY YONKERS, NY 10701	SPECIALTY CARE PRACTICE
105 BRONX RIVER MEDICAL ASSOCIATES-BX OFF 60 EAST 208TH STREET BRONX, NY 10467	SPECIALTY CARE PRACTICE
106 BRONX RIVER MEDICAL ASSOC-YONKERS OFFICE 1915 CENTRAL PARK AVENUE YONKERS, NY 10710	SPECIALTY CARE PRACTICE
107 MMC-WAKEFIELD CARDIOVASCULAR CENTER 4256 BRONX BOULEVARD BRONX, NY 10466	SPECIALTY CARE PRACTICE
108 RIDGE HILL RADIOLOGY 73 MARKET STREET SUITE 178b YONKERS, NY 10710	SPECIALTY CARE PRACTICE
109 WILLIAMSBRIDGE RADIOLOGY 1578 WILLIAMSBRIDGE ROAD BRONX, NY 10461	SPECIALTY CARE PRACTICE
110 MMG-VIA VERDE 730 BROOK AVENUE BRONX, NY 10455	PRIMARY CARE EXTENSION CTR
111 MSHP-MORRIS CAMPUS 1115 BOSTON ROAD BRONX, NY 10456	SCHOOL HEALTH CLINIC
112 MSHP-NEW SETTLEMENT COMMUNITY CAMPUS 1501 JEROME AVENUE BRONX, NY 10452	SCHOOL HEALTH CLINIC
113 BROADWAY DENTAL CENTER 5500 BROADWAY SUITE 102 BRONX, NY 10463	DENTAL CENTER
114 MONTEFIORE MOSES OP MENTAL HLTH CLINIC 111 EAST 210TH STREET BRONX, NY 10467	MENTAL HEALTH CLINIC
115 MONTEFIORE RAD ONC AT ST BARNABAS 4487 THIRD AVENUE LEVEL B BRONX, NY 10466	RADIATION ONCOLOGY PRACTICE
116 MMC PLASTIC SURGERY PRACTICE 182 210TH STREET BRONX, NY 10467	SPECIALTY CARE PRACTICE
117 ROSE KENNEDY CHILD EVALUATION & REHAB CT 1225 MORRIS PARK AVENUE BRONX, NY 10461	DEVELOPMENTAL DISABILITY CLINIC
118 MSHP - CHRISTOPHER COLUMBUS CAMPUS 955 ASTOR AVENUE BRONX, NY 10469	SCHOOL HEALTH CLINIC
119 LONG TERM HEALTH CARE PROGRAM ONE FORDHAM PLAZA BRONX, NY 10458	LONG TERM HEALTH CARE AGENCY
120 MMC PEDIATRIC-FAMILY IMMUNOLOGY CLINIC 1621 EASTCHESTER ROAD BRONX, NY 10461	SPECIALTY CARE EXT CLINIC
121 MMC PEDIATRICS RADIOLOGY AT MNR 16 GUION PLACE NEW ROCHELLE, NY 10801	SPECIALTY CARE PRACTICE
122 A O A 1624 CROSBY AVENUE BRONX, NY 10461	SPECIALTY CARE PRACTICE
123 SOUND SILENT RADIOLOGY ASSOCIATES 933 MAMARONECK AVENUE MAMARONECK, NY 10543	SPECIALTY CARE PRACTICE
124 MMC ORTHOPEDICS MANHATTAN PRACTICE 73 EAST 71ST STREET New York, NY 10021	SPECIALTY CARE PRACTICE
125 MMC ORTHOPEDICS MANHATTAN PRACTICE 215 EAST 73RD STREET NEW YORK, NY 10021	SPECIALTY CARE PRACTICE
126 MMCUROLOGY - CLINICA MODELO 44 SHERMAN AVENUE NEW YORK, NY 10040	SPECIALTY CARE PRACTICE
127 MMC TRANSPLANT HEPATOLOGY 3100 BROADWAY FAIRLAWN, NJ 07410	SPECIALTY CARE PRACTICE
128 MMC TRANSPLANT HEPATOLOGY 170 MAPLE AVENUE WHITE PLAINS, NY 10601	SPECIALTY CARE PRACTICE
129 MMC ABDOMINAL TRANSPLANT AT SJRH 967 BROADWAY YONKERS, NY 10701	SPECIALTY CARE PRACTICE
130 MMC TRANSPLANT HEPATOLOGY 60 WEST 68TH STREET NEW YORK, NY 10023	SPECIALTY CARE PRACTICE
131 MMC COLLEGE EYE INSTITUTE 1180 MORRIS PARK AVENUE BRONX, NY 10461	SPECIALTY CARE PRACTICE
132 MMC DIABETES PREVENTION PROGRAM 1514 DEKALB AVENUE BRONX, NY 10467	SPECIALTY CARE PRACTICE
133 Wakefield Ambulatory Care Center 4234 Bronx Boulevard Bronx, NY 10466	Primary Care Practice
134 MSHP-MS145 Arturo Toscanini 1000 Teller Avenue Bronx, NY 10456	School Health Clinic
135 MSHP-PS18 John Peter Zenger 502 Morris Avenue Bronx, NY 10451	School Health Clinic
136 Rose Hill Pre-K Center 2512 Marion Avenue Bronx, NY 10457	Homeless Shelter Ext Clinic
137 CERC Gabi Catholic Charities 1165 Rockaway Avenue Brooklyn, NY 11236	Mental Health Ext Clinic
138 CERC Gabi - Queens 161-10 Jamaica Avenue Suite 413 Queens, NY 11432	Mental Health Ext Clinic
139 CERC Gabi - Staten Island 358 St Marks Place 5th floor Staten Island, NY 10301	Mental Health Ext Clinic
140 CERC Gabi-East Harlem 116 124th Street New York, NY 10035	Mental Health Ext Clinic
141 NY Harm Reduction Center 104-106 E 126th Street New York, NY 10035	Part Time Clinic/Specialty Care
142 Montefiore Einstein Ctr for Aging Brain 6 Executive Plaza Suite 297 Yonkers, NY 10701	Specialty Care Practice
143 Montefiore NY Assoc in Gastroenterology 1250 Waters Place Suite 1201 Towle Bronx, NY 10461	Specialty Care Practice
144 Montefiore NY Assoc in Gastroenterology 688 White Plains Road Suite 220 Scarsdale, NY 10583	Specialty Care Practice
145 WELLNESS CENTER SATELLITE AT ACS 1200 WATERS PALACE 3RD FLOOR BRONX, NY 10461	SUBSTANCE USE DISORDER CLINIC
146 CERC GABI-BRONX 1020 GRAND CONCOURSE 3RD FLOOR BRONX, NY 10451	MENTAL HEALTH EXT CLINIC
147 CERC GABI-RFK 1731 SEMINOLE AVENUE BRONX, NY 10461	MENTAL HEALTH EXT CLINIC
148 CERC GABI-BROOKLYN 485 THROOP AVENUE BROOKLYN, NY 11221	MENTAL HEALTH EXT CLINIC
149 MSHP - X113 3710 BARNES AVENUE BRONX, NY 10467	SCHOOL HEALTH CLINIC
150 MSHP - X174 456 WHITE PLAINS ROAD BRONX, NY 10473	SCHOOL HEALTH CLINIC
151 MSHP - X188 1180 TINTON AVENUE BRONX, NY 10456	SCHOOL HEALTH CLINIC
152 MSHP - X147 1600 WEBSTER AVENUE BRONX, NY 10457	SCHOOL HEALTH CLINIC
153 MONTEFIORE NEW ROCHELLE RADIOLOGY 20 CENARY STREET NEW ROCHELLE, NY 10801	SPECIALTY CARE PRACTICE
154 MEDICAL PAVILION AT 4256 BRONX BOULEVARD 4256 BRONX BOULEVARD BRONX, NY 10466	SPECIALTY CARE PRACTICE
155 IMMUNOLOGIC DISEASE CENTER 150 WHITE PLAINS ROAD TARRYTOWN, NY 10591	SPECIALTY CARE PRACTICE
156 MONTEFIORE YONKERS RADIATION ONCOLOGY 970 BROADWAY YONKERS, NY 10701	SPECIALTY CARE PRACTICE
157 RADIOLOGY IMAGING AND VEIN CENTER 2814 MIDDLETOWN ROAD BRONX, NY 10461	SPECIALTY CARE PRACTICE
158 SCHIFF DENTAL 3444 KOSSUTH AVENUE BRONX, NY 10467	DENTAL CENTER
159 MMC UROLOGY AT RIVERDALE FAMILY PRACTICE 3050 CORLEAR AVENUE BRONX, NY 10463	SPECIALTY CARE PRACTICE
160 MMC UROLOGY AT HARTSDALE 1411 CENTRAL AVENUE 3RD FLOOR HARTSDALE, NY 10530	SPECIALTY CARE PRACTICE
161 MONTEFIORE NEUROPSYCHOLOGY AT BURKE 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	SPECIALTY CARE PRACTICE
162 MONTEFIORE DEPARTMENT OF PM&R 150 EAST 210TH STREET BRONX, NY 10467	SPECIALTY CARE PRACTICE
163 MONTEFIORE AT HEBREW HOME (SUBACUTE) 5901 PALISADE AVENUE BRONX, NY 10471	SPECIALTY CARE PRACTICE
164 RADIOLOGY AT WAKEFIELD MEDICAL VILLAGE 4170 BRONX BOULEVARD BRONX, NY 10466	SPECIALTY CARE PRACTICE
165 SCHIFF DENTAL 1475 SAINT RAYMONDS AVENUE BRONX, NY 10461	SPECIALTY CARE PRACTICE
166 MSHP - X151 250 E 156TH STREET BRONX, NY 10451	SCHOOL HEALTH CLINIC
167 MSHP - X098 1619 BOSTON ROAD BRONX, NY 10460	SCHOOL HEALTH CLINIC
168 MSHP - PS 199 1449 SHAKESPEARE AVENUE BRONX, NY 10452	SCHOL HEALTH CLINIC
169 DV SHELTER ADDRESS WITHHELD BRONX, NY 10451	DOMESTIC VIOLENCE SHELTER PART TIME CLINIC
170 UNIVERSITY AVE FAMILY RESIDENCE 1041 UNIVERSITY AVENUE BRONX, NY 10452	HOMELESS SHELTER EXTENSION CLINIC
171 CHAM SPECIALISTS IN WESTCHESTER 141 SOUTH CENTRAL AVENUE SUITE 300 HARTSDALE, NY 10530	SPECIALTY CARE PRACTICE
172 ASIK AND EYE CARE CENTER 141 SOUTH CENTRAL AVENUE HARTSDALE, NY 10530	SPECIALTY CARE PRACTICE
173 MONTEFIORE AT 141 SOUTH CENTRAL AVENUE HARTSDALE, NY 10530	SPECIALTY CARE PRACTICE
174 MONTEFIORE OUTREACH 629 WEST 165TH STREET NEW YORK, NY 10033	SPECIALTY CARE PRACTICE
175 EINSTEIN STUDENT BEHAVIORAL HEALTH CTR 1225 MORRIS PARK AVENUE BRONX, NY 10461	MENTAL HEALTH CLINIC
176 MONTEFIORE SOUTH BRONX CANCER CENTER 951 BROOK AVENUE BRONX, NY 10461	SPECIALTY CARE PRACTICE
177 CRYS TAL RUI - GYN ONC 855 ROUTE 17M MONROE, NY 10941	SPECIALTY CARE PRACTICE
178 GRUSS MAGNETIC RESONANCE RESEARCH CENTER 1300 MORRIS PARK AVENUE BRONX, NY 10461	IMAGING CENTER
179 MONTEFIORE NUCLEAR MEDICINE 1695 A EASTCHESTER ROAD BRONX, NY 10461	Imaging center
180 MMG - East Tremont Avenue 3860 East Tremont Avenue Bronx, NY 10465	Primary Care Practice
181 Montefiore GI at 1254 Central Park 1254 Central Park Avenue Yonkers, NY 10704	Specialty Care Practice
182 Montefiore GI at 18 Ashford 18 Ashford Avenue Dobbs Ferry, NY 10522	Specialty Care Practice
183 Montefiore General Surg at 128 Ashford 128 Ashford Avenue Dobbs Ferry, NY 10522	Specialty Care Practice
184 Montefiore Gen Surgery at 1978 Crompound 1978 Crompound Road Cortlandt Manor, NY 10567	Specialty Care Practice
185 Montefiore Colorectal Surg at Clinica 44 Sherman Avenue New York, NY 10040	Specialty Care Practice
186 Montefiore Orthopedics at 688 W Pl Road 688 White Plains Road Scarsdale, NY 10583	Specialty Care Practice
187 Montefiore Orthopedics at WP Hospital 170 Maple Avenue White Plains, NY 10601	Specialty Care Practice

Part VI

Supplemental Information

Provide the following information.

- 1

Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2

Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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.

Form and Line Reference	Explanation
PART I, LINE 7 TABLE:	THE FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST table IS BASED ON THE MEDICAL CENTER'S ACTIVITIES ONLY. SINCE THE ACTIVITIES OF THE DISREGARDED ENTITIES ARE QUITE UNIQUE AND NOT REPRESENTATIVE OF A HOSPITAL FACILITY, THE ACTIVITIES FROM THESE ENTITIES WERE EXCLUDED FROM CONSIDERATION IN THE TABLE. FORM 990, PART IX, LINE 25, COLUMN A EXPENSES USED TO CALCULATE THE BENEFIT PERCENTAGES WAS ADJUSTED TO EXCLUDE THE DISREGARDED ENTITIES SINCE ONLY THE HOSPITAL FACILITY ACTIVITIES WERE REPORTED.
1. PART I, LINE 7:	THE COST-TO-CHARGE RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNT INCLUDED IN THE TABLE. THE CALCULATION OF THIS RATIO WAS DERIVED FROM the RATIO OF PATIENT CARE COST-TO-CHARGES (RCC factor). In calculating the patient care cost for the ratio, the organization reduced its operating expenses for its non-patient care costs and the cost of its community benefits & building activities not relying on the RCC factor for costing purposes. In 2020, the organization received distributions from the Cares Acts Provider Relief fund and pending FEMA relief assistance for direct reimbursement of COVID-19 expenses. The organization further adjusted its patient care costs to exclude these expenses in calculating its cost to charge ratio.
1. PART II - COMMUNITY BUILDING ACTIVITIES:	THE MEDICAL CENTER IS ACTIVELY INVOLVED WITH COMMUNITY-BASED ORGANIZATIONS AND SPECIAL COMMUNITY HEALTH PROGRAMS AS PART OF ITS MISSION TO ADVANCE THE HEALTH OF THE COMMUNITIES IT SERVES. THE MEDICAL CENTER'S COMMUNITY BUILDING ACTIVITIES INCLUDE COMMUNITY SUPPORT OF THE BRONX AIDS VOLUNTEERS ORGANIZATION, THE LEAD POISONING PREVENTION PROGRAM AND RECRUITMENT OF MUCH NEEDED MEDICAL PROFESSIONALS TO THE HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) OF THE BRONX, among other INITIATIVES. MONTEFIORE'S LEAD POISONING PREVENTION Program is a designated NEW YORK State Resource Center for Lead poisoning prevention, and consists of a multidisciplinary team in medicine, research, social services, environmental investigation and public advocacy. It serves as a referral center for the medical management of lead poisoning, links families to safe housing during home abatement procedures, provides bilingual educational workshops, advocates for lead poisoned children during local and state legislative reviews and collaborates with city and private agencies in environmental intervention. PROJECT BRAVO is a hospital-based volunteer program managed by Montefiore's Aids Center that provides support to HIV and Aids patients. The program renders outreach services in the community, provides friendly visits to hospitalized patients and staffs the BRAVO food pantry.
1. PART III, Section A, LINE 2:	The cost of bad debt expense included in the transaction price is estimated based on the bad debt provision at charge, applied to the ratio of total patient care expenses to total charges for all services rendered. Any payments or discounts are excluded from bad debt expense. 1. Part III, Section A., Line 3 THE ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE (AT COST) attributed to PATIENTS UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS BASED ON RESULTS OF PREDICTIVE ANALYSIS. BAD DEBT SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE organization PROVIDES MUCH NEEDED HEALTH CARE SERVICES INDISCRIMINATELY to the COMMUNITY-AT-LARGE WITHOUT REGARD TO WHETHER OR NOT THE PATIENT has insurance or if THE BILL WILL EVER BE PAID. 1. Part III, Section A., Line 4 AS REPORTED IN MONTEFIORE HEALTH SYSTEM'S AUDITED CONSOLIDATED FINANCIAL statements, BAD DEBT EXPENSE IS DESCRIBED AS FOLLOWS: "Subsequent changes to the estimate of the transaction price (determined on a portfolio basis when applicable) are generally recorded as adjustments to patient service revenue in the period of the change. For the years ended December 31, 2020 and 2019, changes in the Medical Center's estimates of expected payments for performance obligations satisfied in prior years were not significant. Portfolio collection estimates are updated based on collection trends. Subsequent changes that are determined to be the result of an adverse change in the patient's ability to pay (determined on a portfolio basis when applicable) are recorded as bad debt expense. Bad debt expense for the years ended December 31, 2020 and 2019 was not significant".
1. PART III, Section B, LINE 8:	The MEDICARE REVENUE AND ALLOWABLE COSTS REPORTED IN PART III, SECTION B, were based on the allowable costs and Medicare reimbursements that were reported in the organization's 2020 Medicare Cost Report reduced for the Medicare subsidized services already reported in Part I, line 7G of Schedule H and direct graduate medical education reported in Part 1, line 7H. The MEDICARE ALLOWABLE COSTS WERE DERIVED using THE Medicare COST REPORT COST-FINDING METHODOLOGY, WHICH APPORTIONS ROUTINE costs TO MEDICARE USING DAYS AND ANCILLARY COSTS TO MEDICARE USING departmental RATIOS OF COSTS TO CHARGES. The following table represents a reconciliation of Medicare revenue and costs included on Lines 5, 6 and 7 in part III to the total actual Medicare revenue and costs of the Medical Center. In previous years, the Medical Center has typically showed a Medicare surplus in Part III that reconciled to a shortfall after other Medicare programs and the DME and Medicare subsidized health service losses were added back. For 2020, because of the additional costs related to the Medical Center's rapid response to the COVID-19 pandemic incurred by increasing its bed capacity by 100%, increasing ICU beds by a hundredfold, establishing seven COVID-19 testing sites throughout the Bronx and Westchester and procuring personal protective equipment costing upwards of \$350 million, we are reporting a shortfall for Part III Medicare. This shortfall was increased to \$136,702,610 when reconciled to our actual Medicare costs as highlighted in the table below. REVENUE Allowable

Form and Line Reference	Explanation
	<p>SURPLUS COSTS (SHORTFALL) Part 111, LINES 5-7: \$375,071,931 \$405,251,888 (\$30,179,957) ADD: COSTS NOT INCLUDED IN MEDICARE COST REPORT: - 19,346,698 (19,346,698) ADD: MEDICARE DME: 34,027,011 72,803,075 (38,776,064) ADD: EMP PHYS SERV: 41,403,509 77,435,766 (36,032,257) ADD: MED SUBSID HLTH SERV: 5,596,255 17,963,889 (12,367,634) MEDICARE Shortfall: \$456,098,706 \$592,801,316 (\$136,702,610) MEDICARE REVENUE AND ALLOWABLE COSTS REPORTED IN PART III, SECTION B, were DERIVED FROM THE MEDICARE COST REPORT. HOWEVER, LINES 5, 6, AND 7 IN Part III DO NOT INCLUDE CERTAIN MEDICARE REVENUE AND COSTS, AND does NOT present THE ENTIRE FINANCIAL impact OF THE MEDICAL CENTER'S PARTICIPATION in the MEDICARE PROGRAM. IN ADDITION, THE MEDICARE COST REPORT cost-finding METHODOLOGY IS INCONSISTENT WITH THE REST OF SCHEDULE h, whereby costs ARE CALCULATED USING THE MEDICAL CENTER'S OVERALL RATIO OF COSTs TO charges (RCC) FROM WORKSHEET 2. ACCORDINGLY, THE MEDICARE Shortfall reflected IN PART III, LINE 7 BEFORE THE reconciling ADJUSTMENTS described in the table is significantly understated. FOR EXAMPLE, PART III EXCLUDES CERTAIN MEDICAL center EXPENSES THAT ARE NOT PART OF THE MEDICARE COST FINDING process. These COSTS INCLUDE CERTAIN CONSULTING AND MARKETING EXPENSES, COSTS related TO NURSE PRACTITIONERS, NURSE MIDWIVES, PHYSICIAN assistants, and Hospitalists WHO BILL THE MEDICARE PROGRAM FOR PART B SERVICES AND physician COSTS EXCEEDING THE MEDICARE REASONABLE compensation equivalent (RCE) LIMITS. INCLUDING THE MEDICARE SHARE OF these COSTS WOULD HAVE increased THE MEDICARE Shortfall ON LINE 7 BY \$19,346,698. PART III ALSO EXCLUDES MEDICARE REVENUE AND ALLOWABLE COSTS FROM THE MEDICARE COST REPORT RELATED TO DIRECT MEDICAL EDUCATION (DME), WHICH WERE REPORTED IN PART I, LINE 7F AS REQUIRED BY THE SCHEDULE H INSTRUCTIONS. IF THE MEDICARE SHARE OF DME LOSSES HAD BEEN REPORTED IN PART III, THE MEDICARE Shortfall ON LINE 7 WOULD HAVE BEEN increased BY \$38,776,064. (SEE ABOVE RECONCILIATION TABLE) ADDITIONALLY, PART III EXCLUDES MEDICARE REVENUE AND COSTS FOR SERVICES BILLED FOR THE MEDICAL CENTER'S EMPLOYED PHYSICIANS THAT ARE PART OF THE RCC CALCULATION IN WORKSHEET 2 BUT ARE NOT REFLECTED IN THE MEDICAL CENTER'S MEDICARE COST REPORT. INCLUDING THE MEDICARE LOSSES FROM THE MEDICAL CENTER'S EMPLOYED PHYSICIAN SERVICES WOULD HAVE increased THE MEDICARE Shortfall ON LINE 7 BY AN ADDITIONAL \$36,032,257. (SEE ABOVE RECONCILIATION TABLE) PART III ALSO EXCLUDED MEDICARE REVENUE AND COSTS FROM THE MEDICARE COST REPORT ASSOCIATED WITH SUBSIDIZED HEALTH SERVICES WHICH WERE REPORTED IN PART I, LINE 7G AS REQUIRED BY THE SCHEDULE H INSTRUCTIONS. IF THE MEDICARE LOSSES FROM THE MEDICAL CENTER'S SUBSIDIZED HEALTH SERVICES HAD BEEN REPORTED IN PART III, THE MEDICARE Shortfall IN LINE 7 WOULD HAVE BEEN increased BY AN ADDITIONAL \$12,367,634. (SEE ABOVE RECONCILIATION TABLE) The Medicare Shortfall should be included as a community benefit, since the organization is rendering much needed health care services mainly to a frail elderly population living on a fixed income with great health needs. 1. Part III, Section C., line 9b FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS HALTED AND THE PATIENT IS REFERRED FOR FINANCIAL AID. IF AN ACCOUNT IS IN COLLECTION AND THE PATIENT REQUESTS FINANCIAL AID OR IF THE AGENCY DETERMINES THAT THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE ACCOUNT IS REFERRED BACK TO THE HOSPITAL WHERE THE PATIENT IS PROVIDED ASSISTANCE WITH COMPLETING AN APPLICATION FOR ASSISTANCE. The organization also uses predictive analysis to assist in charity care determinations in the absence of completed financial aid applications. Financial screening/Presumption Charity uses financial information that is contained in a patient's credit report and other patient specific attributes to estimate a patient's income level and where they are in relation to the Federal Poverty Level to qualify under the Hospital's Charity Care Policy. Presumptive eligibility may also be based on prior FAP eligibility or enrollment in certain specified means-tested public programs to presumptively determine if an individual is FAP eligible. Full Financial aid is also granted to patients with outstanding self-pay bills and current Medicaid coverage, patients who are homeless and uninsured and underinsured minors receiving care in the Medical center's school health clinics. Full Financial aid is also granted to patients with outstanding self-pay bills and current Medicaid coverage, patients who are homeless and uninsured and underinsured minors receiving care in the Medical center's school health clinics. school health clinics. school health clinics. school health clinics.</p>
2. NEEDS ASSESSMENT:	<p>MONTEFIORE ASSESSES COMMUNITY NEEDS BY: A) COMMUNITY ADVISORY BOARDS THE PRIMARY APPROACH USED TO GAIN INPUT AND COMMUNITY INVOLVEMENT IS THROUGH A VARIETY OF COMMUNITY ADVISORY BOARDS (CABS). MONTEFIORE MEDICAL CENTER WORKS EXTENSIVELY WITH REPRESENTATIVES OF THE COMMUNITIES THROUGH THE CABS TO IDENTIFY HEALTH CARE NEEDS AND DETERMINE THE APPROPRIATE CONFIGURATION OF SERVICES. ON A REGULAR BASIS, MONTEFIORE REPORTS TO THESE VARIOUS COMMUNITY GROUPS ON THE B) COMMUNITY SERVICES COMMITTEE MONTEFIORE HEALTH SYSTEM HAS A BOARD COMMITTEE, THAT IS FOCUSED ON COMMUNITY SERVICES. IT IS RESPONSIBLE FOR OVERSEEING MONTEFIORE'S COMMUNITY SERVICES AND COMMUNITY BENEFIT ACTIVITIES TO ENSURE THEY ARE FORMULATED TO FACILITATE THE FULFILLMENT OF THE MEDICAL CENTER'S MISSION AND MEET THE NEEDS OF THE COMMUNITY. THE COMMITTEE MEETS REGULARLY TO BECOME FAMILIAR WITH AND ASSESS MONTEFIORE'S community service programs AND THE EXTENT TO WHICH THEY ADDRESS AND MAKE A MEANINGFUL IMPACT ON PRESSING COMMUNITY NEEDS. THE COMMITTEE WORKS CLOSELY WITH MONTEFIORE LEADERSHIP AND/OR RELEVANT BOARD COMMITTEES THAT ARE RESPONSIBLE FOR OVERSEEING THE MEDICAL CENTER'S MISSION TO ASSESS AND IMPROVE THE HEALTH OF THE COMMUNITIES SERVED. C) PARTNERSHIPS AND COLLABORATIONS BEYOND THE FORMAL STRUCTURE THAT MONTEFIORE HAS ESTABLISHED TO GAIN INPUT FROM THE COMMUNITIES IT SERVES, THE MEDICAL CENTER PARTICIPATES IN A VARIETY OF ORGANIZED PARTNERSHIPS AND COLLABORATIVES, WORKING WITH OTHER PROVIDERS IN THE BRONX, THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE, COMMUNITY-BASED ORGANIZATIONS IN THE BRONX AND MEMBERS OF THE COMMUNITY IN PLANNING AND DEVELOPING INITIATIVES AIMED AT IMPROVING THE HEALTH OF PEOPLE IN THE BRONX. EXAMPLES OF SUCH Partnerships INCLUDES: - THE BRONX HEALTH LINK - THE BRONX RHIO - THE BRONX COLLABORATIVE - THE BRONX BREATHEs INITIATIVE - THE BRONX HIV PLANNING COUNCIL - SOUTH BRONX ENVIRONMENTAL JUSTICE PARTNERSHIP (SBEJP) - CITIWIDE HARM REDUCTION PROGRAM - BRONX COMMUNITY PALLIATIVE CARE INITIATIVE - BRONX SCIENCE AND HEALTH OPPORTUNITIES PARTNERSHIP MEDICAL CENTER'S PERFORMANCE AND SERVICES, THE STATUS OF PROGRAMS, FINANCIAL AND UTILIZATION STATISTICS, THE PLANS FOR AND IMPLEMENTATION OF COMMUNITY SERVICES, AND PLANS FOR THE FUTURE. - HISPANIC CENTER OF EXCELLENCE - BRONX CENTER TO REDUCE AND ELIMINATE ETHNIC AND RACIAL HEALTH DISPARITIES (BRONX CREED). D) The office of community and population health Montefiore continues to partner with a variety of community-based organizations to work to advance</p>

Form and Line Reference	Explanation
	the health of the community. The Montefiore Office of Community and Population Health was set up to maximize the impact of the Medical Center's community services and helps to assess community needs by its various initiatives, including, - supporting and coordinating Montefiore's diverse portfolio of community health improvement programs and activities; - enhancing Montefiore's capacity to assess and measure the health needs of the communities it serves; - Identifying and selecting a limited number of top-priority health needs in the communities Montefiore serves for specific focus; - Leading and coordinating Montefiore-wide efforts and working with community partners to measurably improve the health of the communities served; - The to your Health! Program, a community and worksite wellness initiative seeking to reduce the growing burden of chronic disease in the community through a number of public health programs to educate patients, visitors, staff and local residents on how to live healthier lives. Through collaborations with local community based organizations, the Office of Community Health will identify specific interventions that can be worked on both collaboratively and independently to transform the community health. Using data collected through Montefiore, the District Public Health Office and other sources, the impact on the community health by the particular intervention can than be measured and analyzed.
3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:	ALL INTAKE, REGISTRATION, AND COLLECTION AGENCY STAFF IS TRAINED ON THE MEDICAL CENTER'S FINANCIAL AID POLICY AND HOW TO PROVIDE PATIENTS WITH ASSISTANCE. MONTEFIORE MEDICAL CENTER HAS A POLICY THAT ESTABLISHES Guidelines FOR THE BILLING OFFICE TO FOLLOW WHEN WORKING WITH INDIVIDUALS WHO ARE HAVING DIFFICULTY PAYING THEIR MEDICAL BILLS. A REFERRAL IS MADE TO THE MEDICAL CENTER'S FINANCIAL AID OFFICE AND A FINANCIAL COUNSELOR WILL HELP THE PATIENT APPLY FOR FREE OR LOW-COST INSURANCE. IF THE FINANCIAL COUNSELOR DETERMINES THAT THE PATIENT DOES NOT QUALIFY FOR LOW-COST INSURANCE, the counselor WILL HELP THE patient APPLY FOR A FINANCIAL AID DISCOUNT BASED ON INCOME LEVEL. THE MEDICAL CENTER MAKES ITS FINANCIAL AID POLICY KNOWN TO THE PUBLIC BY PROVIDING WRITTEN INFORMATION AVAILABLE IN multiple languages (English, Spanish, Albanian, Arabic, Bengali, Chinese, French, Russian & Vietnamese) including brochures AT all patient service areas, information posted on the intranet and internet, and information sent out on patient's bills. THERE ARE ALSO SIGNS POSTED AT entranceways, in the Emergency Department, Admitting Office, Billing and Medicaid offices and other registration and waiting area ADVISING PATIENTS OF THE availability of Financial aid.
4. COMMUNITY INFORMATION:	THE MEDICAL CENTER HAS OUTREACH SERVICES RESPONDING TO THE HEALTH CARE and social NEEDS THROUGHOUT THE BRONX AND SOUTHERN WESTCHESTER. IT HAS become a MAJOR COMMUNITY RESOURCE TO A POPULATION WHICH IS AMONG THE country's most ECONOMICALLY AND SOCIALLY DISADVANTAGED and to a community that is full of great challenges. The Bronx, with its 1.43 million residents, is ranked the poorest urban county in the country, leads the nation in rates of diabetes and obesity and other chronic conditions, and leads New York City in a list of significant markers: people in "fair or poor health", low birth weight, teen pregnancy, children in poverty, disabled individuals and families living below the poverty level. The Bronx has a poverty rate of 28% (compared to 15.9% city-wide), household median income of \$37,397 (compared to \$56,942 in Brooklyn, \$64,509 in Queens, \$79,201 in Staten Island and \$85,071 in Manhattan) and one of the highest child poverty rates in the United States with 40% of Bronx children living below poverty; the eight highest proportion for any county in the United States, and the highest for any urban county. THE BRONX IS ALSO THE YOUNGEST county IN NEW YORK STATE WITH a median age of 33.6 and 25.3% of its population under the age of 18. The Bronx has the 4th highest proportion of single-parent headed households with children (59.5%) among US counties. The Bronx is one of the most diverse counties in the nation; 56.2% are Hispanic/Latino, 29.0% are non-Hispanic Black, 9.1% are non-Hispanic white, and 3.8% are non-Hispanic Asian. More than one-third (36.4%) of Bronx residents were born outside of the U.S. The Bronx was NYC's first borough to have a majority of people of color and is the only borough with a Latino majority. COMMUNITY HEALTH PROFILES OF THE BRONX SHOW POOR HEALTH STATUS, HIGHER than AVERAGE INCIDENCE AND PREVALENCE OF HIV AND TUBERCULOSIS, POORER than average BIRTH OUTCOMES, WORSE than AVERAGE ACCESS TO PRIMARY CARE, and high HOSPITAL ADMISSION RATES FOR DIABETES, CARDIOVASCULAR, cerebrovascular, PERIPHERAL VASCULAR AND RENAL DISEASES. The Bronx has been an epicenter of the asthma, HIC/Aids and drug epidemics and also has excess mortality rates from heart disease, stroke, and diabetes compared to city-wide and national averages. As Bronx mortality rates remain significantly high, the number of physicians practicing in the Bronx continues to decrease earning the county a federal health professional shortage area (HPSA) designation.
5. PROMOTION OF COMMUNITY HEALTH:	MONTEFIORE IS A LEADER IN COMMUNITY HEALTH AND HAS A LONG HISTORY OF DEVELOPING INNOVATIVE APPROACHES TO CARE AND TAILORING PROGRAMS TO BEST SERVE THE CHANGING NEEDS OF ITS COMMUNITY. MONTEFIORE EMBRACES ITS SOCIAL RESPONSIBILITY AND DEFINES ITS ROLE BROADLY, PROMOTING WELLNESS IN ADDITION TO TREATING DISEASE AND ADDRESSING NEEDS RANGING FAR BEYOND MEDICAL CARE. MONTEFIORE EXTENDS THIS RESPONSIBILITY TO THE CARE OF ITS EMPLOYEES AND MEDICAL STAFF, many WHOM LIVE IN THE SURROUNDING COMMUNITY. THE POPULATION MONTEFIORE SERVES IS ONE OF THE MOST DIVERSE IN THE NATION. MONTEFIORE HAS BEEN AN INCUBATOR FOR PROGRAMS THAT IMPROVE PATIENTS' ACCESS TO CULTURALLY APPROPRIATE SERVICES, AND ITS PROGRESSIVE FINANCIAL AID POLICY AND ROBUST ENTITLEMENT ENROLLMENT PROGRAM SUPPORT ACCESS TO CARE FOR THOSE IN NEED. HISTORICALLY, MONTEFIORE HAS EMBRACED COMMUNITY SERVICE AND COMMUNITY HEALTH IMPROVEMENT AS A DELIVERY SYSTEM CHALLENGE, REACHING OUT TO SERVE THE UNDER-RESOURCED THROUGH ITS EXTENSIVE PRIMARY CARE DELIVERY SYSTEM, INCLUDING A NUMBER OF FEDERALLY-QUALIFIED COMMUNITY HEALTH CENTERS (FQHC). IN ADDITION, MONTEFIORE HAS DEVELOPED A WIDE RANGE OF SERVICES TARGETED TO SPECIFIC GROUPS IN NEED: THE YOUNG, THE ELDERLY, THE HIV INFECTED AND AFFECTED, THE MENTALLY ILL, THOSE STRUGGLING WITH SUBSTANCE USE, HOMELESSNESS AND VIOLENCE AND THOSE LIVING WITH CHRONIC DISEASES. THE MEDICAL CENTER HAS MAINTAINED AND EXPANDED ITS RANGE OF COMMUNITY SERVICES, REACHING OUT TO AND SERVING POPULATIONS WITH UNMET HEALTH CARE NEEDS, INCLUDING: - THOSE WITH POOR ACCESS TO COMPREHENSIVE CARE - UNDERSERVED, AT-RISK AND HARD TO REACH CHILDREN & THEIR FAMILIES - UNDERSERVED AND AT-RISK SENIOR CITIZENS - THOSE AFFECTED BY CANCER - THOSE AFFECTED BY THE CONTINUING HIV EPIDEMIC IN THE BRONX - PERSONS WITH OR AT-RISK FOR TUBERCULOSIS INFECTION - PERSONS AFFECTED WITH PROBLEMS OF SUBSTANCE ABUSE - THE HOMELESS - ADULTS AND CHILDREN WITH LIMITED ACCESS TO PRIMARY DENTAL CARE - THOSE AFFECTED BY CHRONIC HEALTH CARE DISEASE SUCH AS CONGESTIVE HEART FAILURE, DIABETES AND ASTHMA. THE MEDICAL CENTER RUNS PROGRAMS for COMMUNITY HEALTH SERVICES THAT ARE AMONG THE NATION'S MOST EXTENSIVE PROVIDING PRIMARY CARE TO UNDERSERVED POPULATIONS including: - MONTEFIORE'S NETWORK OF PRIMARY CARE CENTERS IN THE BRONX INCLUDING SEVERAL FEDERALLY-QUALIFIED HEALTH CARE CENTERS (FQHC) PROVIDES ACCESS TO

Form and Line Reference	Explanation
	<p>HIGH QUALITY PRIMARY HEALTH CARE SERVICES AND A VARIETY OF PRACTICE-BASED AND COMMUNITY OUTREACH PROGRAMS TO SOME OF THE NATION'S POOREST AND MOST UNDERSERVED COMMUNITIES. - MONTEFIORE OPERATES ONE OF THE NATION'S LARGEST PROGRAMS OF SCHOOL-BASED PRIMARY CARE, SERVING over 17,500 STUDENTS AT 31 ELEMENTARY, MIDDLE AND HIGH SCHOOLS IN THE BRONX, PROVIDING OVER 56,100 MEDICAL, MENTAL HEALTH, DENTAL, REPRODUCTIVE AND HEALTH PROMOTION SERVICES. THIS MODEL PROGRAM IS ABLE TO PROVIDE SERVICES TO ALL STUDENTS IN THESE SCHOOLS, INCLUDING THE ROUGHLY HALF OF ALL STUDENTS WITHOUT INSURANCE. - MONTEFIORE PROVIDES much NEEDED HEALTH CARE SERVICES TO HOMELESS CHILDREN AND FAMILIES IN VARIOUS LOCATIONS IN THE BRONX AND THROUGHOUT NEW YORK CITY USING A FLEET OF MOBILE MEDICAL UNITS AND A MOBILE DENTAL UNIT AND USING TEAMS OF PROFESSIONALS PROVIDING SERVICES WITHIN HOMELESS AND DOMESTIC VIOLENCE SHELTERS. MONTEFIORE PROVIDES COMPREHENSIVE CARE AND A RANGE OF INNOVATIVE PROGRAMS FOR HIGH-RISK CHILDREN IN THE BRONX, INCLUDING: - A HIGHLY REGARDED PREVENTION, COUNSELING AND TREATMENT PROGRAM FOR ABUSED CHILDREN AND THEIR FAMILIES, BASED IN MONTEFIORE'S CHILD ADVOCACY CENTER. - A NATIONALLY RECOGNIZED LEAD POISONING PREVENTION, SCREENING AND TREATMENT PROGRAM SERVING POPULATIONS AT HIGHEST RISK FOR LEAD POISONING. ITS SAFE HOUSE IS A MODEL HOUSING PROGRAM TO SHELTER FAMILIES OF CHILDREN WITH HIGH LEAD LEVELS WHILE THEIR DWELLINGS ARE MADE LEAD FREE. - AN INNOVATIVE, MULTI-LEVEL PROGRAM OF CARE FOR CHILDREN WITH AND AT-RISK FOR OBESITY AND DIABETES, INCLUDING INITIATIVES IN THE SCHOOL-BASED HEALTH CENTERS, IN THE COMMUNITY-BASED PRIMARY CARE SITES AND AT THE CHILDREN'S HOSPITAL division AT MONTEFIORE (CHAM). - HEALTH PROFESSIONS EDUCATION PROGRAMS FOR HIGH SCHOOL STUDENTS CONDUCTED IN COLLABORATION WITH AREA HIGH SCHOOLS. THE MEDICAL CENTER OPERATES ONE OF THE NATION'S LARGEST AND MOST COMPREHENSIVE PROGRAMS FOR THE DIAGNOSIS, CARE AND ONGOING MANAGEMENT OF POPULATIONS WITH AND AT-RISK FOR HIV INFECTION, INCLUDING: - A HOSPITAL-BASED, STATE-DESIGNATED COMPREHENSIVE AIDS CENTER THAT SERVES INDIVIDUALS WITH HIV/AIDS WITH A BROAD PROGRAM OF AMBULATORY AND INPATIENT CARE. - A COMMUNITY-BASED PROGRAM THAT SERVES INDIVIDUALS WITH HIV/AIDS, OPERATING IN THE MEDICAL CENTER'S PRIMARY CARE SITES. - LONGSTANDING PROGRAMS FOCUSED ON THE PREVENTION, EARLY IDENTIFICATION AND ONGOING CARE AND MANAGEMENT OF CHILDREN AND ADOLESCENTS WITH OR AT RISK FOR HIV INFECTION. - AN INNOVATIVE PROGRAM OF OUTREACH HIV PRIMARY AND SPECIALTY CARE SERVICES, THAT ARE LOCATED IN MONTEFIORE'S SUBSTANCE ABUSE TREATMENT PROGRAM, WHICH SERVES OPIATE-ADDICTED INDIVIDUALS, HALF OF WHOM ARE HIV-INFECTED, IN SEVERAL DRUG TREATMENT CENTERS LOCATED THROUGHOUT THE BRONX. THIS SERVICE INFRASTRUCTURE HAS PROVEN INVALUABLE IN MOUNTING EFFECTIVE PUBLIC HEALTH, DIAGNOSIS AND CARE PROGRAMS RESPONDING TO THE TWO OTHER INFECTIOUS DISEASE EPIDEMICS THAT HAVE ALSO AFFLICTED THE BRONX: TUBERCULOSIS AND HEPATITIS-C infection. MONTEFIORE PROVIDES A WIDE RANGE OF ON-SITE AND OUTREACH PROGRAMS TO SERVE THE BOROUGH'S FRAIL AND AT-RISK ELDERLY, INCLUDING: - A COMPRHENSIVE, MULTIDISCIPLINARY GERIATRIC AMBULATORY PRACTICE, INCLUDING GERIATRIC MEDICINE AND GERIATRIC PSYCHIATRY, SOCIAL SERVICES, PHARMACY AND NUTRITIONAL COUNSELING, WITH SERVICE SITES IN THE EAST AND WEST BRONX; - AN AGING AND MEMORY CENTER THAT PROVIDES ASSESSMENTS, AMBULATORY CARE AND HOME VISITS BY GERIATRIC PSYCHIATRISTS; - ONE OF THE NATION'S LARGEST HOSPITAL-BASED HOMECARE PROGRAMS, PROVIDING IN-HOME SERVICES TO INNER CITY SENIORS LIVING IN NEIGHBORHOODS THAT ARE AMONG THE COUNTRY'S MOST DISADVANTAGED; - AN EXTENSIVE PROGRAM TO IDENTIFY, PREVENT AND RESPOND TO SUSPECTED ELDER ABUSE; - PHYSICIAN HOME VISIT PROGRAMS SERVING THE ELDERLY LIVING IN PUBLICLY SUBSIDIZED HOUSING PROJECTS ACROSS THE BRONX, A PROGRAM MOUNTED IN PARTNERSHIP WITH THE NYC HOUSING AUTHORITY AND LOCAL COMMUNITY AND SOCIAL SERVICES AGENCIES IN "NATURALLY OCCURRING RETIREMENT COMMUNITIES - AN INNOVATIVE FEDERALLY-FUNDED DEMONSTRATION PROGRAM THAT USES A COMBINATION OF CARE AND CASE MANAGEMENT, A PHYSICIAN HOME VISITING PROGRAM, HOME-BASED TELEMONTITORING AND PATIENT/FAMILY SUPPORT TO MANAGE AND IMPROVE THE CARE AND HEALTH OF SENIORS IDENTIFIED BY CMS AS THEIR "HIGH-COST BENEFICIARIES" (MEDICARE BENEFICIARIES WITH COMPLEX MEDICAL AND PSYCHOSOCIAL NEEDS). THE DEPARTMENT OF OB-GYN AND WOMEN'S HEALTH IS INVOLVED IN A RANGE OF PROGRAMS FOCUSED ON THE HEALTH NEEDS OF WOMEN IN THE BRONX AND SURROUNDING COMMUNITIES that INCLUDES PARTNERING WITH NY STATE, NY CITY AND LOCAL PROVIDERS in THE DEVELOPMENT OF A REGIONAL PERINATAL SYSTEM IN THE BRONX, WHICH HAS one OF THE COUNTRY'S HIGHEST RATES OF INFANT MORTALITY AND DISABILITY AND LOW BIRTH WEIGHT. MONTEFIORE AS A COMMUNITY LEADER IS RESPONDING TO THE UNIQUE AND PRESSING NEEDS OF ITS COMMUNITY reflected in various outreach programs: - THE MONTEFIORE-EINSTEIN CANCER CARE OPERATES THE COMMUNITY OUTREACH PROGRAM, A RESEARCH BASED CANCER PREVENTION, EDUCATION, AND SUPPORT PROGRAM THAT PROVIDES SUPPORT AND EDUCATIONAL SERVICES TO PATIENTS, FAMILIES, STAFF, AND COMMUNITY MEMBERS FACING THE CHALLENGES OF CANCER. THE CENTER ALSO PARTICIPATES IN CANCER SCREENING, CANCER EDUCATION AND AWARENESS, AND SUPPORT PROGRAMS. - MONTEFIORE'S COMMUNITY DENTISTRY PROGRAM PROVIDES DENTAL SERVICES TO A MULTITUDE OF UNDERSERVED AND MEDICALLY COMPROMISED PATIENTS AT ON-SITE DENTAL FACILITIES, ONE COMMUNITY SITE, AND THE INFECTIOUS DISEASE CLINIC AT THE MOSES DIVISION. A MOBILE DENTAL VAN PROVIDES MOBILE DENTAL SERVICES TO THE UNDERSERVED AT A VARIETY OF MONTEFIORE PRIMARY CARE SITES ACROSS THE BRONX. - MONTEFIORE has been DESIGNATED BY NY STATE AS ONE OF FOUR DIABETES CENTERS OF EXCELLENCE IN THE STATE. MONTEFIORE HAS IMPLEMENTED A COMPREHENSIVE ARRAY OF PROGRAMS RESPONDING TO THE "NEXT EPIDEMIC" IN THE BRONX: THE EXTRAORDINARILY HIGH AND INCREASING RATES OF DIABETES AND OBESITY AND THE COMMON CARDIOVASCULAR COMPLICATIONS AND COMORBIDITIES. MONTEFIORE IS TAKING A NETWORK-WIDE QUALITY IMPROVEMENT APPROACH TO ORGANIZING AND IMPROVING THE PREVENTION, CARE AND MANAGEMENT OF THIS DISEASE CLUSTER, IN ITS PRIMARY CARE AND SCHOOL-BASED SITES, IN ITS SPECIALTY SERVICES AND HOSPITAL divisions. New York State was hit hardest initially by the novel coronavirus spreading across the U.S. in 2020. The Bronx area of New York City was the epicenter of the virus adversely impacting its residents, many with underlining health issues. The Medical Center, in response to the pandemic, rollout its telehealth program to quickly and comprehensively inte</p>

Form and Line Reference	Explanation
6. AFFILIATED HEALTH CARE SYSTEM:	Montefiore Medical Center IS AN AFFILIATE OF MONTEFIORE HEALTH SYSTEM, INC. The Health System is a leader in community and population health and has a long history of developing innovative approaches to care and tailoring programs to best serve the changing needs of its community. These include, but are not limited to the following: Community service plan, Community Service Strategy, Accountable Care Organization, Patient-centered medical home, disease management programs and community outreach. The integration of these innovative approaches supports Montefiore well in its provision of service to the community. See line 5, Promotion of Community Health, for how the Health System along with Montefiore Medical Center promotes community Health.
7. STATE FILING OF COMMUNITY BENEFIT REPORT:	Montefiore Medical Center files a Community Service Plan with the State of New York.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule I (Form 990)	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service		
Name of the organization MONTEFIORE MEDICAL CENTER		Employer identification number 13-1740114

Part I General Information on Grants and Assistance

- 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Albert Einstein College of Medicine 1300 morris park avenue bronx,NY 10468	83-0621846	501(c)(3)	60,000,000				operating subsidies
(2) jacobi medical center 1400 pelham parkway Bronx,NY 10461	13-2655001	501(c)(3)	238,000				grant subrecipient
(3) Renewal of Life Inc 5904 13th Avenue Brooklyn,NY 11219	90-0772896	501(c)(3)	20,000				Sponsorship
(4) Wildlife Conservation Society 2300 Southern Blvd Bronx,NY 10460	13-1740011	501(c)(3)	50,000				Sponsorship
(5) United Hospital Fund 1411 Broadway 12th Fl New York,NY 10018	13-1562656	501(c)(3)	25,000				sponsorship
(6) Bronx Health Link 851 Grand Concourse Bronx,NY 10451	13-4045022	501(c)(3)	70,000				sponsorship
(7) Children's Health Fund 215 west 125th street New York,NY 10027	13-3468427	501(c)(3)	15,000				Sponsorship
(8) Cong Refuah Helpline Inc 9 Meron Dr Monroe,NY 10950	20-8216686	501(c)(3)	50,000				Sponsorship
(9) Pratt Area Community Council Inc 201 Dekalb Ave Brooklyn,NY 11205	11-2451752	501(c)(3)	8,585				Grant subrecipient
(10) New York Health Collaborative Inc 40 Worth Street 5th Fl New york,NY 10013	20-8022336	501(c)(3)	50,000				sponsorship
(11) St Lukes Cornwall Health System 70 Dubois Street Newburgh,NY 12550	22-3026263	501(c)(3)	10,000				Sponsorship
(12) The Hebrew Home at Riverdale Foundation 5901 Palisade Ave Bronx,NY 10471	20-4352212	501(c)(3)	25,000				Sponsorship
(13) NYU FORENSIC MEDICINE SUPPORT FUND 520 FIRST AVENUE NEW YORK,NY 10016	13-5562308	501(c)(3)	25,000				CONTRIBUTION
(14) MEDICARE RIGHTS CENTER 520 EIGHTH AVENUE NEW YORK,NY 10018	13-3505372	501(C)(3)	10,000				SPONSORSHIP
(15) ST JOSEPH'S HEALTH FUND 127 SOUTH BROADWAY YONKERS,NY 10701	13-3833645	501(C)(3)	15,000				SPONSORSHIP
(16) NEW YORK CITY HEALTH & HOSPITALS CORP 160 WATER STREET NEW YORK,NY 10038	13-4172958	501(C)(3)	120,908				GRANT SUBRECIPIENT

(17) SOMOS INC 90 SOUTH SWAN STREET ALBANY,NY 12210	22-3128393	501(c)(3)	10,000				SPONSORSHIP
(18) ALZHEIMERS ASSOCIATION INC 2 JEFFERSON PLAZA POUGHKEEPSIE,NY 12601	13-3039601	501(c)(3)	7,500				SPONSORSHIP
(19) BOYS & GIRL CLUB OF MT VERNON INC 350 S SIXTH AVENUE MOUNT VERNON,NY 10550	13-1739925	501(C)(3)	10,000				SPONSORSHIP
(20) JACOBI MEDICAL CENTER AUX INC 1400 PELHAM PARKWAY SOUTH BRONX,NY 10461	13-1849594	501(C)(3)	10,000				SPONSORSHIP
(21) MONTEFIORE NYACK HOSPITAL FOUNDATION 160 NORTH MIDLAND AVENUE NYACK,NY 10960	13-3245804	501(C)(3)	15,000				SPONSORSHIP
(22) BRONX CARE HEALTH SYSTEM 1276 FULTON AVENUE BRONX,NY 10456	13-1974191	501(C)(3)	166,318				GRANT SUBRECIPIENT
(23) Federal Law Enforcement Foundation Inc 1325 Ave of the Americas New York,NY 10019	13-3494044	501(c)(3)	10,000				sponsorship
(24) Mary Mitchell Family and Youth Center 2007 Mapes Avenue Bronx,NY 10460	13-3385032	501(c)(3)	12,533				Sponsorship
(25) National September 11 Memorial & Museum 200 Liberty Street New York,NY 10281	61-1745872	501(c)(3)	25,000				Sponsorship
(26) Northwest Business Group on Health Inc 80 Pine Street New York,NY 10005	13-3156952	501(c)(3)	17,500				Sponsorship
(27) The Emmes Corporation 401 N Washington Street Rockville,MD 20850	54-1058268		1,628,449				grant subrecipient

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	26
3	Enter total number of other organizations listed in the line 1 table	1

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients		(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						

Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2	The procedure for monitoring subrecipients of federal awards for compliance is to obtain and review the subrecipient's audited Circular A-133 single Audit report which includes their respective schedule of expenditures to ensure that funds are being used for their intended purpose. The Medical Center also provides support to various organizations as part of its many local community health program endeavors. Contributions and sponsorships are made to deserving charitable organizations in support of Montefiore's mission of advancing the health and welfare of the communities that we serve.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number
13-1740114

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input checked="" type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
1b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on 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?	Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?		No
b Any related organization?		No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on 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?		No
b Any related organization?		No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1ROBERT MICHLER MD CHAIR-Surg/Cardiothoracic Surg	(i)	4,217,952	0	1,645	17,000	29,337	4,265,934	0
	(ii)	0	0	0	0	0	0	0
2SUSAN GREEN-LORENZEN RN System Senior VP-OPERations	(i)	0	0	0	0	0	0	0
	(ii)	1,134,309	514,700	908,446	17,000	27,593	2,602,048	0
3Christopher Panczner Asst Sec.-SVP & Gen Counsel	(i)	0	0	0	0	0	0	0
	(ii)	939,772	423,800	3,253,445	17,000	9,736	4,643,753	2,591,417
4PHILIP O OZUAH MD PHD President & CEO	(i)	0	0	0	0	0	0	0
	(ii)	2,897,430	1,629,700	2,012,087	857,000	26,393	7,422,610	0
5Joseph De Rose MD Dir Min Invasive Robotic Surg	(i)	1,548,153	139,160	0	17,000	25,423	1,729,736	0
	(ii)	0	0	0	0	0	0	0
6Daniel Goldstein MD Vice Chair-Cardiothoracic Surg	(i)	1,554,992	117,246	1,072	17,000	2,700	1,693,010	0
	(ii)	0	0	0	0	0	0	0
7STEVEN SAFYER MD former officer	(i)	0	0	0	0	0	0	0
	(ii)	0		5,164,478	0	0	5,164,478	5,131,254
8COLLEEN M BLYE Exec VP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	1,201,841	733,100	1,645	17,000	11,328	1,964,914	0
9Emad Eskandar MD Chair-Neurological Surgery	(i)	2,065,953	0	1,072	17,000	27,100	2,111,125	0
	(ii)	0	0	0	0	0	0	0
10Mark Schoenberg MD Chair-Department of Urology	(i)	920,945	600,000	1,645	17,000	29,800	1,569,390	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part I, Line 1a	An officer was provided Car service for business purposes and incidental transportation. The car service costs were included in taxable income. One officer traveled first class as provided for under Medical center policy. All such travel was for Medical Center business purposes, accordingly, the cost of such travel was not included in taxable income. Schedule J, Part I, Line 4a Steven Safyer, M.D., a former Officer, was paid severance in the amount of \$5,164,478 from a related organization in 2020 that was accrued and reported as deferred compensation in the prior year 990.
Schedule J, Part I, Lines 3, 4b & Part II - Columns (B)(i), (ii) and (iii)	As it relates to compensation from Montefiore Medicine Academic Health System, Inc. and Montefiore Health System, Inc. for all officers and key employees: The Compensation Committee reviews and approves all forms of compensation and benefits provided to each executive with the assistance of a national independent compensation consulting firm. The consulting firm assists the Compensation Committee with its decision-making process to ensure executive compensation levels are reasonable and appropriate relative to those of other similar organizations. Base salaries in Column B(i) are determined based on competitive market practices for comparable positions with similar sized organizations and scope of responsibilities. Bonus and incentive compensation in Column B(ii) is based on the achievement of performance goals. The executives' compensation program has a significant pay-at-risk component to ensure the alignment of pay and organizational performance. Goals are set in advance in areas such as quality of patient care, patient satisfaction, community services and financial performance. Compensation is at risk if the goals established by the Compensation Committee are not met. Other reportable compensation in column B(III) includes distributions from the supplemental executive retirement plan. In a manner designed to qualify for the "rebuttable presumption of reasonableness" the Compensation Committee of the Board of Trustees expressly reviewed and approved these retirement benefit arrangements for senior executives in a manner that qualified under the intermediate sanctions rules of the Federal tax law, and in recognition of (a) the executives' years of service to the organization and (b) the significant contributions to enhancing the ability of the organization to achieve its charitable mission in a manner consistent with financial solvency. Accordingly, this benefit should be viewed as applying to years of service for the organization. Pooled Supplemental Executive Retirement Plan distributions based on multiple years of service: Susan Green-Lorenzen, R.N. - \$884,992 Philip O. Ozuah, M.D., PH.D. - \$1,988,478 Christopher Panczner - \$3,230,564 of which \$2,591,417 was accrued in prior years 990s as deferred compensation. Supplemental Executive Retirement Plan accrued and unpaid benefits: Colleen Blye - There is no current year SERP deferred compensation accrual since benefits will become vested and distributed within 2 1/2 months after the calendar year. The Health System also funds a nonqualifying defined contribution SERP plan. An officer of the Medical Center currently participates in this plan. Contributions are at a fixed percentage of base salary or total cash compensation (base salary plus annual incentive award). A notional balance is developed for each participant that is the total of contributions less distributions (interest is not accrued). On January 1 following the third, sixth and ninth anniversaries of each participant's participation date, 50% of the remaining SERP account becomes vested and is paid out if the participant is employed on that date. On January 1 following the twelfth anniversary of each participant's participation date, the remainder of the SERP account becomes fully vested and is paid out. If a participant reaches age 65 before their twelfth anniversary of their participation date, their SERP account balance will become fully vested on the later of the first of the month following their 65th birthday or the third anniversary of their participation date. SERP account balances will also become fully vested upon the earliest of death or disability while employed by Montefiore, involuntary termination without cause or if Montefiore chooses to terminate the plan. During 2020, there were no distributions from the plan. Contributions made to the plan in 2020 were reported as deferred compensation in column (C) for the officer as follows: Philip O. Ozuah, M.D., PH.D. - \$840,000.
Schedule J, Part II - Compensation from related organizations	All officers and key employees of Montefiore Medical Center are paid by either Montefiore Medicine Academic Health System, Inc., the parent company of Montefiore Health System, Inc. or Montefiore Health System, Inc., the parent of Montefiore Medical Center. The organization, in turn, reimburses the health systems for its expenses through the membership fees that are assessed for each of the benefitting entities.
Schedule J, Part II, Column B(iii) (Other Compensation)	Christopher Panczner, an officer of the organization, compensation was higher than normal in 2020 due to a pay-out of \$3,230,564 from the defined Benefit SERP plan by a related organization. He first became vested in 2020 and the distribution represents earnings from multiple years of service to the Health System reported previously, in part, as deferred compensation in prior years 990s.

Additional Data

Return to Form

Software ID:
Software Version:

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 VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

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	649902V83	10-14-2010	19,400,000	CONSTRUCTION PROJECT		X		X	X	
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990E2Y2	09-16-2016	13,002,448	FACILITY IMPROVEMENTS		X		X		X
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990GGH9	08-01-2018	341,889,620	REFINANCE/REFUND OF PRIOR ISSUES		X		X		X
D DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64990GZS4	02-02-2020	397,922,270	Facility Improv/Refund Prior issue		X		X		X

Part II Proceeds

					A		B		C		D	
1	Amount of bonds retired				6,940,600		1,385,590		0		0	
2	Amount of bonds legally defeased				0		0		0		0	
3	Total proceeds of issue				19,400,000		13,343,651		351,842,551		399,639,732	
4	Gross proceeds in reserve funds				0		0		0		0	
5	Capitalized interest from proceeds				0		0		0		0	
6	Proceeds in refunding escrows				0		0		0		0	
7	Issuance costs from proceeds				97,877		22,614		3,521,580		3,006,021	
8	Credit enhancement from proceeds				0		0		0		2,459,248	
9	Working capital expenditures from proceeds				0		0		0		0	
10	Capital expenditures from proceeds				18,987,378		0		0		156,249,835	
11	Other spent proceeds				314,745		13,321,037		348,320,971		121,082,069	
12	Other unspent proceeds				0		0		0		116,842,559	
13	Year of substantial completion				2010		2018		1998		2021	
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?					X		X	X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, 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 of bond-financed property?		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?						X		X
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 %		0 %		0.377 %		0.036 %	
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 %		0 %		0.377 %		0.036 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .	0 %		0 %		0 %		0 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . .								
a	Rebate not due yet?		X	X		X		X	
b	Exception to rebate?	X		X		X		X	
c	No rebate due?	X			X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V

Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X		X	

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Mortgages & Facility Improvements - Part I, Bond B Issue Date	The bonds were issued 9/16/2016 and were floated until the organization closed on the mortgage loan with DASNY in December 2018.
Mortgages & Facility Improvements - Part I, Bond C Description of Purpose	Current issue refunded prior tax exempt debt (6/17/93, 12/22/05, 2/7/08 and 10/1/14) and taxable debt (7/29/09, 5/19/11, 5/12/16 and 11/2/16).
Mortgages & Facility Improvements - Part I, Bond D Description of Purpose	The bond proceeds were used for both new construction and capital improvements as well as a refund of a prior bond issue. Part of the current proceeds refunded a prior tax exempt debt (6/27/2018) that was issued to refund the original 4/19/13 tax-exempt bond. Mortgages & Facility Improvements - Bond A proceeds - Part II, line 3 DASNY's \$562,510,000 State personal income tax revenue bond (general purpose), series 2010E, provided financing for several borrowers. Of this amount, \$19,400,000 represented the amount of the bond proceeds originally allocated to Yeshiva University. The remaining balance of the Yeshiva debt was assumed by Montefiore Medical Center in 2015 when the Medical center took over the operations of the DOSA Program.
Mortgages & Facility Improvements - Bond B Proceeds - Part II, line 3	The total proceeds do not agree to the issue price in Part 1, column (e) due to investment earnings. Mortgages & Facility Improvement - Bond C Proceeds - Part II, Line 3 The total proceeds do not agree to the issue price in Part 1, column (e) due to investment earnings. Mortgages & Facility Improvement - Bond D Proceeds - Part II, Line 3 The total proceeds do not agree to the issue price in Part 1, column (e) due to investment earnings.
Mortgages & Facility Improvements - Part III, Bonds C & D, Line 3b	Management contracts relating to the financed property are reviewed internally by in-house counsel and referred to bond counsel for further review as needed.
Mortgages & Facility Improvements - Arbitrage - Part IV, Bond A, Line 2c 1	The rebate computation was performed 12/18/18.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number
13-1740114

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	000000000	01-30-2017	33,685,553	IT SYSTEM IMPLEMENTATION		X		X		X
B DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	06-29-2017	17,827,755	EQUIPMENT LEASING		X		X		X
C DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12-12-2017	9,990,258	EQUIPMENT LEASING		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	7,533,394		8,646,839		4,117,540			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	33,685,553		17,827,755		9,990,258			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	114,000		93,977		61,723			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	33,571,553		17,733,778		9,928,535			
11	Other spent proceeds	0		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2016		2017		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?					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 of bond-financed property?		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		
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 %		0 %		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 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.	0 %		0 %		0 %			
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
2	If "No" to line 1, did the following apply? . . .								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
			X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V

Procedures To Undertake Corrective Action

	Has 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?	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
		X		X		X			

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
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Additional Data

Return to Form

Software ID:

Software Version:

Name of the organization MONTEFIORE MEDICAL CENTER	Employer identification number 13-1740114
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$ _____

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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) Paula Marcus	Family Member of Steven Safyer, M.D., Former officer	147,462	Employment		No
(2) Theresa P Ozuah	Family Member of Philip O. Ozuah, M.D., Ph.D, officer & Trustee	191,176	Employment		No
(3) Jaime M Butler	Family Member of James M. Butler, Chair of the Board	128,342	Employment		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number
13-1740114

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	20	0	
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	11	2,935,958	current 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

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

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 nonstandard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, line 1	During 2020, the Medical Center received various donations of artwork. There was no revenue reported On Form 990, Part VIII, Statement of Revenue, line 1g, for these donations as allowed under SFAS 116 for artworks not capitalized and held for public exhibition rather than financial gain.
Schedule M, Part I, line 9	There were 11 contributions of stock donations received in 2020 by the organization.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Return Reference	Explanation
	scientists answer community questions and address misinformation by sharing emerging evidence and local data. Once trust is established, participants collaborate to co-design health messages that would be acceptable to their community. Community members are then tasked with sharing those messages downstream to their social networks (BRAIDing), and with recruiting other trusted messengers, as local health influencers (BRAIDers), to further support the dissemination of accurate information.
Form 990, Part VI, Section A, Line 6:	Montefiore Health System, Inc. is the sole member of Montefiore Medical Center. Form 990, Part VI, Section A, Line 7A: The board of trustees of Montefiore Health System, Inc., the sole member of Montefiore Medical Center, has the authority to appoint 49% of the Board of trustees of Montefiore Medical Center. The other 51% of the Board is elected by the Board of Trustees of the Medical Center from a slate of candidates approved by the sole member.
Form 990, Part VI, Section A, Line 7B:	The board of trustees of Montefiore Health System, Inc., the sole member of Montefiore Medical Center, has the authority to approve the operating and capital budgets of Montefiore Medical Center.
Form 990, Part VI, Section B, Line 11B:	THE FORM 990 WAS PREPARED BY THE MONTEFIORE'S FINANCE DEPARTMENT WITH THE assistance OF VARIOUS DEPARTMENTS THROUGHOUT THE MEDICAL CENTER. THE FORM 990 WAS REVIEWED AND APPROVED BY THE VICE PRESIDENT-FINANCE AND THE MEDICAL CENTER'S SENIOR LEADERSHIP TEAM INCLUDING THE CHIEF FINANCIAL OFFICER. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM WAS ENGAGED TO REVIEW THE FORM 990. UPON COMPLETION OF THE VARIOUS REVIEWS, THE FORM 990 WAS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. ONCE APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES, THE FORM 990 WAS PROVIDED TO ALL MEMBERS OF MONTEFIORE MEDICAL CENTER'S GOVERNING BODY before filing.
Form 990, Part VI, Section B, Line 12C:	The organization regularly and consistently monitors and enforces compliance with the disclosure policy by means of a survey developed by counsel and approved by the Legal and Compliance Committees of the BOARD of Trustees. The survey is sent to all trustees, officers and key employees for completion. All survey responses are reviewed by the Compliance Officer. Any potential conflicts identified in the responses are discussed with senior management and/or the Legal and Compliance committees of the Board of Trustees. Potential actions to be taken in response to a conflict is one or more of the following: 1)disclosure of conflict; 2)individual recusal from decisions for transactions where that individual may have a conflict; 3)request the individual to alleviate the conflict; OR 4)removal of the individual from the board of trustees.
Form 990, Part VI, Section B, Line 15A & Line 15B:	All officers and Key Employees are employed and paid by either Montefiore Medicine Academic Health System, Inc. or Montefiore Health System, Inc., the parent company of Montefiore Health System, Inc. and Montefiore Medical Center, respectively. Montefiore is committed to ensuring that its executive compensation program adheres to the highest standards of regulatory compliance and best corporate governance. The Montefiore Board of Trustees has charged the Compensation Committee of the Board (which is comprised of independent Board members with no conflicts of interest in regards to executive compensation) with making all decisions related to compensation for officers and certain key employees. All decisions made by the Compensation Committee are appropriately and timely documented in meeting minutes. The compensation committee's review process follows the intermediate Sanctions guidelines for qualifying for the rebuttable presumption of reasonableness. The Committee retains an independent compensation consultant to assist it with this process. Compensation levels are established considering data for comparable organizations, an assessment of management performance (including the services provided to the community), and other business judgment factors, consistent with Montefiore's executive compensation philosophy. The Committee's decisions are made in the best interest of Montefiore, and are intended to ensure the recruitment and retention of key executive talent, consistent with the market practices of other not-for-profit healthcare organizations of comparable scope, mission and complexity. On an annual basis, the Committee provides the full Board of Trustees with a description of the Committee's review and approval process and its decisions.
Form 990, Part VI, Section C, Line 19:	THE CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS and montefiore Medical Center's audited consolidated financial statements ARE MADE AVAILABLE UPON REQUEST.
Form 990, Part IX, line 11e	Even though the organization engaged a professional fundraiser as an event planner for it's remote gala benefit, there is no expense on line 11e of Part IX for Professional Fundraising services. The expense for this service is included in line 8b of Part VIII, Statement of Revenue, as a direct expense of a fundraising activity.
Form 990, Part XI, Line 9:	The Other reduction in net assets of \$69,697,147 were due to equity transfers to affiliates (\$80,964,135) offset partially by a \$11,266,988 decrease in defined pension and other postretirement plan liabilities to be recognized in future periods.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Part I

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

(a) Name, address, and EIN (if applicable) 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
(1) Montefiore Proton Acquisition LLC 111 East 210th St Bronx, NY 10467 27-3994795	Proton Ther	NY	0	0	MMC
(2) CMO THE CARE MANAGEMENT COMPANY LLC 111 EAST 210TH STREET BRONX, NY 10467 13-3991307	CARE MGMT SER	NY	53,138,471	27,270,380	MMC
(3) MONTEFIORE HUDSON VALLEY COLLABORATIVE 111 EAST 210TH STREET BRONX, NY 10467 47-3389736	Perform Prov	NY	58,984,894	6,629,233	MMC

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 entity?	
						Yes	No
(1)MMC Corporation 111 East 210th street bronx, NY 10467 13-3430322	real estate	NY	501(c)(3)	12A Type I	MMC	Yes	
(2)MMC Residential Corp I Inc 3411 Wayne Avenue bronx, NY 10467 91-1943271	staff housing	NY	501(c)(2)		MMC	Yes	
(3)Montefiore Hosp Housing Section II Inc 3450 wayne avenue bronx, NY 10467 23-7160641	staff housing	NY	501(c)(2)		MMC	Yes	
(4)Mosholu Preservation Corporation 3400 reservoir oval East bronx, NY 10467 13-3109387	Community Ser	NY	501(c)(3)	12A type I	MMC	Yes	
(5)Gun Hill MRI PC 200 East Gunhill Road Bronx, NY 10467 13-3734486	diag services	NY	501(c)(3)	12A type I	MMC	Yes	
(6)Montefiore Health System Inc 555 South Broadway BLDG A FL 1 Tarrytown, NY 10591 20-1615393	PARENT	NY	501(c)(3)	12B type II	MMAHS	Yes	
(7)Montefiore New Rochelle Hospital 16 Guion Place New Rochelle, NY 10801 46-2931956	Hospital	NY	501(c)(3)	3	MHS	Yes	
(8)Montefiore Mount Vernon Hospital 12 North Seventh Avenue Mount Vernon, NY 10550 46-2916938	Hospital	NY	501(c)(3)	3	MHS	Yes	
(9)Schaffer Extended Care Center 16 Guion Place New Rochelle, NY 10801 46-2929888	Nursing Home	NY	501(c)(3)	3	MHS	Yes	
(10)MONTEFIORE FOUNDATION INC 111 EAST 210TH STREET BRONX, NY 10467 47-1600439	Inactive	NY	501(c)(3)	7	MMAHS	Yes	
(11)MONTEFIORE MEDICINE ACADEMIC HEALTH SYST 555 SOUTH BROADWAY BLDG A FL 1	System Parent	NY	501(C)(3)	12B Type II	NA	Yes	

(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 entity?	
						Yes	No
TARRYTOWN, NY 10591 47-1582973							
(12) MONTEFIORE NYACK HOSPITAL 160 NORTH MIDLAND AVENUE NYACK, NY 10960 13-1740119	HOSPITAL	NY	501(C)(3)	3	MHS	Yes	
(13) White Plains Hospital Medical Center 41 East Post Road White Plains, NY 10601 13-1740130	Hospital	NY	501(c)(3)	3	MHS	Yes	
(14) AECOM Student Housing Co Inc 1300 Morris Park Avenue Bronx, NY 10461 23-7075620	Student Hous	NY	501(C)(2)		AECOM	Yes	
(15) Montefiore CERC Operations Inc 111 East 210th Street Bronx, NY 10467 47-4853506	Rehab Center	NY	501(c)(3)	3	MMC	Yes	
(16) White Plains Hospital Ctr Fdn Inc 41 East Post Road Davis Ave White Plains, NY 10601 13-3281507	FUNDRAISING	NY	501(c)(3)	12A TYPE I	WPHMC	Yes	
(17) Montefiore Nyack Hospital Foundation 160 North Midland Avenue Nyack, NY 10960 13-3245804	FUNDRAISING	NY	501(c)(3)	7	Nyack Hosp	Yes	
(18) The Winifred Masterson Burke Rehab Hosp 785 Mamaroneck Avenue White Plains, NY 10605 13-1739937	Rehab Hosp	NY	501(c)(3)	3	MHS	Yes	
(19) St Luke's Cornwall Hospital 70 Dubois Street Newburgh, NY 12550 14-1340054	Hospital	NY	501(c)(3)	3	MHS	Yes	
(20) Hudson Vista Medical PC 70 Dubois Street Newburgh, NY 12550 45-2526738	Healthcare	NY	501(c)(3)	12A Type I	SLCH	Yes	
(21) Hudson Vista Physician Services PC 70 Dubois Street Newburgh, NY 12550 27-2020746	Healthcare	NY	501(c)(3)	12A Type I	SLCH	Yes	
(22) St Luke's Cornwall Health System Inc 70 Dubois Street Newburgh, NY 12550 22-3026261	Holding Comp	NY	501(c)(3)	12A Type I	MHS	Yes	
(23) St Luke's Cornwall Health System Fdn 70 Dubois Street Newburgh, NY 12550 22-3026263	Fundraising	NY	501(c)(3)	7	SLCHS	Yes	
(24) Amos and Sarah Holden Home 70 Dubois Street Newburgh, NY 12550 14-1365995	Asst Living	NY	501(c)(3)	PF	SLCHS	Yes	
(25) MONTEFIORE MED ACAD HLTH SYS SELF INS TR 555 SOUTH BROADWAY TARRYTOWN, NY 10591 82-4019223	INS TRUST	NY	501(C)(3)	12A TYPE I	MMAHS	Yes	
(26) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10461 83-0621846	MED COLLEGE	NY	501(C)(3)	2	MMAHS	Yes	
(27) Montefiore Community Services Inc 111 East 210th Street Bronx, NY 104672401 86-3368007	Fed Hlth Ctr	NY	in process		MMC	Yes	

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) Dispropportionate 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	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1)The Montefiore IPA Inc 111 East 210th street bronx, NY 10467 13-4114915	Integ Provr Assoc	NY	NA	c corp				Yes	
(2)MMC GI Holdings East Inc 111 East 210th street bronx, NY 10467 72-1610013	holding company	NY	NA	c corp				Yes	
(3)MMC GI Holdings West Inc 111 East 210th street bronx, NY 10467 72-1610015	holding company	NY	NA	c corp				Yes	
(4)Montefiore Behavioral Care IPA No 1 inc 111 East 210th street bronx, NY 10467 13-3952750	Integ provr assoc	NY	NA	c corp				Yes	
(5)BRONX ACCOUNTABLE Care Network IPA Inc 111 EAST 210TH STREET BRONX, NY 10467 30-0689571	Integ Provr Assoc	NY	NA	C CORP				Yes	
(6)MONTEFIORE CONSOLIDATED VENTURES INC 111 EAST 210TH STREET BRONX, NY 10467 61-1728539	holding company	NY	NA	C CORP				Yes	
(7)MONTEFIORE INSURANCE COMPANY INC 111 EAST 210TH STREET BRONX, NY 10467 32-0436594	Inactive	NY	na	C CORP				Yes	
(8)HUDSON VALLEY IPA INC 111 EAST 210TH STREET BRONX, NY 10467 38-3978087	INTEG PROVVR Assoc	NY	NA	C CORP				Yes	
(9)MONTEFIORE INNOVATIONS INC 111 EAST 210TH STREET BRONX, NY 10467 47-5106910	HOLDING COMPANY	NY	na	C CORP				Yes	
(10)HIGHLAND MEDICAL PC 160 NORTH MIDLAND Avenue NYACK, NY 10960 13-4034481	Healthcare Serv.	NY	NA	C CORP				Yes	
(11)WHITE PLAINS MEDICAL DIAGNOSTIC SERV PC 41 EAST POST ROAD WHITE PLAINS, NY 10601 45-3164626	Healthcare Serv.	NY	NA	C CORP				Yes	
(12)CANCER & BLOOD MEDICAL SERV of NY PC 41 EAST POST ROAD WHITE PLAINS, NY 10601 46-2021804	Healthcare Serv.	NY	NA	C CORP				Yes	
(13)DAVIS AVENUE CORP DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 13-3331643	Property holding	NY	na	C CORP				Yes	
(14)WHITE PLAINS MANAGEMENT CO INC 41 EAST POST ROAD WHITE PLAINS, NY 10601 13-3331641	Property holding	NY	na	C CORP				Yes	
(15)WPHC BUILDING CORP 41 EAST POST ROAD WHITE PLAINS, NY 10601 13-3676932	Property holding	NY	NA	C CORP				Yes	
(16)UNIVERSITY BEHAVIORAL ASSOCIATES INC 111 EAST 210TH STREET BRONX, NY 10467 13-3877781	Management Serv.	NY	NA	C CORP				Yes	
(17)White Plains Medical Services PC Davis Avenue at East Post Road White Plains, NY 10601 81-5369152	Healthcare Serv.	NY	na	C Corp				Yes	
(18)White Plains Physician Services PC Davis Avenue at East Post Road White Plains, NY 10601 81-5309615	Healthcare Serv.	NY	na	c corp				Yes	
(19)Charitable Remainder Trust (4)	Char Remr Trust	NY	na	Trust				Yes	
(20)CRHT ACQUISITION INC 555 SOUTH BROADWAY BLDG A FL 1 TARRYOWN, NY 10591 81-5220651	HOLDING COMPANY	NY	NA	C CORP				Yes	
(21)QUANTUM BIOTHERAPEUTICS LLC 111 EAST 210TH STREET BRONX, NY 10467 61-1793667	INACTIVE	NY	NA	C CORP				Yes	
(22)WHITE PLAINS PHYSICIAN MEDICAL SERV PC DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-0519787	INACTIVE	NY	NA	C CORP				Yes	
(23)EAST POST ROAD MEDICAL SERVICES PC DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-0535258	Healthcare Serv.	NY	NA	C CORP				Yes	
(24)EAST POST ROAD PHYSICIAN SERV PC DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-0563325	INACTIVE	NY	NA	C CORP				Yes	
(25)DAVIS AVENUE MEDICAL SERVICES PC DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-0579310	INACTIVE	NY	NA	C CORP				Yes	
(26)WPH HOLDINGS INC DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601 83-3893119	holding company	NY	NA	C CORP				Yes	
(27)Innovator Acquistion Corp 111 East 210th Street Bronx, NY 104672401 83-3394059	holding company	NY	NA	C corp				Yes	

Part V

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

aReceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

bGift, grant, or capital contribution to related organization(s)

cGift, grant, or capital contribution from related organization(s)

dLoans or loan guarantees to or for related organization(s)

eLoans or loan guarantees by related organization(s)

fDividends from related organization(s)

gSale of assets to related organization(s)

hPurchase of assets from related organization(s)

iExchange of assets with related organization(s)

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

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

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

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

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

oSharing of paid employees with related organization(s)

pReimbursement paid to related organization(s) for expenses

qReimbursement paid by related organization(s) for expenses

rOther transfer of cash or property to related organization(s)

sOther transfer of cash or property from related organization(s)

Yes

No

1aYes

1bYes

1cYes

1dYes

1e

No

1f

No

1gNo

1hNo

1iNo

1jYes

1kYes

1lYes

1mYes

1nYes

1oYes

1pYes

1qYes

1rYes

1sYes

2If 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)The Montefiore IPA Inc	L	120,608,288	cost
(2)UNIVERSITY BEHAVIORAL ASSOCIATES Inc	L	2,342,996	cost
(3)GUNHILL MRI PC	L	995,991	cost
(4)MMC RESIDENTIAL CORP I INC	L	62,899	cost
(5)MONTEFIORE HOSPITAL HOUSING SECTION II INC	L	179,347	cost
(6)MONTEFIORE NYACK HOSPITAL	L	13,524,509	COST
(7)MMC CORPORATION	K	11,897,179	cost
(8)MONTEFIORE HOSPITAL HOUSING SECTION II INC	K	179,151	market value
(9)MMC RESIDENTIAL CORP I INC	K	2,928,811	market value
(10)MOSHOLU PRESERVATION CORPORATION	Q	1,084,138	cost
(11)GUNHILL MRI PC	Q	412,025	cost
(12)MMC RESIDENTIAL CORP I INC	Q	1,676,206	cost
(13)MONTEFIORE HOSPITAL HOUSING SECTION II INC	Q	4,698,706	cost
(14)MONTEFIORE INNOVATIONS INC	Q	606,418	cost
(15)MMC GI HOLDINGS EAST INC	Q	380,232	cost
(16)MMC GI HOLDINGS WEST INC	Q	322,524	cost
(17)UNIVERSITY BEHAVIORAL ASSOCIATES Inc	Q	36,319,221	cost
(18)MONTEFIORE HOSPITAL HOUSING SECTION II INC	N	631,964	COST
(19)White Plains Hospital Medical Center	D	128,870,869	Cash
(20)MONTEFIORE HEALTH SYSTEM INC	B	27,250,000	CASH
(21)MONTEFIORE NEW ROCHELLE HOSPITAL	L	7,903,921	COST
(22)MONTEFIORE MOUNT VERNON HOSPITAL	L	8,075,146	COST
(23)SCHAFER EXTENDED CARE CENTER	L	408,788	COST
(24)MONTEFIORE CERC OPERATIONS INC	Q	1,728,716	COST
(25)MONTEFIORE NEW ROCHELLE HOSPITAL	Q	619,953	COST
(26)MONTEFIORE MOUNT VERNON HOSPITAL	Q	586,572	COST
(27)UNIVERSITY BEHAVIORAL ASSOCIATES INC	J	2,049,714	COST
(28)Montefiore Medicine Academic Health System	M	27,445,774	COST
(29)MONTEFIORE HEALTH SYSTEM INC	A	4,787,112	market rate
(30)MONTEFIORE HEALTH SYSTEM INC	O	97,350	COST
(31)MONTEFIORE HEALTH SYSTEM INC	L	11,372,997	COST
(32)MONTEFIORE HEALTH SYSTEM INC	M	140,912,137	COST
(33)UNIVERSITY BEHAVIORAL ASSOCIATES INC	M	210,708	COST
(34)MONTEFIORE HEALTH SYSTEM INC	Q	62,642,690	COST
(35)ALBERT EINSTEIN COLLEGE OF MEDICINE	N	598,814	COST
(36)MONTEFIORE HEALTH SYSTEM INC	S	14,901,638	COST
(37)ALBERT EINSTEIN COLLEGE OF MEDICINE	B	60,000,000	COST
(38)ALBERT EINSTEIN COLLEGE OF MEDICINE	L	2,133,387	COST
(39)ALBERT EINSTEIN COLLEGE OF MEDICINE	Q	7,110,200	COST
(40)MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM	P	8,573,104	COST
(41)MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM	Q	12,311,426	COST
(42)MONTEFIORE CERC OPERATIONS INC	M	161,667	COST
(43)MONTEFIORE INNOVATIONS INC	O	488,022	COST
(44)ALBERT EINSTEIN COLLEGE OF MEDICINE	M	3,946,498	COST
(45)ALBERT EINSTEIN COLLEGE OF MEDICINE	K	1,234,908	COST
(46)ALBERT EINSTEIN COLLEGE OF MEDICINE	P	4,582,254	COST
(47)The Winifred Masterson Burke Rehab Hospital	J	486,256	Cost
(48)BRONX ACCOUNTABLE HEALTHCARE NETWORK IPA INC	L	2,128,438	COST
(49)SCHAFER EXTENDED CARE CENTER	M	1,724,021	cost
(50)MMC CORPORATION	Q	260,607	COST
(51)MONTEFIORE CERC OPERATIONS INC	O	2,339,751	COST
(52)ALBERT EINSTEIN COLLEGE OF MEDICINE	O	22,366,079	COST
(53)MONTEFIORE NEW ROCHELLE HOSPITAL	R	5,573,087	CASH
(54)MONTEFIORE HEALTH SYSTEM INC	J	2,874,477	COST
(55)MONTEFIORE NEW ROCHELLE HOSPITAL	P	2,150,058	COST
(56)MONTEFIORE HEALTH SYSTEM INC	P	3,408,320	COST
(57)MONTEFIORE MOUNT VERNON HOSPITAL	R	1,709,364	CASH
(58)WHITE PLAINS HOSPITAL MEDICAL CENTER	R	303,125	CASH
(59)WHITE PLAINS HOSPITAL MEDICAL CENTER	A	5,274,680	Market rate
(60)MMC CORPORATION	A	3,133,189	Market rate
(61)MMC RESIDENTIAL CORP I INC	P	974,739	COST
(62)MONTEFIORE HOSPITAL HOUSING SECTION II INC	R	17,398,645	COST
(63)ST LUKE'S CORNWALL HOSPITAL	L	6,097,391	COST
(64)THE WINIFRED MASTERSON BURKE REHAB HOSP	M	729,625	COST
(65)WHITE PLAINS HOSPITAL MEDICAL CENTER	L	3,560,942	COST
(66)THE WINIFRED MASTERSON BURKE REHAB HOSP	L	1,275,377	COST
(67)ST LUKE'S CORNWALL HOSPITAL	R	3,035,114	CASH
(68)MONTEFIORE NYACK HOSPITAL	R	1,833,804	CASH
(69)MMC CORPORATION	S	1,487,980	CASH
(70)GUNHILL MRI PC	R	6,657,140	BOOK VALUE
(71)MONTEFIORE NEW ROCHELLE HOSPITAL	J	447,804	MARKET VALUE
(72)MONTEFIORE CERC OPERATIONS INC	N	1,098,183	COST
(73)THE WINIFRED MASTERSON BURKE REHAB HOSP	K	236,385	MARKET VALUE
(74)MONTEFIORE NYACK HOSPITAL	Q	211,066	COST

Schedule R (Form 990) 2020

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

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
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Schedule R (Form 990) 2020

Additional Data

[Return to Form](#)

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