

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2017****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A</b> For the 2017 calendar year, or tax year beginning 03/01, 2017, and ending 02/28, 2018	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED HOSPITAL FUND OF NEW YORK Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1411 BROADWAY, 12TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018 <b>F</b> Name and address of principal officer: ANTHONY SHIH, MD, MPH 1411 BROADWAY, 12TH FLOOR NEW YORK, NY 10018
<b>D</b> Employer identification number 13-1562656 <b>E</b> Telephone number (212) 494-0700 <b>G</b> Gross receipts \$ 41,338,414. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ WWW.UHFNYC.ORG <b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: 1879 <b>M</b> State of legal domicile: NY	

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: UNITED HOSPITAL FUND WORKS TO BUILD A MORE EFFECTIVE HEALTH CARE SYSTEM FOR EVERY NEW YORKER. AN INDEPENDENT, NONPROFIT ORGANIZATION, WE ANALYZE PUBLIC POLICY (SCHED O)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	22.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	54.
	6	Total number of volunteers (estimate if necessary)	6	22.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-17,516.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,031,796.	Current Year 5,130,787.
	9	Program service revenue (Part VIII, line 2g)	75,715.	70,628.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,882,526.	3,973,998.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-190,093.	-162,125.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,799,944.	9,013,288.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,124,204.	835,994.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>Expenses</b>	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,680,917.	6,839,254.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	65,397.	67,131.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 931,769.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,487,532.	3,565,640.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,358,050.	11,308,019.
	19	Revenue less expenses. Subtract line 18 from line 12	-4,558,106.	-2,294,731.
	<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year 103,651,319.
21		Total liabilities (Part X, line 26)	4,852,657.	4,500,166.
22		Net assets or fund balances. Subtract line 21 from line 20.	98,798,662.	103,915,343.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date		
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date 10/23/2018	Check <input type="checkbox"/> if self-employed
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		PTIN P00504182
	Firm's address ▶ 757 THIRD AVE NEW YORK, NY 10017	Phone no. 212-542-9609		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

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**Part III Statement of Program Service Accomplishments**

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

☒ X**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 \$ 1,958,444. including grants of \$ 421,887. ) (Revenue \$ 0. )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 1,163,201. including grants of \$ 125,000. ) (Revenue \$ 50,650. )

ATTACHMENT 3

**4c** (Code: ) (Expenses \$ 747,835. including grants of \$ 119,107. ) (Revenue \$ 0. )

ATTACHMENT 4

**4d** Other program services (Describe in Schedule O.) ATTACHMENT 5

(Expenses \$ 3,717,641. including grants of \$ 170,000. ) (Revenue \$ 19,978. )

**4e** Total program service expenses 7,587,121.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> X	
<b>5</b> 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. . . . .	<b>5</b>	X
<b>6</b> 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. . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> 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. . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</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 . . . . .	<b>11b</b> X	
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. . . . .	<b>12a</b> X	
<b>b</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 . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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 . . . . .	<b>14b</b> X	
<b>15</b> 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 . . . . .	<b>15</b> X	
<b>16</b> 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 . . . . .	<b>16</b>	X
<b>17</b> 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). . . . .	<b>17</b>	X
<b>18</b> 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 . . . . .	<b>18</b> X	
<b>19</b> 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 . . . . .	<b>19</b>	X

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**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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. . . . .	X	
<b>22</b> 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. . . . .		X
<b>23</b> 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. . . . .	X	
<b>24a</b> 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. . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
<b>b</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. . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. . . . .		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .		X
<b>34</b> 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. . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</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. . . . .		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
<b>37</b> 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. . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	



**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. . . . .	36	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
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. . . . .	54	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	X	
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)? . . . . .		X
b	If "Yes," 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? . . . . .		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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? . . . . .	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
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? . . . . .		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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.	22	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	21	
<b>2</b> 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? . . . . .		X
<b>3</b> 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? . .		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	X	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		X
<b>6</b> Did the organization have members or stockholders? . . . . .		X
<b>7a</b> 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? . . . . .		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b> 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 . . . . .		X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 6

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ 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: ►  
 SHEILA M. ABRAMS 1411 BROADWAY, 12TH FLOOR NEW YORK, NY 10018 212-494-0700

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if neither the organization nor any related 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) J. BARCLAY COLLINS II CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(2) JOHN C. SIMONS VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3) FREDERICK W. TELLING, PHD VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(4) MICHELLE ADAMS DIRECTOR UNTIL JUNE 21, 2017	2.00 0.	X						0.	0.	0.
(5) BETTINA ALONSO DIRECTOR	2.00 0.	X						0.	0.	0.
(6) STEPHEN BERGER DIRECTOR	2.00 0.	X						0.	0.	0.
(7) LORI EVANS BERNSTEIN DIRECTOR	2.00 0.	X						0.	0.	0.
(8) JO IVEY BOUFFORD, MD DIRECTOR	2.00 0.	X						0.	0.	0.
(9) REV. JOHN E. CARRINGTON DIRECTOR	2.00 0.	X						0.	0.	0.
(10) DALE C. CHRISTENSEN, JR. DIRECTOR	2.00 0.	X						0.	0.	0.
(11) ROBERT GALVIN, MD DIRECTOR AS OF 10/18/17	2.00 0.	X						0.	0.	0.
(12) MICHAEL R. GOLDING, MD DIRECTOR	2.00 0.	X						0.	0.	0.
(13) JENNIFER L. HOWSE, PHD DIRECTOR AS OF 6/21/17	2.00 0.	X						0.	0.	0.
(14) EUGENE KEILIN DIRECTOR	2.00 0.	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (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			
( 15) CARY A. KRAVET DIRECTOR	2.00 0.	X						0.	0.	0.
( 16) JOSH N. KURILOFF DIRECTOR	2.00 0.	X						0.	0.	0.
( 17) DAVID LEVY DIRECTOR UNTIL APRIL 19, 2017	2.00 0.	X						0.	0.	0.
( 18) HOWARD P. MILSTEIN DIRECTOR	2.00 0.	X						0.	0.	0.
( 19) SUSANA R. MORALES, MD DIRECTOR	2.00 0.	X						0.	0.	0.
( 20) ROBERT C. OSBORNE DIRECTOR	2.00 0.	X						0.	0.	0.
( 21) MICHAEL A. STOCKER, MD DIRECTOR	2.00 0.	X						0.	0.	0.
( 22) EILEEN N. SULLIVAN-MARX, PHD RN DIRECTOR AS OF 6/21/17	2.00 0.	X						0.	0.	0.
( 23) MARY BETH C. TULLY DIRECTOR	2.00 0.	X						0.	0.	0.
( 24) ANTHONY SHIH, MD, MPH PRESIDENT AS OF 8/14/17	35.00 0.	X		X				177,056.	0.	6,750.
( 25) JAMES R. TALLON, JR. PRESIDENT UNTIL 8/13/17	35.00 0.	X		X				423,605.	0.	84,704.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,516,259.	0.	124,586.
<b>d Total (add lines 1b and 1c)</b>								2,516,259.	0.	124,586.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**



**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			
( 26) SHEILA M. ABRAMS SENIOR VICE PRESIDENT	35.00 0.			X				281,772.	0.	12,437.
( 27) SALLY J. ROGERS SENIOR VICE PRESIDENT	35.00 0.			X				272,398.	0.	8,447.
( 28) DEBORAH E. HALPER VICE PRESIDENT	35.00 0.			X				209,164.	0.	4,356.
( 29) CHAD SHEARER VICE PRESIDENT	35.00 0.			X				208,722.	0.	300.
( 30) AMANDA WILLIAMS (NON-VOTING) CORPORATE SECRETARY	35.00 0.			X				88,974.	0.	398.
( 31) CATHERINE ARNST DIRECTOR, PUBLIC INFORMATION	35.00 0.					X		150,057.	0.	1,675.
( 32) ANNE-MARIE AUDET SENIOR MEDICAL OFFICER	35.00 0.					X		170,665.	0.	879.
( 33) GREGORY C. BURKE DIRECTOR, INNOVATION STRATEGIES	35.00 0.					X		205,595.	0.	2,210.
( 34) SHARON BUTLER CONTROLLER	35.00 0.					X		159,380.	0.	450.
( 35) PETER NEWELL DIRECTOR, HEALTH INSURANCE	35.00 0.					X		168,871.	0.	1,980.

**1b Sub-total****c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **17**

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**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? If "Yes," complete Schedule J for such individual

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	2,065,737.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	1,105,710.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	1,959,340.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .		13,788.			
	<b>h</b>	<b>Total. Add lines 1a-1f . . . . .</b>		5,130,787.			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	CONFERENCES	900099	70,628.	70,628.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total. Add lines 2a-2f . . . . .</b>		70,628.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .		610,962.		-17,516.	610,962.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0.			
	<b>5</b>	Royalties . . . . .		0.			
			(i) Real (ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
				12,452,363.	22,915,589.		
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		11,763,135.	20,241,781.		
	<b>c</b>	Gain or (loss) . . . . .		689,228.	2,673,808.		
	<b>d</b>	Net gain or (loss) . . . . .		3,363,036.		3,363,036.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 2,065,737. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	155,600.			
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>	320,210.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		-164,610.		-164,600.	
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less: direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0.			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		0.				
	Miscellaneous Revenue	Business Code					
<b>11a</b>	MISCELLANEOUS INCOME		2,485.		2,485.		
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total. Add lines 11a-11d . . . . .</b>		2,485.				
<b>12</b>	<b>Total revenue. See instructions . . . . .</b>		9,013,288.	70,628.	-17,516.	3,811,883.	

**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 . . . .	835,994.	835,994.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0.			
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,655,546.	951,733.	636,682.	67,131.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	3,828,330.	2,654,877.	776,314.	397,139.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	457,651.	300,986.	117,920.	38,745.
9 Other employee benefits . . . . .	624,627.	411,242.	160,204.	53,181.
10 Payroll taxes . . . . .	340,231.	223,762.	87,665.	28,804.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	59,281.	7,485.	38,072.	13,724.
c Accounting . . . . .	78,007.		78,007.	
d Lobbying . . . . .	79,500.	79,500.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	385,664.	258,762.	95,124.	31,778.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	420,130.	313,156.	103,501.	3,473.
12 Advertising and promotion . . . . .	0.			
13 Office expenses . . . . .	203,330.	106,459.	41,970.	54,901.
14 Information technology . . . . .	91,958.	46,459.	25,193.	20,306.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	1,313,321.	797,260.	416,062.	99,999.
17 Travel . . . . .	31,631.	22,100.	8,717.	814.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	150,438.	97,904.	42,173.	10,361.
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	243,087.	142,823.	81,662.	18,602.
23 Insurance . . . . .	109,621.	65,035.	29,397.	15,189.
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 PRINTING AND PUBLISHING	106,478.	46,334.	3,629.	56,515.
b DUES AND SUBSCRIPTIONS	23,143.	12,277.	9,112.	1,754.
c BOOKS AND DATA PURCHASES	27,226.	26,793.	433.	
d ATTENDANCE OF OUTSIDE EVENTS	14,500.	14,500.		
e All other expenses	228,325.	171,680.	37,292.	19,353.
25 Total functional expenses. Add lines 1 through 24e	11,308,019.	7,587,121.	2,789,129.	931,769.
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) . . . . .	0.			



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	2,159,915.	<b>1</b>	3,098,473.
	<b>2</b> Savings and temporary cash investments . . . . .	0.	<b>2</b>	0.
	<b>3</b> Pledges and grants receivable, net . . . . .	569,255.	<b>3</b>	735,052.
	<b>4</b> Accounts receivable, net . . . . .	6,331.	<b>4</b>	4,507.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	26,515.	<b>8</b>	22,834.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	707,531.	<b>9</b>	627,844.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 4,509,303.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 2,443,469.		
	<b>11</b> Investments - publicly traded securities . . . . .	19,334,334.	<b>11</b>	30,252,071.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	74,663,540.	<b>12</b>	67,367,393.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	3,920,060.	<b>15</b>	4,241,501.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	103,651,319.	<b>16</b>	108,415,509.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	628,189.	<b>17</b>	798,923.
	<b>18</b> Grants payable . . . . .	1,073,689.	<b>18</b>	856,198.
	<b>19</b> Deferred revenue . . . . .	154,764.	<b>19</b>	105,831.
	<b>20</b> Tax-exempt bond liabilities . . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0.	<b>24</b>	0.
	<b>25</b> 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 . . . . .	2,996,015.	<b>25</b>	2,739,214.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	4,852,657.	<b>26</b>	4,500,166.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	76,749,490.	<b>27</b>	79,973,589.
	<b>28</b> Temporarily restricted net assets . . . . .	15,700,260.	<b>28</b>	17,271,401.
	<b>29</b> Permanently restricted net assets . . . . .	6,348,912.	<b>29</b>	6,670,353.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	98,798,662.	<b>33</b>	103,915,343.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	103,651,319.	<b>34</b>	108,415,509.

Form **990** (2017)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI. ☒ X

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,013,288.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	11,308,019.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,294,731.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	98,798,662.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	7,134,617.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	276,795.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	103,915,343.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		X
<b>b</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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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? . . . . .		X
<b>b</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.		

Form **990** (2017)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization  
UNITED HOSPITAL FUND OF NEW YORK

Employer identification number  
13-1562656

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2017

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**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,391,542.	3,782,203.	5,141,751.	5,031,796.	5,130,787.	23,478,079.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	4,391,542.	3,782,203.	5,141,751.	5,031,796.	5,130,787.	23,478,079.
<b>5</b> 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). . . . .						404,784.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						23,073,295.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4. . . . .	4,391,542.	3,782,203.	5,141,751.	5,031,796.	5,130,787.	23,478,079.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,969,091.	2,485,288.	919,307.	744,268.	610,962.	6,728,916.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1 . . . . .	250,002.	229,919.	225,440.	230,957.	158,085.	1,094,403.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						31,301,398.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	414,588.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	73.71 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	69.06 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2017

**Part III Support 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6</b> <b>Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8</b> <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14</b> <b>First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

**b 33 1/3% support tests - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<b>c</b> 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)? If "Yes," explain in <b>Part VI</b> 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.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>9a</b> 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))? If "Yes," provide detail in <b>Part VI</b> .		
<b>b</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? If "Yes," provide detail in <b>Part VI</b> .		
<b>c</b> 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? If "Yes," provide detail in <b>Part VI</b> .		
<b>10a</b> 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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**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 (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the 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 (2), 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**

	Yes	No
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 (a) and (b) 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 (a) 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 (a) and (b) 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? 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):			
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 (explain in detail in Part VI):			
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 1-1/2% 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 .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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2017

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b>	Amounts paid to acquire exempt-use assets	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)	
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b>	Distributable amount for 2017 from Section C, line 6	
<b>10</b>	Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b>	Distributable amount for 2017 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2017			
<b>a</b>				
<b>b</b>	From 2013 . . . . .			
<b>c</b>	From 2014 . . . . .			
<b>d</b>	From 2015 . . . . .			
<b>e</b>	From 2016 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2017 distributable amount			
<b>i</b>	Carryover from 2012 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2017 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2017 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2013 . . . . .			
<b>b</b>	Excess from 2014 . . . . .			
<b>c</b>	Excess from 2015 . . . . .			
<b>d</b>	Excess from 2016 . . . . .			
<b>e</b>	Excess from 2017 . . . . .			

Schedule A (Form 990 or 990-EZ) 2017



**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.)

ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
GROSS INCOME FROM EVENTS	247,025.	225,425.	219,810.	228,575.	155,600.	1,076,435.
MISCELLANEOUS INCOME	2,977.	4,494.	5,630.	2,382.	2,485.	17,968.
<b>TOTALS</b>	<u>250,002.</u>	<u>229,919.</u>	<u>225,440.</u>	<u>230,957.</u>	<u>158,085.</u>	<u>1,094,403.</u>

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 organization <b>UNITED HOSPITAL FUND OF NEW YORK</b>	Employer identification number <b>13-1562656</b>
---	---

**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
<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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2017

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .															
<b>j</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		79,500.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i		X	79,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 campaign activity 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.

DESCRIPTION OF LOBBYING ACTIVITY

AMOUNTS INCURRED FOR LOBBYING WERE FOR DIRECT CONTACT WITH LEGISLATORS

AND OTHER STATE OFFICIALS, TO DETERMINE THOSE BUDGETARY APPROPRIATIONS

THAT WOULD SUPPORT THE ORGANIZATION'S PROGRAMS.



**Part IV** Supplemental Information *(continued)*

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public  
Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1. . . . . ▶ \$ \_\_\_\_\_

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

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

Schedule D (Form 990) 2017

**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 on 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	93,210,010.	83,760,260.	102,938,398.	104,534,050.	101,173,265.
b Contributions		600,000.	77,976.	1,133.	
c Net investment earnings, gains, and losses	10,541,959.	15,046,943.	-13,259,040.	4,986,443.	10,833,710.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,351,950.	6,197,193.	5,997,074.	6,583,228.	7,472,925.
f Administrative expenses					
g End of year balance	97,400,019.	93,210,010.	83,760,260.	102,938,398.	104,534,050.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 81.0900 %

b Permanent endowment ☐ 2.5000 %

c Temporarily restricted endowment ☐ 16.4100 %

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 line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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				
b Buildings		692,080.	450,194.	241,886.
c Leasehold improvements		2,817,180.	1,287,694.	1,529,486.
d Equipment		1,000,043.	705,581.	294,462.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 2,065,834.

Schedule D (Form 990) 2017

**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) GLOBAL EQUITIES	36,745,639.	FMV
(B) HEDGE FUNDS - DIRECTIONAL	12,447,218.	FMV
(C) FIXED INCOME	5,653,415.	FMV
(D) HEDGE FUNDS - NON-DIRECTIONAL	7,913,426.	FMV
(E) MARKETABLE REAL ASSETS	1,560,035.	FMV
(F) PRIVATE REAL ASSETS	2,169,367.	FMV
(G) PRIVATE CAPITAL	878,293.	FMV
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	67,367,393.	

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	

**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	
(2) DEFERRED RENT OBLIGATION	2,268,104.
(3) ACCRUED POSTRETIREMENT BENEFIT	471,110.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	2,739,214.

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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a:			1	11,572,232.
1	Total revenue, gains, and other support per audited financial statements . . . . .			
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	6,351,950.	
e	Add lines 2a through 2d . . . . .		2e	6,351,950.
3	Subtract line 2e from line 1 . . . . .		3	5,220,282.
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	385,664.	
b	Other (Describe in Part XIII.) . . . . .	4b	3,407,342.	
c	Add lines 4a and 4b . . . . .		4c	3,793,006.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .		5	9,013,288.

**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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
<b>1</b>	Total expenses and losses per audited financial statements . . . . .			<b>1</b>	10,903,250.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>			
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>			
<b>c</b>	Other losses . . . . .	<b>2c</b>			
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>			
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b>	10,903,250.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	385,664.		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	19,105.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b>	404,769.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .			<b>5</b>	11,308,019.

## 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.

SEE PAGE 5

**Part XIII Supplemental Information (continued)**

FIN 48 FOOTNOTE

UHF RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE UHF'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. UHF DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY AT FEBRUARY 28, 2018 AND FEBRUARY 29, 2017.

FORM 990, SCHEDULE D, PART XI, LINE 2D

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT INCLUDED IN 990 -

INVESTMENT RETURN DESIGNATED FOR CURRENT OPERATIONS - \$6,351,950

UHF MAINTAINS AN INVESTMENT POOL FOR CERTAIN INVESTMENTS. ITS BOARD OF DIRECTORS HAS AUTHORIZED A POLICY TO PROVIDE A PREDICTABLE FLOW OF FUNDS TO SUPPORT OPERATIONS. THE POLICY PERMITS ALLOCATION BASED ON A TRAILING MOVING AVERAGE OF THE POOL CALCULATED AS OF THE CALENDAR YEAR-END, AS OPERATING INCOME IN THE FOLLOWING FISCAL YEAR, EVEN IN THE EVENT THE ACTUAL RETURN ACHIEVED IS INADEQUATE TO MEET THE ALLOCATION. THE ALLOCATION AUTHORIZED FOR THE YEAR ENDED FEBRUARY 28, 2017 AND FEBRUARY 29, 2016 WAS 5.5% OF A 36-MONTH TRAILING MOVING AVERAGE.

IN FEBRUARY 2014, THE BOARD AUTHORIZED AN ADDITIONAL DRAW OF 1.5% OR APPROXIMATELY \$5 MILLION OVER 3 FISCAL YEARS, 2015, 2016, AND 2017, TO BE USED FOR SPECIFIC PURPOSES AS APPROVED BY THE BOARD FOR EACH YEAR'S BUDGET, AND AS REPORTED TO THE BOARD AT INTERIM PERIODS DURING THE YEAR.

IN FEBRUARY 2017, THE BOARD APPROVED A RESOLUTION TO CARRY UNSPENT BALANCES FROM THE ADDITIONAL DRAW INTO FISCAL YEAR 2018 TO BE USED FOR SPECIFIED PURPOSES AS APPROVED BY THE BOARD, AND AS REPORTED TO THE BOARD AT INTERIM PERIODS DURING THE YEAR. CERTAIN ENDOWMENT GIFTS ARE

**Part XIII Supplemental Information (continued)**

RESTRICTED FOR SPECIFIC PURPOSES, THE INCOME FROM WHICH, INCLUDED IN THE  
SPENDING RATE, IS SPENT IN ACCORDANCE WITH THOSE RESTRICTIONS.

FORM 990, SCHEDULE D, PART XI, LINE 4B

OTHER REVENUE AMOUNTS INCLUDED ON 990 PART VIII LINE 12 BUT NOT LINE 1

DIVIDENDS AND INTEREST	\$44,306
REALIZED GAIN ON INVESTMENTS	\$3,363,036
 TOTAL	 \$3,407,342

FORM 990, SCHEDULE D, PART XII, LINE 4B

RECONCILIATION OF EXPENSES

GRANTS MADE IN PREVIOUS YEARS CANCELLED/RETURNED TO POOL	\$19,105
--	----------

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

**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 and 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 the 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) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		43,433,338.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					43,433,338.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)					43,433,338.

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

Schedule F (Form 990) 2017



**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. X

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)									
(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

3 Enter total number of other organizations or entities

**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 non-cash assistance	(g) Description of non-cash 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)							

Schedule F (Form 990) 2017

**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

Schedule F (Form 990) 2017

**Part V****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).

FORM 990, SCHEDULE F, PART IV

THE UNITED HOSPITAL FUND INVESTS IN DOMESTIC AND FOREIGN ALTERNATIVE INVESTMENTS THAT MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. UHF'S INVESTMENT ACTIVITIES MAY NOT REACH THE THRESHOLD REQUIRED FOR FILING FORM 926, 5471, 8621, AND 8865; TO THE EXTENT THAT THE ORGANIZATION IS REQUIRED TO FILE THESE FORMS, THEY HAVE BEEN ATTACHED TO THE ORGANIZATION'S FORM 990-T.



**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, line 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](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

**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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						

**Total** .....

- 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.

**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.

		(a) Event #1 GALA (event type)	(b) Event #2 TRUSTEE TRIBUT (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	1,774,787.	446,550.		2,221,337.
	2 Less: Contributions . . . . .	1,676,187.	389,550.		2,065,737.
	3 Gross income (line 1 minus line 2). . . . .	98,600.	57,000.		155,600.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	201,391.	100,850.		302,241.
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .	3,200.			3,200.
	9 Other direct expenses . . . . .	10,188.	4,581.		14,769.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				320,210.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				-164,610.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
	2 Cash prizes . . . . .				
Direct Expenses	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % 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: \_\_\_\_\_

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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c** If "Yes," enter name and address 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Provide the explanation 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).

**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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

**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.

1 (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 non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTHCARE NETWORK 60 MADISON AVENUE, 5TH FLOOR	13-3083068	501 (C) (3)	119,107.				CLINICAL-COMMUNITY PARTNERSHIPS
(2) CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY, SUITE 2300 NEW YORK, NY 10006	13-3600232	501 (C) (3)	125,000.				CLINICAL-COMMUNITY PARTNERSHIPS
(3) GREATER NEW YORK HOSPITAL ASSOCIATION 555 WEST 57TH STREET, 15TH FLOOR	13-2954140	501 (C) (3)	125,000.				QUALITY AND EFFICIENCY
(4) MEDISYS HEALTH NETWORK 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418	11-1631788	501 (C) (3)	41,887.				QUALITY AND EFFICIENCY
(5) MEMORIAL SLOAN KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065	13-1924236	501 (C) (3)	50,000.				QUALITY AND EFFICIENCY
(6) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501 (C) (3)	70,000.				CLINICAL-COMMUNITY PARTNERSHIPS
(7) MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX, NY 10467	13-1740114	501 (C) (3)	55,000.				QUALITY AND EFFICIENCY
(8) MOUNT SINAI HEALTH SYSTEM ONE GUSTAVE L. LEVY PLACE	13-1624096	501 (C) (3)	50,000.				QUALITY AND EFFICIENCY
(9) NEWYORK-PRESBYTERIAN QUEENS 56-45 MAIN STREET FLUSHING, NY 11355	11-1839362	501 (C) (3)	50,000.				QUALITY AND EFFICIENCY
(10) PUBLIC AGENDA 195 MONTAGUE STREET, 14TH FLOOR	13-2847587	501 (C) (3)	100,000.				CLINICAL-COMMUNITY PARTNERSHIPS
(11) WYCKOFF HEIGHTS MEDICAL CENTER 374 STOCKHOLM STREET BROOKLYN, NY 11237	11-1631837	501 (C) (3)	50,000.				QUALITY AND EFFICIENCY
(12)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.							11.
3 Enter total number of other organizations listed in the line 1 table.							11.

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

Schedule I (Form 990) (2017)



Schedule I (Form 990) (2017)

Page 2

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

## GRANTS PROCEDURES

UHF INVITES TAX-EXEMPT 501(C)3 ORGANIZATIONS TO SUBMIT LETTERS OF INTENT OR PROPOSALS FOR GRANT FUNDS FOR INITIATIVES OR PROJECTS THAT RELATE TO UHF'S PRIORITIES. SOME OF THE LETTERS OF INTENT WILL RESULT IN A REQUEST FOR PROPOSALS TO PROVIDE A MORE IN-DEPTH DESCRIPTION OF THE PROPOSED SCOPE OF WORK AND THE PLANS FOR EVALUATING THE PROJECT'S ACHIEVEMENT. IN ADDITION THE PROPOSAL PROVIDES A DETAILED BUDGET SUPPORTING THE REQUESTED AMOUNT AND A BUDGET NARRATIVE. UHF STAFF REVIEW PROPOSALS AND MAKE RECOMMENDATIONS TO THE PROGRAM COMMITTEE OF THE BOARD ON THOSE PROPOSALS THAT ARE CONSISTENT WITH UHF PRIORITIES AND THAT OFFER THE GREATEST

Schedule I (Form 990) (2017)

JSA

7E1504 1.000

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Schedule I (Form 990) (2017)

Page 2

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

IMPACT AND POTENTIAL TO ACHIEVE SUCCESS. RECOMMENDATIONS APPROVED BY THE

PROGRAM COMMITTEE ARE THEN SUBMITTED TO THE BOARD FOR FINAL APPROVAL.

GRANTEES ARE NOTIFIED OF THEIR GRANT AWARDS, THE REPORTING REQUIREMENTS,

AND ARE PROVIDED AN UPFRONT PARTIAL PAYMENT. UHF MONITORS THE GRANTEES

THROUGHOUT THE GRANT PERIOD FOR PROGRESS VIA MEETINGS, TELEPHONE CALLS,

AND SUBMISSION OF NARRATIVE AND FINANCIAL REPORTS. STAFF REVIEW AND

APPROVE (OR NOT) FINANCIAL REPORTS SUBMITTED. AT CERTAIN PROGRESS

MARKERS, UHF WILL MAKE ADDITIONAL PARTIAL PAYMENTS. ONCE THE GRANT

PERIOD AND SCOPE OF WORK IS COMPLETED AS DOCUMENTED BY ACCEPTABLE FINAL

NARRATIVE AND FINANCIAL REPORTS, FINAL PAYMENT IS MADE TO THE GRANTEE.

Schedule I (Form 990) (2017)

JSA

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Schedule I (Form 990) (2017)

Page 2

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash 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.

SHOULD THE GRANTEE AT ANY POINT FAIL TO MEET THE TERMS OF THE GRANT, UHF

HAS THE RIGHT TO TERMINATE THE GRANT AND NO FURTHER PAYMENTS WILL BE

MADE. UHF RESERVES THE RIGHT TO INSTRUCT GRANTEES TO CEASE WORK ON A

TERMINATED PROJECT AND RETURN UNUSED GRANT FUNDS ALREADY FORWARDED TO THE

GRANTEE.

Schedule I (Form 990) (2017)

JSA

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**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

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**Part I Questions Regarding Compensation**

**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 type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef)         |

**b** 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

**1b** X

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**2** X

**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 type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <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? **4a** X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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? **5a** X
- b** Any related organization? **5b** X
- 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? **6a** X
- b** Any related organization? **6b** X
- 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 on lines 5 and 6? If "Yes," describe in Part III. **7** X

**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 **8** X

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

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

Schedule J (Form 990) 2017



Schedule J (Form 990) 2017

Page **2****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 aren't 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				
<b>1</b> ANTHONY SHIH, MD, MPH PRESIDENT AS OF 8/14/17	(i) 170,306. (ii) 0.	0.	6,750. 0.	9,227.	7,658.	193,941.	
<b>2</b> JAMES R. TALLON, JR. PRESIDENT UNTIL 8/13/17	(i) 338,901. (ii) 0.	0.	84,704. 0.	21,600.	2,872.	448,077.	
<b>3</b> SHEILA M. ABRAMS SENIOR VICE PRESIDENT	(i) 269,335. (ii) 0.	0.	12,437. 0.	23,600.	9,405.	314,777.	
<b>4</b> SALLY J. ROGERS SENIOR VICE PRESIDENT	(i) 263,951. (ii) 0.	0.	8,447. 0.	23,600.	9,355.	305,353.	
<b>5</b> DEBORAH E. HALPER VICE PRESIDENT	(i) 204,808. (ii) 0.	0.	4,356. 0.	19,226.	16,846.	245,236.	
<b>6</b> CHAD SHEARER VICE PRESIDENT	(i) 208,422. (ii) 0.	0.	300. 0.	11,522.	9,088.	229,332.	
<b>7</b> CATHERINE ARNST DIRECTOR, PUBLIC INFORMATION	(i) 148,382. (ii) 0.	0.	1,675. 0.	8,164.	14,400.	172,621.	
<b>8</b> ANNE-MARIE AUDET SENIOR MEDICAL OFFICER	(i) 169,786. (ii) 0.	0.	879. 0.	6,827.		177,492.	
<b>9</b> GREGORY C. BURKE DIRECTOR, INNOVATION STRATEGIES	(i) 203,385. (ii) 0.	0.	2,210. 0.	14,892.	16,774.	237,261.	
<b>10</b> SHARON BUTLER CONTROLLER	(i) 158,930. (ii) 0.	0.	450. 0.	15,576.	23,460.	198,416.	
<b>11</b> PETER NEWELL DIRECTOR, HEALTH INSURANCE	(i) 166,891. (ii) 0.	0.	1,980. 0.	14,870.	3,962.	187,703.	
<b>12</b>							
<b>13</b>							
<b>14</b>							
<b>15</b>							
<b>16</b>							

Schedule J (Form 990) 2017

JSA

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**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.

**PART I, LINE 1A**

THE ORGANIZATION OWNS AN APARTMENT WHICH JIM TALLON, LIVED IN UNTIL HIS RETIREMENT FROM THE ORGANIZATION ON NOVEMBER 17, 2017. THE FAIR MARKET VALUE OF THE RENT, \$63,600, IS INCLUDED IN THE TAXABLE INCOME OF JAMES R. TALLON, JR., AS REFLECTED IN SCHEDULE J, PART II, COLUMN (B)(III).

**PART I LINE 7**

IN ANY GIVEN YEAR SOME UNITED HOSPITAL FUND STAFF MAY BE AWARDED BONUSES FOR EXTRAORDINARY WORK PERFORMANCE AND ACCOMPLISHMENTS. TO THE EXTENT THE BONUS RELATES TO A STAFF PERSON WHOSE COMPENSATION AWARDS ARE SUBJECT TO APPROVAL BY THE SUB COMMITTEE ON EXECUTIVE COMPENSATION (SUB COMMITTEE), THE BONUS RECOMMENDATION IS INCLUDED WITH ALL RELEVANT STAFF COMPENSATION ADJUSTMENT RECOMMENDATIONS PROVIDED TO THE SUB COMMITTEE FOR ITS REVIEW AND APPROVAL OR DENIAL AS DESCRIBED IN DETAIL IN SCHEDULE O, SUB COMMITTEE ON EXECUTIVE COMPENSATION SECTION.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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FORM 990, PART I, LINE 1 (CONTINUATION OF MISSION STATEMENT)  
TO INFORM DECISION-MAKERS, FIND COMMON GROUND AMONG DIVERSE STAKEHOLDERS,  
AND DEVELOP AND SUPPORT INITIATIVE PROGRAMS THAT IMPROVE THE QUALITY,  
ACCESSIBILITY, AFFORDABILITY, AND EXPERIENCE OF PATIENT CARE.

OTHER PROGRAM SERVICES

FORM 990, PART III PROGRAM SERVICE, LINE 4D

UHF'S HEALTH INSURANCE PROJECT PRODUCED REPORTS ON HOW A PLAN BY THE U.S.  
HOUSE OF REPRESENTATIVES TO REPEAL AND REPLACE THE AFFORDABLE CARE ACT  
WOULD IMPACT NEW YORK STATE'S GAINS IN COVERAGE AND MARKET STABILITY;  
SIGNS OF DISTRESS IN NEW YORK'S SMALL GROUP INSURANCE MARKET; NEW YORK'S  
INDIVIDUAL INSURANCE MARKET; PRESCRIPTION DRUG SPENDING FOR HEALTH PLANS  
PARTICIPATING IN THE MEDICAID MANAGED CARE AND COMMERCIAL SMALL GROUP  
MARKETS; AND WAYS TO STRENGTHEN CONSUMER ACCESS TO PROVIDER NETWORKS IN  
THE STATE.

UHF'S CHILDREN'S HEALTH INITIATIVE COMPLETED THE FIRST YEAR OF ITS  
PARTNERSHIPS FOR EARLY CHILDHOOD DEVELOPMENT INITIATIVE, SUPPORTING 11  
NEW YORK CITY HOSPITALS AND THEIR COMMUNITY-BASED PARTNERS IN A YEAR-LONG  
EFFORT TO HELP PEDIATRIC PRIMARY CARE PRACTICES INITIATE, EXPAND, OR  
IMPROVE ON EFFORTS TO SCREEN CHILDREN AGES 0-5 FOR SOCIAL AND  
ENVIRONMENTAL RISKS THAT INTERFERE WITH HEALTHY DEVELOPMENT, AND CONNECT  
THEM WITH THE SERVICES THAT CAN ADDRESS THOSE RISKS. THROUGH ITS FAMILY

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CAREGIVING INITIATIVE, UHF PUBLISHED A GUIDE TO HELP CAREGIVERS AND PATIENTS SAFELY MANAGE PERIPHERALLY-INSERTED CENTRAL CATHETER LINES IN HOME-BASED CARE, AND A REPORT SUMMING UP THE DISCUSSIONS AND FINDINGS OF A ROUNDTABLE ON PATIENTS WHO REFUSE HOME HEALTH CARE SERVICES.

UHF ALSO AWARDED NEARLY \$1 MILLION IN GRANTS TO SUPPORT RESEARCH AND PROGRAMS TO IMPROVE ACCESS TO AND QUALITY OF CARE FOR VULNERABLE POPULATIONS; PROJECTS THAT IMPROVE THE SAFETY AND QUALITY OF CARE PROVIDED BY HOSPITALS, NURSING HOMES, AND COMMUNITY-BASED ORGANIZATIONS; AND THE DEVELOPMENT OF GUIDANCE FOR PRIMARY CARE AND BEHAVIORAL HEALTH PROVIDERS.

#### TAX RETURN REVIEW

FORM 990, PART VI, SECTION B, LINE 11

UHF'S TAX RETURNS ARE REVIEWED IN DETAIL BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM AND THEN BY THE BUDGET, AUDIT AND OPERATIONS COMMITTEE OF THE UNITED HOSPITAL FUND. THE TAX RETURNS ARE THEN PROVIDED TO THE ENTIRE BOARD FOR THEIR COMMENTS FOR A PERIOD OF AT LEAST 7 DAYS PRIOR TO FILING. IF NO COMMENTS ARE RECEIVED THE RETURNS ARE FILED AS PRESENTED.

#### CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12 THE ORGANIZATION'S CORPORATE SECRETARY IS CHARGED WITH IMPLEMENTING THE BOARD-ADOPTED CONFLICT OF INTEREST POLICY. AS REQUIRED BY THE POLICY, THE SECRETARY SOLICITS ANNUALLY FROM EACH DIRECTOR, BOARD COMMITTEE MEMBER WHO IS NOT A DIRECTOR, OFFICERS AND KEY EMPLOYEES, A SIGNED STATEMENT WHICH DISCLOSES



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RELATIONSHIPS (OR REPORTS "NONE") WHICH MAY POSE POTENTIAL CONFLICTS OF INTEREST. EACH PERSON COVERED BY THE POLICY IS ISSUED THE POLICY, AND A LIST OF VENDORS AND FUND AFFILIATIONS TO REVIEW IN CONJUNCTION WITH THIS ANNUAL REQUEST. DURING THE INTERIM PERIOD, EACH PERSON COVERED BY THE POLICY IS REQUIRED TO DISCLOSE ANY CHANGES IN RELATIONSHIPS OR ANY NEW CONFLICTS THAT MAY ARISE. THE DISCLOSURE SIGNED BY EACH PERSON AFFECTED BY THE POLICY ALSO CONSIDERS HIS OR HER SPOUSE OR COMMITTED PARTNER, AND HIS OR HER RELATIVES AND THOSE WHO HAVE A BUSINESS RELATIONSHIP WITH ANOTHER FUND OFFICER, DIRECTOR, TRUSTEE OR KEY EMPLOYEE AS DEFINED BY THE POLICY IN DETERMINING THE PRESENCE OR APPEARANCE OF CONFLICTS OF INTEREST. THE SECRETARY REVIEWS COMMITTEE AND BOARD MEETING AGENDA ITEMS AND REPORTS TO THE CHAIRMAN AND TO THE PRESIDENT IF, BASED ON SUCH STATEMENTS, ANY AGENDA ITEM FOR BOARD OR COMMITTEE ACTION MAY INVOLVE AN ORGANIZATION WITH WHICH A PERSON COVERED BY THE POLICY MAY HAVE A CONFLICTING INTEREST. SUCH PERSONS IDENTIFIED MUST NOT INFLUENCE THE DISCUSSION OR DECISION, AND MUST EXIT THE ROOM PRIOR TO THE BOARD VOTING ON THE ACTION FOR WHICH A CONFLICTING INTEREST IS IDENTIFIED. SIMILARLY CONFLICTS IDENTIFIED BY KEY STAFF ARE DISCLOSED TO THE PRESIDENT AND THE CHAIRMAN, WHO REQUEST KEY STAFF EXIT THE ROOM BEFORE THE DISCUSSION OF CONTEMPLATED ACTIONS.

## EXECUTIVE COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15 UHF'S SUB-COMMITTEE ON EXECUTIVE COMPENSATION ("SUB-COMMITTEE") WHICH IS COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD IS RESPONSIBLE TO REVIEW THE PERFORMANCE AND APPROVE ANY COMPENSATION ADJUSTMENTS FOR THE CEO, AND TO REVIEW THE PERFORMANCE

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EVALUATIONS AND ANY RECOMMENDED MERIT INCREASES THE CEO MAY MAKE TO THE SUB-COMMITTEE FOR THE TWO SENIOR VICE PRESIDENTS AND TWO VICE PRESIDENTS. THE REVIEW TAKES PLACE ONCE A YEAR AND THE PERFORMANCE EVALUATIONS COVER THE PERIOD MARCH 1 TO FEBRUARY 28 (OR 29 IN A LEAP YEAR). UHF COMMISSIONS AN INDEPENDENT EXECUTIVE COMPENSATION CONSULTING FIRM TO PERFORM AN EXECUTIVE COMPENSATION STUDY. THIS STUDY EVALUATES COMPENSATION OF UHF'S CEO AND TWO SENIOR VICE PRESIDENTS AND TWO VICE PRESIDENTS. THE REVIEW COMPARES ALL COMPENSATION AND PERQUISITES AGAINST MARKET DATA, AND THE CONSULTANT PROVIDES ITS OPINION ON THE REASONABLENESS OF EXECUTIVE COMPENSATION AND PERQUISITES FOR THOSE SPECIFIC UHF EMPLOYEES EVALUATED AGAINST THE MARKET PLACE FOR LIKE KIND POSITIONS. THE STUDY IS COMMISSIONED AT LEAST ONCE EVERY TWO YEARS, OR ANNUALLY AS NECESSARY. THE SUB-COMMITTEE REVIEWS THE EXECUTIVE COMPENSATION STUDY ALONG WITH PERFORMANCE AND RECOMMENDED MERIT INCREASES AND PERQUISITES AND MAKES CHANGES OR APPROVES, AS IT CONCLUDES. AT THE NEXT BOARD MEETING, THE BOARD IS APPRISED THAT THE SUB-COMMITTEE MET TO REVIEW COMPENSATION AND WHILE NOT SPECIFICALLY INFORMED AT THE BOARD MEETING OF EACH STAFF'S COMPENSATION FOR THE COMING YEAR, BOARD MEMBERS ARE INVITED TO REVIEW THE MINUTES OF THE MEETING SHOULD THEY BE INTERESTED TO HAVE MORE DETAIL. ALL RECOMMENDATIONS ARE APPROVED IN WRITING AND FORWARDED TO THE HUMAN RESOURCES DEPARTMENT FOR PROCESSING. BOARD MEMBERS WHO ARE ELECTED OFFICERS BUT WHO ARE NOT ALSO FUND EMPLOYEES DO NOT RECEIVE ANY PAYMENT FOR THEIR SERVICE AS AN OFFICER TO THE BOARD.

GOVERNING DOCUMENTS AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

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THE UNITED HOSPITAL FUND MAKES ITS FINANCIAL STATEMENTS AVAILABLE VIA ITS WEBSITE (WWW.UHFNYC.ORG), UPON REQUEST AND THEY ARE ALSO AVAILABLE BY CONTACTING NEW YORK STATE CHARITIES BUREAU. INCLUDED IN SCHEDULE O THERE IS A NARRATIVE REGARDING UHF'S CONFLICT OF INTEREST POLICY. THIS IS THE ONLY INFORMATION REGARDING UNITED HOSPITAL FUND'S CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC AT THIS TIME. UHF'S GOVERNING DOCUMENTS ARE CURRENTLY UNAVAILABLE FOR PUBLIC INSPECTION.

## OTHER CHANGES IN NET ASSETS OF FUND BALANCES

FORM 990, PART XI, LINE 9

(\$63,751)	POST RETIREMENT COST
321,441	CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS
19,105	GRANTS MADE IN PREVIOUS YEARS CANCELLED

----- RETURNED TO POOL

\$276,795

=====

## BY-LAW CHANGES

DURING THE FISCAL YEAR, UNITED HOSPITAL FUND OF NEW YORK REVISED ITS BY-LAWS TO BE IN COMPLIANCE WITH THE NON-PROFIT REVITALIZATION ACT.

Name of the organization	Employer identification number
UNITED HOSPITAL FUND OF NEW YORK	13-1562656
ATTACHMENT 1	

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

UNITED HOSPITAL FUND WORKS TO BUILD A MORE EFFECTIVE HEALTH CARE SYSTEM FOR EVERY NEW YORKER. AN INDEPENDENT, NONPROFIT ORGANIZATION, WE ANALYZE PUBLIC POLICY TO INFORM DECISION-MAKERS, FIND COMMON GROUND AMONG DIVERSE STAKEHOLDERS, AND DEVELOP AND SUPPORT INNOVATIVE PROGRAMS THAT IMPROVE THE QUALITY, ACCESSIBILITY, AFFORDABILITY, AND EXPERIENCE OF PATIENT CARE.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

UHF'S QUALITY INSTITUTE WORKS TO IMPROVE HEALTH AND HEALTH CARE QUALITY IN NEW YORK BY IDENTIFYING AND SPREADING BEST PRACTICES ACROSS THE CONTINUUM OF CARE, DEVELOPING THE NEXT GENERATION OF QUALITY IMPROVEMENT LEADERS, AND HELPING TO ACHIEVE CONSENSUS ON THE MOST EFFECTIVE QUALITY ASSESSMENT MEASURE AND PATIENT ENGAGEMENT STRATEGIES. THE QUALITY INSTITUTE BUILDS ON UHF'S DECADE-LONG EXPERIENCE IN IMPLEMENTING HEALTH CARE QUALITY INITIATIVES AND GRANT-MAKING ACTIVITIES--AS WELL AS ITS ROLE AS A NEUTRAL AND TRUSTED CONVENER OF DIVERSE STAKEHOLDERS IN THE HEALTH CARE COMMUNITY. DURING THE PAST YEAR, UHF, PARTNERING WITH GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), GRADUATED THE EIGHTH CLASS OF ITS CLINICAL QUALITY FELLOWSHIP PROGRAM, AND LAUNCHED A NEW FELLOWSHIP CLASS OF 29 PHYSICIANS AND NURSES, ITS LARGEST CLASS YET. THE PROGRAM SUPPORTS THE TRAINING AND PROFESSIONAL DEVELOPMENT OF EARLY-AND MID-CAREER PHYSICIANS AND NURSES FROM HOSPITALS ACROSS THE REGION TO HELP THEM TO LEAD AND CHAMPION



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## ATTACHMENT 2 (CONT'D)

QUALITY IMPROVEMENT INITIATIVES IN THEIR OWN INSTITUTIONS. UHF AND GNYHA CONTINUED ITS PARTNERSHIP ON THE ANTIBIOTIC STEWARDSHIP PROGRAM AND UHF CONTINUED ITS OWN OUTPATIENT ANTIBIOTIC STEWARDSHIP INITIATIVE TO COMBAT THE OVERUSE AND MISUSE OF ANTIBIOTICS IN GREATER NEW YORK-AREA HEALTH CARE SYSTEMS--35 OUTPATIENT PRACTICES ARE PARTICIPATING IN THE INITIATIVE. THE ANTIBIOTIC STEWARDSHIP CERTIFICATION PROGRAM WAS EXTENDED TO NURSING HOMES LAST YEAR IN ADDITION TO HOSPITALS, OFFERING A CERTIFICATE PROGRAM AND EDUCATIONAL PROGRAMMING FOCUSED SPECIFICALLY ON THE JUDICIOUS USE OF ANTIBIOTICS. UHF AND GNYHA ALSO LAUNCHED A COLLABORATIVE TO ENGAGE 11 HOSPITALS IN PROMOTING A HIGH RELIABILITY CULTURE.

UHF CONTINUES ITS WORK ON BEHALF OF THE NEW YORK STATE DEPARTMENT OF HEALTH AS PART OF ITS STATE INNOVATION MODEL INITIATIVE, WHICH AIMS TO SPREAD THE ADVANCED PRIMARY CARE MODEL THROUGHOUT THE STATE. AS PART OF THIS EFFORT, UHF STAFF ARE CHAMPIONING WORK ON THE STATE INNOVATION MODEL ADVANCED PRIMARY CARE MEASURE SET, HELPING DEVELOP STANDARDIZED METRICS FOR THE STATE. UHF HELPED DEVELOP THE ADVANCED PRIMARY CARE CORE MEASURE SET, CONSISTING OF 28 QUALITY MEASURES ACROSS SIX DOMAINS AND TWO COMPENDIA OF RESOURCES COVERING THE QUALITY MEASURES OF THE APC CORE MEASURE SET. UHF STAFF WORKED WITH THE STATE ON THE DEVELOPMENT OF A SCORECARD WHICH INCLUDES A SUBSET OF THE MEASURES. UHF STAFF ALSO PARTICIPATED ON THE NEW YORK STATE ANTIBIOTIC TASK FORCE.

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ATTACHMENT 2 (CONT'D)

UHF CONTINUED ITS PATIENT REPORTED OUTCOMES IN PRIMARY CARE-NY INITIATIVE, AN 18-MONTH LEARNING COLLABORATIVE WITH THREE HEALTH CARE ORGANIZATIONS TO TEST THE FEASIBILITY OF INTEGRATING PATIENT-REPORTED OUTCOMES MEASUREMENTS INTO ROUTINE WORKFLOW OF PRIMARY CARE PRACTICES. UHF STAFF COMPLETED A PROJECT THAT IDENTIFIES THE QUALITY MEASURES THAT MATTER MOST TO CONSUMERS, AND PUBLISHED A COMPREHENSIVE REPORT ON THE PROJECT.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

UHF'S MEDICAID INSTITUTE WORKS TO EFFECT POSITIVE CHANGE IN THE DESIGN AND OPERATION OF NEW YORK STATE'S MEDICAID PROGRAM, WHICH SERVES APPROXIMATELY 6 MILLION NEW YORKERS AND ACCOUNTS FOR SPENDING OF APPROXIMATELY \$70 BILLION ANNUALLY. MEDICAID ACCOUNTS FOR ABOUT A THIRD OF THE STATE'S HEALTH CARE ECONOMY. THE MEDICAID INSTITUTE PRODUCES RESEARCH, ANALYSIS, AND PUBLICATIONS THAT INFORM POLICY DISCUSSIONS AT EVERY STAGE AND LEVEL, AND SPONSORS BRIEFINGS, MEETINGS, AND CONFERENCES WITH GOVERNMENT OFFICIALS, HEALTH CARE PROVIDERS AND INSURERS, PROGRAM ADMINISTRATORS, ADVOCATES, AND OTHER MAJOR STAKEHOLDERS, TO IDENTIFY AND ADDRESS IMPORTANT ISSUES AFFECTING BOTH HEALTH CARE PROVIDERS AND BENEFICIARIES. DURING THE PAST YEAR, UHF PUBLISHED FIVE REPORTS ANALYZING MEDICAID ENROLLMENT AND SPENDING IN NEW YORK STATE: THREE PRESENT DATA ON MEDICAID ENROLLMENT, SPENDING, AND QUALITY

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ATTACHMENT 3 (CONT'D)

OF CARE FOR BENEFICIARIES UNDER THE AGE OF 21; ONE SHOWS THE DISTRIBUTION OF THE STATE'S MEDICAID POPULATION AND HOW CHANGES TO THE FEDERAL-STATE MEDICAID PROGRAM WOULD AFFECT NEW YORKERS, AND INCLUDES A COUNTY-BY-COUNTY BREAKDOWN OF MEDICAID ENROLLMENT; AND A FIFTH REPORT EXAMINES ENROLLMENT GROWTH IN THE MEDICAID LONG-TERM CARE PROGRAM, WITH A TIMELINE OF KEY POLICY CHANGES. OTHER REPORTS AND DATA ANALYSES WERE ALSO PREPARED FOR THE NEW YORK STATE DEPARTMENT OF HEALTH. THE MEDICAID INSTITUTE PROVIDED STAFF LEVEL SUPPORT TO THE STATE FOR THE CHILDREN'S HEALTH SUBCOMMITTEE AND CLINICAL ADVISORY GROUP CHARGED WITH DESIGNING A VALUE-BASED PAYMENT MODEL AND ASSOCIATED MEASURES FOR NEW YORK'S MEDICAID PROGRAM, AND IS HELPING TO LAUNCH THE STATE'S FIRST 1,000 DAYS ON MEDICAID INITIATIVE, A HOST OF NEW CROSS-SECTOR PROGRAMS FOR CHILDREN UP TO AGE THREE. UHF ALSO SPONSORED ITS ANNUAL MEDICAID CONFERENCE, KEYNOTED BY NYS MEDICAID DIRECTOR JASON HELGERSON, AND FEATURING PANELS ON BEHAVIORAL HEALTH, AND DELIVERY SYSTEM REFORM. STAFF PARTICIPATED IN IMPORTANT STATE CONVENINGS, INCLUDING MEETING OF THE DEPARTMENT OF HEALTH'S VALUE-BASED PAYMENT WORKGROUP AND THE BEHAVIORAL HEALTH CLINICAL ADVISORY GROUP, AND RECURRING HEALTH HOME WEBINARS.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

UHF'S INNOVATION STRATEGIES INITIATIVE SEEKS TO IMPROVE THE PERFORMANCE OF NEW YORK'S HEALTH CARE SYSTEM--AND THE ASSOCIATED

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## ATTACHMENT 4 (CONT'D)

HEALTH OF NEW YORKERS--BY IDENTIFYING, EVALUATING, AND SUPPORTING THE ADOPTION OF PROMISING INNOVATIONS IN HOW HEALTH CARE SERVICES ARE ORGANIZED, DELIVERED, AND FINANCED, HOW THEY ARE ENGAGING PATIENTS AND FAMILIES, AND HOW THEY ARE USING HEALTH INFORMATION TECHNOLOGY TO GUIDE AND ASSESS THESE NEW DEVELOPMENTS. THE INITIATIVE FOCUSES ON ADVANCED PRIMARY CARE, THE INTEGRATION OF BEHAVIORAL HEALTH IN PRIMARY CARE, AND THE DEVELOPMENT OF PROVIDER NETWORKS OR INTEGRATED DELIVERY SYSTEMS THAT ARE CAPABLE OF ACCEPTING RESPONSIBILITY FOR THE HEALTH, HEALTH CARE, AND COSTS OF CARE OF SPECIFIC POPULATIONS. DURING THE PAST YEAR, UHF PUBLISHED REPORTS EXAMINING: THE PERFORMANCE OF NEW YORK'S ACCOUNTABLE CARE ORGANIZATIONS IN YEAR 2 OF THE FEDERAL MEDICARE SHARED SAVINGS PROGRAM; THE SHIFTING ROLES OF PROVIDERS AND PAYERS RELATED TO THE ADOPTION OF FULL-RISK CAPITATION; AND THE THIRD IN A SERIES OF REPORTS TRACKING MEDICAL HOME GROWTH IN NEW YORK STATE. UHF ALSO PUBLISHED A GUIDE TO HELP PRIMARY CARE PRACTICES INCREASE THEIR ABILITY TO SERVE PATIENTS WITH MENTAL HEALTH ISSUES. UHF STAFF MEMBERS WORKED CLOSELY WITH STATE AND CITY HEALTH DEPARTMENT LEADERS ON IMPLEMENTING ADVANCED PRIMARY CARE, ESPECIALLY FOR SMALL PRACTICES THAT LACK CAPACITY FOR PRACTICE TRANSFORMATION.

## ATTACHMENT 5

## FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION	GRANTS	EXPENSES	REVENUE
GRANTMAKING		322,180.	0.
FAMILY CAREGIVING		452,813.	0.

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ATTACHMENT 5 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
AGING IN PLACE		2,797.	0.
CONFERENCES		220,045.	19,978.
PROGRAM - GENERAL		250,460.	0.
CHILDREN'S HEALTH INITIATIVE	170,000.	572,209.	0.
INSURANCE		469,300.	0.
LIBRARY		139,815.	0.
PUBLICATIONS		1,288,022.	0.
TOTALS	170,000.	3,717,641.	19,978.

ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MA, MI,

MN, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 7

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COVARIANCE CAPITAL MANAGEMENT 1221 MCKINNEY ST, SUITE 1800 HOUSTON, TX 77010	INVESTMENT ADVISORY	243,089.

ATTACHMENT 8



Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

ATTACHMENT 8 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
INVESTMENTS	19,334,334.	30,252,071.	FMV
TOTALS	<u>19,334,334.</u>	<u>30,252,071.</u>	

**SCHEDULE R**  
**(Form 990)****Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

OMB No. 1545-0047

**2017**Open to Public  
Inspection**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)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2017

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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) CHARITABLE REMAINDER TRUST C/O JP MORGAN SERVICES, PO BOX 6089 NEWARK, DE 19714-6089 13-6046088	ANNUITY	NY	N/A	TRUST	98.895.	2,411,186.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**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.

(1)	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V- UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

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Schedule R (Form 990) 2017



**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.