

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ 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.

**A** For the **2021** calendar year, or tax year beginning **MAR 1, 2021** and ending **FEB 28, 2022**

<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: OXIRIS BARBOT, MD SAME AS C ABOVE	<b>D</b> Employer identification number  13-1562656  <b>E</b> Telephone number  212-494-0700  <b>G</b> Gross receipts \$ <span style="float:right">32,979,146.</span>  <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>H(c)</b> Group exemption number ▶
<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>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>1</b>	Briefly describe the organization's mission or most significant activities: <u>WORKING TO BUILD AN EFFECTIVE AND EQUITABLE HEALTH CARE SYSTEM FOR EVERY NEW YORKER. (SEE SCH. O)</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	23
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	22
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a) .....	<b>5</b>	46
	<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	26
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	-2,555.
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	4,385,283.
<b>9</b>		Program service revenue (Part VIII, line 2g) .....	881,808.	614,147.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	17,316,750.	4,863,270.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	-51,426.	270,031.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	22,532,415.	10,406,800.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	465,000.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	6,929,749.	6,558,980.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	0.	0.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>811,143.</u>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	3,734,641.	3,383,221.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	11,129,390.	10,307,201.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	11,403,025.	99,599.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) .....	122,092,801.	118,804,052.
	<b>21</b>	Total liabilities (Part X, line 26) .....	4,242,642.	2,924,343.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	117,850,159.	115,879,709.

**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 _____ QUINCY MCLAIN, VICE PRESIDENT & CFO Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DANIEL ROMANO	Preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	PTIN P00504182
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558		Phone no. 212-599-0100	
	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013				

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  UNITED HOSPITAL FUND OF NEW YORK	Taxpayer identification number (TIN)  13-1562656
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1411 BROADWAY 12TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

QUINCY MCLAIN

- The books are in the care of ▶ 1411 BROADWAY, 12TH FLOOR - NEW YORK, NY 10018

Telephone No. ▶ 212-494-0700

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until JANUARY 17, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning MAR 1, 2021, and ending FEB 28, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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: SEE SCHEDULE O

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,080,140. including grants of \$ 0. ) (Revenue \$ 0. ) SEE SCHEDULE O

4b (Code: ) (Expenses \$ 1,035,270. including grants of \$ 0. ) (Revenue \$ 0. ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 980,829. including grants of \$ 0. ) (Revenue \$ 598,147. ) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 3,106,496. including grants of \$ 365,000. ) (Revenue \$ 16,000. )

4e Total program service expenses 6,202,735.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	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? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 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? <i>If "Yes," complete Schedule C, Part II</i> .....	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part I</i> .....		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? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		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? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	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? <i>If "Yes," complete Schedule D, Part VI</i> .....	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? <i>If "Yes," complete Schedule D, Part VII</i> .....	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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		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? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		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? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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

	Yes	No
<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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		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? <i>If "Yes," complete Schedule J</i> .....	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>24c</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>24d</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	X	
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		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? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>35b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on 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
QUINCY MCLAIN - 212-494-0700
1411 BROADWAY, 12TH FLOOR, NEW YORK, NY 10018

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ANTHONY SHIH, MD PRESIDENT	35.00 0.00	X		X				509,515.	0.	40,465.
(2) SHEILA ABRAMS SENIOR VICE PRESIDENT (THRU 05/2021)	35.00 0.00			X				415,083.	0.	30,403.
(3) SALLY ROGERS SENIOR VICE PRESIDENT	35.00 0.00			X				295,700.	0.	42,262.
(4) CHAD SHEARER SENIOR VICE PRESIDENT	35.00 0.00			X				283,035.	0.	31,566.
(5) QUINCY MCLAIN VICE PRESIDENT & CFO	35.00 0.00			X				199,293.	0.	46,901.
(6) VAUGHN MURRIA VICE PRESIDENT	35.00 0.00			X				194,618.	0.	26,678.
(7) ANNE-MARIE AUDET SENIOR MEDICAL OFFICER	21.00 0.00					X		188,177.	0.	29,386.
(8) ADAM FIFIELD DIRECTOR, COMMUNICATIONS	35.00 0.00					X		169,404.	0.	41,268.
(9) JOAN CUZIK DIRECTOR, QUALITY	35.00 0.00					X		158,764.	0.	50,561.
(10) PETER NEWELL DIRECTOR, HEALTH INSURANCE	35.00 0.00					X		188,047.	0.	19,733.
(11) CATHERINE ARNST DIRECTOR, PUBLIC INFORMATION	35.00 0.00					X		166,625.	0.	33,327.
(12) AMANDA WILLIAMS CORPORATE SECRETARY	40.00 0.00			X				108,293.	0.	30,304.
(13) JOHN C. SIMONS CHAIRMAN	2.00 0.00	X		X				0.	0.	0.
(14) J. BARCLAY COLLINS II CHAIRMAN EMERITUS	2.00 0.00	X		X				0.	0.	0.
(15) JO IVEY BOUFFORD, MD VICE CHAIRMAN	2.00 0.00	X		X				0.	0.	0.
(16) OXIRIS BARBOT, MD DIRECTOR (AS OF 06/2021)	2.00 0.00	X						0.	0.	0.
(17) NEERA CHAUDHARY DIRECTOR (AS OF 06/2021)	2.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DALE C. CHRISTENSEN, JR. DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) MARGARET CROTTY DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) SAMUEL J. DANIEL, MD, FACP, FACG DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) CHRISTOPHER DURAND DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) ROBERT GALVIN, MD DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) JENNIFER L. HOWSE, PHD DIRECTOR (THRU 06/2021)	2.00 0.00	X						0.	0.	0.
(24) EUGENE KEILIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) CARY A. KRAVET DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) JOSH N. KURILOFF DIRECTOR	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,876,554.	0.	422,854.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,876,554.	0.	422,854.

**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 22

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
MANATT, PHELPS & PHILLIPS, LLP 7 TIMES SQUARE, NEW YORK, NY 10036	CONSULTING SERVICES	300,000.

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	1,327,949.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	853,447.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,477,956.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 1,728.				
	<b>h Total.</b> Add lines 1a-1f .....			4,659,352.			
Program Service Revenue	<b>2 a</b> EXCHANGE REVENUE	Business Code					
		900099	598,147.	598,147.			
	<b>b</b> CONFERENCE	900099	15,000.	15,000.			
	<b>c</b> RESEARCH SYMPOSIUM	900099	1,000.	1,000.			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			614,147.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		220,823.		-2,555.	223,378.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	27,175,800.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	22,533,353.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	4,642,447.				
	<b>d</b> Net gain or (loss) .....			4,642,447.		4,642,447.	
<b>8 a</b> Gross income from fundraising events (not including \$ 1,327,949. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>	38,993.			
<b>c</b> Net income or (loss) from fundraising events .....			-38,993.		-38,993.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
Miscellaneous Revenue	<b>11 a</b> LICENSE FEES	Business Code					
		900099	308,172.			308,172.	
	<b>b</b> MISCELLANEOUS INCOME	900099	852.			852.	
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			309,024.				
<b>12 Total revenue.</b> See instructions .....			10,406,800.	614,147.	-2,555.	5,135,856.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	365,000.	365,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	2,154,571.	1,351,769.	646,096.	156,706.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,221,880.	2,059,179.	926,738.	235,963.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	279,399.	129,890.	131,146.	18,363.
<b>9</b> Other employee benefits .....	581,248.	270,216.	272,830.	38,202.
<b>10</b> Payroll taxes .....	321,882.	149,640.	151,088.	21,154.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	35,842.		35,842.	
<b>c</b> Accounting .....	90,080.		90,080.	
<b>d</b> Lobbying .....	95,750.	95,750.		
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	105,218.		105,218.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	802,513.	669,168.	129,518.	3,827.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	189,327.	82,194.	70,928.	36,205.
<b>14</b> Information technology .....	110,154.	26,879.	65,588.	17,687.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	1,067,715.	496,732.	474,599.	96,384.
<b>17</b> Travel .....	2,716.	2,272.	444.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	77,221.	51,436.	13,066.	12,719.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	275,109.	147,776.	96,316.	31,017.
<b>23</b> Insurance .....	111,362.	60,052.	38,754.	12,556.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> DUES & SUBSCRIPTIONS	98,323.	65,441.	29,572.	3,310.
<b>b</b> COVID CANCELLATION FEES	81,000.	3,701.	8,864.	68,435.
<b>c</b> PRINTING & PUBLISHING	76,605.	30,905.		45,700.
<b>d</b> BOOKS & DATA PURCHASES	117.		117.	
<b>e</b> All other expenses	164,169.	144,735.	6,519.	12,915.
<b>25</b> Total functional expenses. Add lines 1 through 24e	10,307,201.	6,202,735.	3,293,323.	811,143.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,910,512.	<b>1</b>	2,977,991.
	<b>2</b> Savings and temporary cash investments .....	325,293.	<b>2</b>	325,205.
	<b>3</b> Pledges and grants receivable, net .....	1,315,526.	<b>3</b>	732,283.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	128,507.	<b>5</b>	132,560.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	303,019.	<b>9</b>	370,169.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,882,371.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,765,066.	1,325,178.	<b>10c</b> 1,117,305.
	<b>11</b> Investments - publicly traded securities .....	1,747,495.	<b>11</b>	1,308,802.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	109,323,188.	<b>12</b>	107,006,853.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,714,083.	<b>15</b>	4,832,884.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	122,092,801.	<b>16</b>	118,804,052.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	834,277.	<b>17</b>	724,398.
	<b>18</b> Grants payable .....	427,575.	<b>18</b>	369,232.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	2,980,790.	<b>25</b>	1,830,713.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,242,642.	<b>26</b>	2,924,343.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	90,282,795.	<b>27</b>	89,006,273.
	<b>28</b> Net assets with donor restrictions .....	27,567,364.	<b>28</b>	26,873,436.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	117,850,159.	<b>32</b>	115,879,709.
<b>33</b> Total liabilities and net assets/fund balances .....	122,092,801.	<b>33</b>	118,804,052.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,406,800.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,307,201.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	99,599.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	117,850,159.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,233,821.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	163,772.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	115,879,709.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- 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 on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5,130,787.	3,809,853.	5,259,948.	4,385,283.	4,659,352.	23,245,223.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5,130,787.	3,809,853.	5,259,948.	4,385,283.	4,659,352.	23,245,223.
<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) .....						2,758,883.
<b>6 Public support.</b> Subtract line 5 from line 4.						20,486,340.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5,130,787.	3,809,853.	5,259,948.	4,385,283.	4,659,352.	23,245,223.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	610,962.	796,102.	972,589.	313,117.	223,378.	2,916,148.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	158,085.	152,835.	203,561.		309,024.	823,505.
<b>11 Total support.</b> Add lines 7 through 10						26,984,876.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,727,286.
<b>13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	75.92 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	80.81 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</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 - 2021.</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 - 2020.</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"/>

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>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 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Contains questions 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1 and 2 regarding governing body powers and organization benefits.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains question 1 regarding directors/trustees of supported organizations.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1, 2, 3 regarding support provided, officers, and investment policies.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Contains questions 1-3 regarding the Integral Part Test and Activities Test.

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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).		

**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>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS INCOME FROM EVENTS

2017 AMOUNT: \$ 155,600.

2018 AMOUNT: \$ 152,800.

2019 AMOUNT: \$ 155,100.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

MISC. INCOME

2017 AMOUNT: \$ 2,485.

2018 AMOUNT: \$ 35.

2019 AMOUNT: \$ 48,461.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 852.

LICENSE FEES

2021 AMOUNT: \$ 308,172.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,033,248.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 853,447.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 494,557.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 169,097.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 117,239.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 106,570.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  UNITED HOSPITAL FUND OF NEW YORK	Employer identification number  13-1562656
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 100,882.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  UNITED HOSPITAL FUND OF NEW YORK	Employer identification number  13-1562656
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  UNITED HOSPITAL FUND OF NEW YORK	Employer identification number  13-1562656
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

**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.

<b>Limits on Lobbying Expenditures</b> (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 (grassroots 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" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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					

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		95,750.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			95,750.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	2a	
<b>b</b> Carryover from last year	2b	
<b>c</b> Total	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
<b>4</b> 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	
<b>5</b> 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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.

**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

**2021**

**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).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the 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? .....

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)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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 make 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 program
  - 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	110,484,207.	92,374,648.	92,075,720.	97,400,019.	93,210,010.
b Contributions					
c Net investment earnings, gains, and losses	2,304,196.	23,751,607.	5,828,930.	1,977,317.	10,541,959.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,095,899.	5,642,048.	5,530,002.	7,301,616.	6,351,950.
f Administrative expenses					
g End of year balance	107,692,504.	110,484,207.	92,374,648.	92,075,720.	97,400,019.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  81.0100 %
  - b Permanent endowment  2.2600 %
  - c Term endowment  16.7300 %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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				
c Leasehold improvements		2,955,852.	2,053,150.	902,702.
d Equipment		926,519.	711,916.	214,603.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  1,117,305.

**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) HEDGE FUNDS - DIRECTIONAL	2,200,076.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS - NON DIRECTIONAL	103,820,531.	END-OF-YEAR MARKET VALUE
(C) PRIVATE REAL ESTATES	986,246.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	107,006,853.	

**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> (Col. (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	1,452,247.
(3) ACCRUED POSTRETIREMENT BENEFIT	378,466.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,830,713.

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 FASB 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	8,719,432.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-2,233,821.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	500,000.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	151,671.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,582,150.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,301,582.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	105,218.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	105,218.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	10,406,800.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	10,689,882.
<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>	500,000.
<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>	500,000.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	10,189,882.
<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>	105,218.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	12,101.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	117,319.
<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>	10,307,201.

**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.

PART X, LINE 2:

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 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, 2022 OR 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

POSTRETIREMENT RELATED CHANGES 32,869.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS 118,802.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 151,671.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RESCINDED/REFUNDED GRANTS 12,101.

PART XI, LINE 2D:

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT INCLUDED IN 990 -  
INVESTMENT RETURN DESIGNATED FOR CURRENT OPERATIONS - 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 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 WAS 5.5%.







**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

**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.

PART IV, FOREIGN FORMS:

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.



**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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	TRIBUTE (event type)	NONE (total number)	
Revenue	1	Gross receipts	979,850.	348,099.	1,327,949.
	2	Less: Contributions	979,850.	348,099.	1,327,949.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	4,105.	34,888.	38,993.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			38,993.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-38,993.

**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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

SCHEDULE G, PART II:

FUND-RAISING EVENTS

BEGINNING IN MARCH 2020, UNITED HOSPITAL FUND OF NEW YORK ("UHFNY")

EXPERIENCED CHANGES TO ITS OPERATIONS AS A RESULT OF THE COVID-19

PANDEMIC. AS SUCH, IN-PERSON FUNDRAISING EVENTS MOVED TO VIRTUAL EVENTS

AND CONNECTIONS WITH DONORS TURNED TO ONLINE FORMATS WHICH REDUCED

REVENUE FOR IN-PERSON TICKETS.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
GREATER NY HOSPITAL ASSOCIATION 555 WEST 57TH ST., 15TH FL. NEW YORK, NY 10019	13-2954140	501(C)(3)	125,000.	0.			TO BUILD PROVIDER CAPACITY AND ENHANCE THE QUALITY OF CARE WITHIN HEALTH SYSTEMS ACROSS NY
ARCHCARE AT MARY MANNING WALSH 1339 YORK AVENUE NEW YORK, NY 10021	13-6220617	501(C)(3)	40,000.	0.			ADDRESSING THE PROBLEM OF POLYPHARMACY & REDUCING POTENTIAL HARMS AMONG LONG-STAY RESIDENTS
COBBLE HILL HEALTH CENTER 380 HENRY STREET BROOKLYN, NY 11201	11-2388200	501(C)(3)	40,000.	0.			ADDRESSING THE PROBLEM OF POLYPHARMACY & REDUCING POTENTIAL HARMS AMONG LONG-STAY RESIDENTS
EGER HEALTH CARE AND REHABILITATION CENTER - 140 MEISNER AVENUE - STATEN ISLAND, NY 10306	13-3524533	501(C)(3)	40,000.	0.			ADDRESSING THE PROBLEM OF POLYPHARMACY & REDUCING POTENTIAL HARMS AMONG LONG-STAY RESIDENTS
GURWIN JEWISH NURSING & REHABILITATION CENTER - 68 HAUPPAUGE ROAD - COMMACK, NY 11725	11-2785201	501(C)(3)	40,000.	0.			ADDRESSING THE PROBLEM OF POLYPHARMACY & REDUCING POTENTIAL HARMS AMONG LONG-STAY RESIDENTS
HEBREW HOME AT RIVERDALE 5901 PALISADE AVENUE BRONX, NY 10471	13-1739971	501(C)(3)	40,000.	0.			ADDRESSING THE PROBLEM OF POLYPHARMACY & REDUCING POTENTIAL HARMS AMONG LONG-STAY RESIDENTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021



**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 noncash assistance

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

PART I, LINE 2:

GRANTS PROCEDURE

UNITED HOSPITAL FUND ("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 OR 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

**Part IV Supplemental Information**

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 IMPACT AND POTENTIAL TO ACHIEVE SUCCESS. THE BOARD HAS DELEGATED  
 FINAL DECISION MAKING ON GRANTS TO THE PROGRAM COMMITTEE WITHIN THE BOUNDS  
 OF AN ANNUALLY DETERMINED GRANT BUDGET. 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. 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 J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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

**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 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 .....

**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? .....

**3** Indicate which, if any, of the following the 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? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- 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? .....
- b** Any related organization? .....
- 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? .....
- b** Any related organization? .....
- 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 .....

**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 .....

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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				
(1) ANTHONY SHIH, MD PRESIDENT	(i)	490,015.	0.	19,500.	14,500.	25,965.	549,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHEILA ABRAMS SENIOR VICE PRESIDENT (THRU 05/2021)	(i)	407,333.	0.	7,750.	23,200.	7,203.	445,486.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SALLY ROGERS SENIOR VICE PRESIDENT	(i)	276,200.	0.	19,500.	23,200.	19,062.	337,962.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHAD SHEARER SENIOR VICE PRESIDENT	(i)	263,535.	0.	19,500.	18,668.	12,898.	314,601.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) QUINCY MCLAIN VICE PRESIDENT & CFO	(i)	180,794.	0.	18,499.	8,484.	38,417.	246,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) VAUGHN MURRIA VICE PRESIDENT	(i)	175,118.	0.	19,500.	13,983.	12,695.	221,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANNE-MARIE AUDET SENIOR MEDICAL OFFICER	(i)	176,139.	0.	12,038.	11,574.	17,812.	217,563.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ADAM FIFIELD DIRECTOR, COMMUNICATIONS	(i)	159,004.	0.	10,400.	7,660.	33,608.	210,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOAN CUZIK DIRECTOR, QUALITY	(i)	139,614.	0.	19,150.	8,538.	42,023.	209,325.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) PETER NEWELL DIRECTOR, HEALTH INSURANCE	(i)	168,547.	0.	19,500.	15,050.	4,683.	207,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) CATHERINE ARNST DIRECTOR, PUBLIC INFORMATION	(i)	147,125.	0.	19,500.	8,881.	24,446.	199,952.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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 7:

IN ANY GIVEN YEAR SOME UNITED HOSPITAL FUND STAFF MAY BE AWARDED BONUSES

FOR EXTRAORDINARY WORK PERFORMANCE AND ACCOMPLISHMENTS. TO THE EXTENT THE

BONUSES RELATES TO A STAFF PERSON WHOSE COMPENSATION AWARDS ARE SUBJECT TO

APPROVAL BY THE SUB COMMITTEE ON EXECUTIVE COMPENSATION (SUB COMMITTEE),

THE BONUS RECOMMENDATIONS ARE INCLUDED WITH ALL RELEVANT STAFF COMPENSATION

ADJUSTMENT RECOMMENDATIONS PROVIDED TO THE SUB COMMITTEE FOR ITS REVIEW AND

APPROVAL OR DENIAL AS DESCRIBED IN DETAIL ON SCHEDULE O, SUB COMMITTEE ON

EXECUTIVE COMPENSATION SECTION.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2021**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **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.**

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

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

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

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

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
SALLY ROGERS	OFFICER	SPLIT-DO		X	132,560.	132,560.		X	X		X	
<b>Total</b> .....						▶ \$	132,560.					

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

GENERAL STATEMENT REGARDING THE IMPACT OF COVID-19:

THE SPREAD OF THE CORONAVIRUS (COVID-19) AROUND THE WORLD HAS CAUSED  
SIGNIFICANT VOLATILITY IN THE U.S. AND INTERNATIONAL MARKETS. THERE IS  
SOME UNCERTAINTY AROUND THE BREADTH AND DURATION OF BUSINESS  
DISRUPTIONS RELATED TO COVID-19, AS WELL AS ITS IMPACT ON THE U.S. AND  
INTERNATIONAL ECONOMIES AND, AS SUCH, UHF IS UNABLE TO DETERMINE IF IT  
WILL HAVE A MATERIAL IMPACT ON FUTURE OPERATIONS.

UHF RECEIVED A PAYROLL PROTECTION PROGRAM LOAN (PPP LOAN) IN APRIL 2020  
IN THE AMOUNT OF \$853,447. IN JUNE 2021, UHF RECEIVED FULL FORGIVENESS  
FROM THE SMALL BUSINESS ADMINISTRATION. THE AMOUNT IS RECOGNIZED ON THE  
STATEMENT OF ACTIVITIES IN NONOPERATING ACTIVITIES AND SUPPORT.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED HOSPITAL FUND WORKS TO BUILD AN EFFECTIVE AND EQUITABLE HEALTH  
CARE SYSTEM FOR EVERY NEW YORKER. AN INDEPENDENT, NONPROFIT  
ORGANIZATION, WE ARE A FORCE FOR IMPROVEMENT, ANALYZING PUBLIC POLICY  
TO INFORM DECISION-MAKERS, FINDING COMMON GROUND AMONG DIVERSE  
STAKEHOLDERS, AND DEVELOPING AND SUPPORTING INNOVATIVE PROGRAMS THAT  
IMPROVE HEALTH AND HEALTH CARE. WE WORK TO DISMANTLE BARRIERS IN HEALTH  
POLICY AND HEALTH CARE DELIVERY THAT PREVENT EQUITABLE OPPORTUNITIES  
FOR HEALTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED HOSPITAL FUND WORKS TO BUILD AN EFFECTIVE AND EQUITABLE HEALTH  
CARE SYSTEM FOR EVERY NEW YORKER. AN INDEPENDENT, NONPROFIT

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

Schedule O (Form 990) 2021

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

ORGANIZATION, WE ARE A FORCE FOR IMPROVEMENT, ANALYZING PUBLIC POLICY TO INFORM DECISION-MAKERS, FINDING COMMON GROUND AMONG DIVERSE STAKEHOLDERS, AND DEVELOPING AND SUPPORTING INNOVATIVE PROGRAMS THAT IMPROVE HEALTH AND HEALTH CARE. WE WORK TO DISMANTLE BARRIERS IN HEALTH POLICY AND HEALTH CARE DELIVERY THAT PREVENT EQUITABLE OPPORTUNITIES FOR HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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 MEASURES 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.

UHF CONTINUED ITS WORK IN 2021 ON BEHALF OF THE NEW YORK STATE DEPARTMENT OF HEALTH TO IMPROVE TRANSPARENCY AND PUBLIC REPORTING TO BETTER SUPPORT CONSUMER DECISION MAKING. BUILDING ON PREVIOUS WORK ON HOSPITAL AND PRIMARY CARE QUALITY RATINGS, WORK IN 2021 FINALIZED AND PUBLISHED THE RESULTS OF A WORKGROUP FOCUSED ON DEVELOPING AND PRESENTING MEANINGFUL AND USER-FRIENDLY PRICING INFORMATION AND RESOURCES FOR A STATE WEBSITE DESIGNED TO SUPPORT CONSUMERS' HEALTH CARE JOURNEY. UHF COLLABORATED WITH THE ORGANIZATION BY CONVENING A MULTI-STAKEHOLDER WORKGROUP MADE UP OF PARTICIPANTS FROM CONSUMER ADVOCACY GROUPS, PROVIDERS, PAYERS, PROFESSIONAL AND TRADE

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ORGANIZATIONS, FOUNDATIONS, NONPROFITS, AND CONSULTING ORGANIZATIONS.

UHF'S SYNTHESIS OF THE PROJECT, "NEW YOUR STATE DEPARTMENT OF HEALTH

PRICE METHODOLOGY WORKGROUP: FINAL RECOMMENDATIONS" WAS PUBLISHED IN

2021

UHF, PARTNERING WITH GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA),

GRADUATED THE 12TH CLASS OF ITS CLINICAL QUALITY FELLOWSHIP PROGRAM,

AND SELECTED A NEW FELLOWSHIP CLASS OF 30 PHYSICIANS, NURSES, AND

PHYSICIAN ASSISTANTS, MATCHING THE LARGEST EVER CLASS SIZE. THE PROGRAM

SUPPORTS THE TRAINING AND PROFESSIONAL DEVELOPMENT OF EARLY AND

MID-CAREER CLINICIANS FROM HOSPITALS ACROSS THE REGION TO HELP THEM TO

LEAD AND CHAMPION QUALITY IMPROVEMENT INITIATIVES IN THEIR OWN

INSTITUTIONS.

THE QUALITY INSTITUTE COMPLETED A PROJECT IN 2021 USING

PATIENT-CENTERED CO-DESIGN METHODS TO INVOLVE PRIMARY CARE PROVIDERS

FROM A LARGE HEALTH SYSTEM AND THEIR PATIENTS IN THE DEVELOPMENT OF A

PROTOTYPE DASHBOARD TO SUPPORT BETTER COMMUNICATION BETWEEN PATIENTS

AND THEIR PROVIDERS. THIS 'HOW'S MY HEALTH DASHBOARD' PROJECT RESULTED

IN PUBLICATION OF A HIGHLY REGARDED REPORT, "DESIGNING A DIGITAL

PLATFORM TO MONITOR HEALTH STATUS AND FOSTER TRUST BETWEEN PATIENTS AND

CLINICIANS. CO-DESIGN WORK INFORMING THE FINAL REPORT INCLUDED

INTERVIEWS ABOUT USE OF HEALTH INFORMATION TECHNOLOGY, CREATING THE

CONTENT AND DESIGN OF THE DASHBOARD, USER FEEDBACK ABOUT THE PROTOTYPE,

AND ASSESSING INDIVIDUAL, ORGANIZATIONAL, AND CULTURAL FACTORS THAT

WOULD FACILITATE ITS ADOPTION.

A PROJECT CONCLUDED THAT BROUGHT TOGETHER EIGHT SKILLED NURSING

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FACILITIES TO COLLABORATE ON CREATING SAFER AND MORE EFFECTIVE

TRANSITIONS BACK HOME FOR SHORT STAY RESIDENTS. THE COLLABORATIVE

IMPROVED TRANSITION PLANNING SO THAT IT BETTER ALIGNS WITH THE NEEDS

AND PRIORITIES OF OLDER, VULNERABLE PATIENTS AND THEIR FAMILY

CAREGIVERS. PARTICIPANTS ARE ADDRESSING GAPS IN CARE COORDINATION,

CONTINUITY, COMMUNICATION, AND MEDICATION MANAGEMENT THROUGH

INTERVENTIONS BASED ON SUCCESSFUL TRANSITIONAL MODELS OF CARE. THE

RESULTING REPORT "HEADING HOME FROM A SKILLED NURSING FACILITY:

INTERVENTIONS AND TOOLS FOR IMPROVING THE TRANSITION" WAS RELEASED NEAR

THE END OF THE FISCAL YEAR.

UHF CONTINUED ITS QUALITY LEADERS FORUM IN 2021 PROVIDING AN

OPPORTUNITY FOR REGIONAL CLINICAL QUALITY LEADERS TO ADDRESS CURRENT

ISSUES THROUGH INTIMATE DISCUSSIONS WITH LOCAL AND NATIONAL EXPERTS.

VIRTUAL FORUM MEETINGS IN 2021 INCLUDED CONVERSATIONS WITH THE

COMMISSIONER OF THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL

HYGIENE ON COVID-19, A PANEL OF NEW YORK CITY QUALITY LEADERS ON HEALTH

EQUITY, AN INSTITUTE FOR HEALTHCARE IMPROVEMENT EXECUTIVE ON WHAT

MATTERS TO PATIENTS, AND A UK NATIONAL HEALTH SERVICE LEADER ON SIMPLE

TOOLS FOR DRIVING ORGANIZATION AND SYSTEM CHANGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

UHF'S CLINICAL-COMMUNITY PARTNERSHIPS PRIORITY AREA WORKS AT THE

INTERSECTION OF HEALTH CARE, SOCIAL SERVICE AGENCIES, AND COMMUNITIES

TO ADDRESS STRESSORS LIKE INADEQUATE HOUSING, UNEMPLOYMENT, POOR

NUTRITION, AND POVERTY KNOWN AS "SOCIAL DETERMINANTS OF HEALTH" THAT

CAN CAUSE LASTING, LIFELONG EFFECTS ON PHYSICAL AND EMOTIONAL

WELL-BEING. WORK IN THIS PRIORITY AREA IN 2021 CONTINUED TO EXPAND

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BEYOND THE SIGNIFICANT FOCUS ON EARLY CHILDHOOD HEALTH AND WELL-BEING.

UHF PUBLISHED "PROFILES IN INTEGRATED FAMILYCARE," A REPORT FEATURING

THE STORIES OF FIVE PROVIDERS ACROSS VERY DIFFERENT DELIVERY SYSTEM

SETTINGS THAT ARE ALL ACTIVELY IMPLEMENTING ELEMENTS OF THE PREVIOUSLY

PUBLISHED UHF INTEGRATED FAMILY CARE RUBRIC.

UHF ALSO PUBLISHED "FOOD INSECURITY AND HEALTHCARE: ADDRESSING FOOD

INSECURITY THROUGH THE HEALTH CARE SYSTEM IN NEW YORK. THIS WORK

CONDUCTED IN PARTNERSHIP WITH BOSTON CONSULTING GROUP MEASURED THE

SCALE OF FOOD INSECURITY IN HEW YORK, ASSESSED THE ROLE THAT HEALTH

CARE SYSTEMS CAN PLAY IN ADDRESSING THE FOOD INSECURITY, AND REVIEWED

POTENTIAL POLICY AND PROGRAMMATIC INTERVENTIONS TO LESSEN THE BURDEN OF

FOOD INSECURITY ON NEW YORK INDIVIDUALS AND FAMILIES. AN ACCOMPANYING

COMMENTARY DISCUSSED THE ROLE OF SYSTEMIC RACISM IN FOOD INSECURITY AND

THE POTENTIAL FOR HEALTH CARE TO PARTNER WITH COMMUNITY-BASED SOCIAL

SERVICE ORGANIZATIONS TO ADDRESS THOSE SYSTEMIC INEQUITIES.

THE CHILDREN'S HEALTH INITIATIVE COMPLETED A SECOND YEAR OF THE

PEDIATRICS FOR AN EQUITABLE DEVELOPMENTAL START (PEDS) LEARNING NETWORK

IN 2021. THE NETWORK AIMS TO REDUCE INEQUITIES IN CHILDHOOD BY

INCREASING THE NUMBER OF YOUNG CHILDREN RECEIVING PRIMARY CARE-BASED

INTERVENTIONS THAT PROMOTE HEALTHY DEVELOPMENT, ADDRESS UNMET SOCIAL

AND DEVELOPMENTAL NEEDS, AND STRENGTHEN FAMILIES. A CLASS OF EIGHT

INAUGURAL PEDS FELLOWS GRADUATED FROM A 15-MONTH PROGRAM PROVIDING

MENTORSHIP, PROFESSIONAL DEVELOPMENT OPPORTUNITIES, AND A STIPEND TO

IMPLEMENT AN EQUITY-FOCUSED, CHILD HEALTH PROJECT IN THEIR WORK.

PROJECTS RANGED FROM DEVELOPMENTAL MILESTONES FOR NON-ENGLISH-SPEAKING

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FAMILIES TO AN INDOOR GARDEN CONNECTED TO HEALTHY FOOD SUPPORTS IN THE COMMUNITY. ADDITIONAL PROGRAMMING WAS PROVIDED TO A GROWING NETWORK OF CHILD-SERVING STAKEHOLDERS WITH A FOCUS ON EQUITY IN EARLY CHILDHOOD CARE. A LARGE ONLINE RESOURCE CENTER CONTINUED TO GROW, PROVIDING PRACTICAL TIPS AND ANNOTATED LISTS OF RESOURCES AND READINGS TO SUPPORT PRACTITIONERS IN FOUNDATIONAL TOPICS INCLUDING SOCIAL NEEDS OF YOUNG CHILDREN AND FAMILIES, BEHAVIORAL HEALTH SCREENING, WAYS TO SUPPORT AND PARTNER WITH PARENTS, WORKFORCE TRAINING IN EQUITY, AND MORE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

UHF'S MEDICAID INSTITUTE WORKS TO EFFECT POSITIVE CHANGE IN THE DESIGN AND OPERATION OF NEW YORK STATE'S MEDICAID PROGRAM, WHICH SERVES MORE THAN 6 MILLION NEW YORKERS AND ACCOUNTS FOR SPENDING OF APPROXIMATELY \$90 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 CONVENES MEETINGS, AND CONFERENCES WITH GOVERNMENT OFFICIALS, HEALTH CARE PROVIDERS, INSURERS, PROGRAM ADMINISTRATORS, ADVOCATES, AND OTHER MAJOR STAKEHOLDERS, TO IDENTIFY AND ADDRESS IMPORTANT ISSUES AFFECTING BOTH HEALTH CARE PROVIDERS AND BENEFICIARIES.

IN 2021, THE MEDICAID INSTITUTE CONDUCTED BACKGROUND RESEARCH FOR THE NEW YORK STATE MEDICAID PROGRAM ON TOPICS INCLUDING CHILDREN'S HEALTH, MEDICAL RESPITE SERVICES FOR INDIVIDUALS EXPERIENCING HOMELESSNESS, CHRONIC DISEASE MANAGEMENT, AND HEALTH EQUITY.

THE INSTITUTE ALSO PUBLISHED "IMPROVING NUTRITION AND INFANT HEALTH

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THROUGH WIC: OPPORTUNITIES DURING AND BEYOND A PUBLIC HEALTH CRISIS."

RECOGNIZING THE REALITY OF FOOD INSECURITY FOR MANY NEW YORKERS WHO ARE

ENROLLED IN MEDICAID, THE BRIEF FOCUSED ON HOW MEDICAID PLANS AND

PROVIDERS CAN IMPROVE INFANT HEALTH AND REDUCE LOW BIRTHWEIGHT IN THE

STATE BY LEVERAGING WIC TO REDUCE FOOD INSECURITY.

MEDICAID INSTITUTE PROVIDED STAFF LEVEL SUPPORT TO THE STATE FOR THE

CHILDREN'S HEALTH VALUE-BASED PAYMENT SUBCOMMITTEE AND CLINICAL

ADVISORY GROUP CHARGED WITH REVIEWING AND RECOMMENDING VALUE-BASED

PAYMENT MEASURES FOR NEW YORK'S MEDICAID PROGRAM. STAFF ALSO SUPPORTED

ONGOING IMPLEMENTATION OF THE STATE'S FIRST 1,000 DAYS ON MEDICAID

INITIATIVE. UHF ALSO SPONSORED ITS ANNUAL MEDICAID CONFERENCE, KEYNOTED

BY THE STATE MEDICAID DIRECTOR BRETT FRIEDMAN, AND VIRTUALLY ATTENDED

BY MORE THAN 600 HEALTH CARE POLICY MAKERS, PROVIDERS, INSURERS, AND

COMMUNITY ORGANIZATION.

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

AS THE PANDEMIC CONTINUED TO WREAK HAVOC ON THE HEALTH CARE SYSTEM AND

HEALTH INSURANCE MARKETS IN NEW YORK, UHF CONTINUED TO PROVIDE DEEP

INSIGHTS IN 2021 FOR CONSUMERS AND POLICY MAKERS ALIKE AS THEY

NAVIGATED THE CONSTANTLY SHIFTING LANDSCAPE. UHF'S HEALTH INSURANCE

PROJECT RELEASED THREE REPORTS FOCUSED ON COVERAGE AFFORDABILITY IN THE

CONTEXT OF FEDERAL PANDEMIC RELIEF. "A SHOT IN THE ARM: AMERICAN RESCUE

PLAN ACT BOOSTS HEALTH COVERAGE AFFORDABILITY" FOCUSED ON INCREASED

SUBSIDIES AND PREMIUM TAX CREDITS FOR MORE NEW YORKERS. "EXTRA COVERAGE

HELP UNDER THE AMERICAN RESCUE PLAN FOR NEW YORKERS WHO LOST JOBS AND

JOB-BASED INSURANCE" REVIEWED OPTIONS FOR MORE AFFORDABLE EMPLOYER

CONTINUATION COVERAGE, SUPPORTS FOR THOSE WORKERS WHO RECEIVED

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UNEMPLOYMENT BENEFITS IN 2021, AND PROTECTIONS FOR CONSUMERS FROM REPAYING PREVIOUSLY RECEIVED PREMIUM TAX CREDITS. "AFTER THE AMERICAN RESCUE PLAN: TRICK OR TREAT?" ASSESSED THE POTENTIAL OF COVERAGE LOSSES IN NEW YORK WITHOUT CONTINUING FEDERAL SUPPORT OUTLINED IN THE PREVIOUS REPORTS.

THROUGHOUT THE YEAR, COVID-19 CONTINUED TO IMPACT THE COMMUNITY AND GUIDE UHF'S WORK. A COMMENTARY SERIES INITIATED IN 2020 CONTINUED IN 2021 WITH 6 INTERNAL AND EXTERNALLY WRITTEN PIECES FOCUSING ON COVID ISSUES RANGING FROM VACCINES FOR INDIVIDUALS WITH DISABILITIES TO SUPPORTING THE ASIAN AMERICAN COMMUNITY RECOVERY FROM THE PANDEMIC. THE SERIES ALSO GREW TO INCLUDE NON-COVID TOPICS INCLUDING LANGUAGE ACCESS AND EFFECTIVE SPENDING OF OPIOID SETTLEMENT FUNDS.

HEALTH EQUITY AND COVID-19 PRACTICE INNOVATIONS WERE THE MAIN TOPICS OF THE 32ND ANNUAL SYMPOSIUM ON HEALTH CARE SERVICES IN NEW YORK: RESEARCH AND PRACTICE, JOINTLY SPONSORED BY UNITED HOSPITAL FUND AND THE GREATER NEW YORK HOSPITAL ASSOCIATION. MORE THAN 100 PARTICIPANTS JOINED FOR A KEYNOTE PRESENTATION BY AMA SENIOR VICE PRESIDENT AND CHIEF HEALTH EQUITY OFFICER ALETHA MAYBAK, TWO PANELS FOCUSED ON COVID-19 VACCINES AND IMPACTED SUBPOPULATIONS RESPECTIVELY, AND A VIDEO POSTER SESSION PRESENTING AN ARRAY OF HEALTH SERVICES RESEARCH FROM THE FIELD.

UHF AWARDED \$365,000 IN GRANTS IN FY22 TO SUPPORT ONGOING PROGRAMS TO IMPROVE TRANSITIONS OF CARE FROM SKILLED NURSING FACILITIES TO HOME, AND TO SUPPORT CLINICAL QUALITY IMPROVEMENT TRAINING AND SPECIALLY ACCESS WORK WITH NEW YORK AREA PROVIDERS.

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OTHER PROGRAM EXPENSE DESCRIPTION	EXPENSES	REVENUE
PUBLICATIONS AND INFO. SERVICES	\$1,340,144	\$0
LIBRARY	\$603,099	\$0
GRANT	\$584,923	\$16,000
INSURANCE ACCESS	\$316,640	\$0
PROGRAM GENERAL	\$261,690	\$0
EXPENSES \$ 3,106,496. INCLUDING GRANTS OF \$ 365,000. REVENUE \$ 16,000.		

FORM 990, PART VI, SECTION B, LINE 11B:

TAX RETURN REVIEW

UHF'S TAX RETURNS ARE PREPARED IN DETAIL BY AN INDEPENDENT PUBLIC

ACCOUNTING FIRM AND THEN REVIEWED 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.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

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 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

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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 CHAIRMEN 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 CHAIRMEN, WHO REQUEST KEY STAFF EXIT THE ROOM BEFORE THE DISCUSSION OF CONTEMPLATED ACTIONS.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION

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 EVALUATIONS AND ANY RECOMMENDED MERIT INCREASES THE CEO MAY MAKE TO THE SUB-COMMITTEE FOR EACH VICE PRESIDENT. 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 VICE PRESIDENTS. THE REVIEW COMPARES ALL COMPENSATION AND PERQUISITES AGAINST MARKET DATA, AND THE CONSULTANT PROVIDES ITS OPINION ON THE REASONABLENESS OF EXECUTIVE

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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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN  
UT, VA, WI

FORM 990, PART VI, SECTION C, LINE 19:  
GOVERNING DOCUMENTS AVAILABILITY  
THE UNITED HOSPITAL FUND MAKES ITS FINANCIAL STATEMENTS AVAILABLE VIA ITS WEBSITE (WWW.UHFNOC.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 AVAILABLE TO THE PUBLIC AT THIS TIME. UHF'S GOVERNING DOCUMENTS ARE CURRENTLY UNAVAILABLE FOR PUBLIC INSPECTION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

OMB No. 1545-0047

**2021**

Open to Public Inspection

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

**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

**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



**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 <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> 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) .....		X
<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)			

