

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

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 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning MAR 1, 2020 and ending FEB 28, 2021

Form sections B through M: B Check if applicable, C Name of organization (UNITED HOSPITAL FUND OF NEW YORK), D Employer identification number (13-1562656), E Telephone number ((212) 494-0700), G Gross receipts (\$179,916,490), H(a) Is this a group return, H(b) Are all subordinates included?, I Tax-exempt status (501(c)(3)), J Website (WWW.UHFNYC.ORG), K Form of organization (Corporation), L Year of formation (1879), M State of legal domicile (NY)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission (SEE SCHEDULE O), 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature fields for Officer (QUINCY MCLAIN, VICE PRESIDENT & CFO), Preparer (DANIEL ROMANO), and Firm (GRANT THORNTON LLP, 757 THIRD AVENUE, 3RD FLOOR, NEW YORK, NY 10017-2013).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 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.

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.

Type or print	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 990-T (corporation)	07
Form 990-BL	02	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

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 18, 2022**, 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, 2020**, and ending **FEB 28, 2021**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO 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 \$ 1,685,694. including grants of \$) (Revenue \$ 744,768.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 1,661,184. including grants of \$ 6,997.) (Revenue \$) SEE SCHEDULE O

4c (Code:) (Expenses \$ 1,494,440. including grants of \$ 458,003.) (Revenue \$ 112,500.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,170,471. including grants of \$) (Revenue \$ 24,540.)

4e Total program service expenses 7,011,789.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 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
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 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	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a		22
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b		21
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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ 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.
 Own website Another's website 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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY SHIH, MD PRESIDENT	35.00 0.00	X		X				524,534.	0.	61,208.
(2) SHEILA ABRAMS SENIOR VICE PRESIDENT	35.00 0.00			X				338,739.	0.	45,738.
(3) SALLY ROGERS SENIOR VICE PRESIDENT	35.00 0.00			X				304,884.	0.	43,316.
(4) CHAD SHEARER SENIOR VICE PRESIDENT	35.00 0.00			X				281,618.	0.	33,102.
(5) QUINCY MCLAIN VICE PRESIDENT & CFO (AS OF 05/2021)	35.00 0.00			X				174,972.	0.	46,406.
(6) ANNE-MARIE AUDET SENIOR MEDICAL OFFICER	21.00 0.00					X		188,171.	0.	28,708.
(7) ADAM FIFIELD DIRECTOR, COMMUNICATIONS	35.00 0.00					X		170,682.	0.	40,285.
(8) PETER NEWELL DIRECTOR, HEALTH INSURANCE	35.00 0.00					X		190,179.	0.	19,759.
(9) LYNN ROGUT DIRECTOR, QUALITY	35.00 0.00					X		188,196.	0.	14,164.
(10) CATHERINE ARNST DIRECTOR, PUBLIC INFORMATION	35.00 0.00					X		169,306.	0.	32,505.
(11) VAUGHN MURRIA VICE PRESIDENT (AS OF 05/2021)	35.00 0.00			X				169,607.	0.	25,936.
(12) AMANDA WILLIAMS CORPORATE SECRETARY	40.00 0.00			X				108,289.	0.	30,854.
(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) MARGARET CROTTY DIRECTOR (AS OF 06/2020)	2.00 0.00	X						0.	0.	0.
(17) SAMUEL J. DANIEL, MD, FACP, FAC DIRECTOR (AS OF 06/2020)	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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DALE C. CHRISTENSEN, JR DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) ROBERT GALVIN, MD DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) JENNIFER L. HOWSE, PHD DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) EUGENE KEILIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) CARY A. KRAVET DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) JOSH N. KURILOFF DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) HOWARD P. MILSTEIN DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) SUSANA R. MORALES, MD DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) ROBERT C. OSBORNE, JR. DIRECTOR	2.00 0.00	X						0.	0.	0.
1b Subtotal								2,809,177.	0.	421,981.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,809,177.	0.	421,981.

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 **21**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	450,000.

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	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	1,451,071.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,934,212.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,904.					
	h Total. Add lines 1a-1f			4,385,283.				
Program Service Revenue	2 a EXCHANGE REVENUE	Business Code	900099	854,793.	854,793.			
	b CONFERENCE		900099	24,540.	24,540.			
	c RESEARCH SYMPOSIUM		900099	2,475.	2,475.			
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			881,808.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			313,117.		-31,355.	344,472.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	31,839,483.	142,496,799.			
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b	28,781,824.	128,550,825.				
	c Gain or (loss)	7c	3,057,659.	13,945,974.				
d Net gain or (loss)			17,003,633.			17,003,633.		
8 a Gross income from fundraising events (not including \$ 1,451,071. of contributions reported on line 1c). See Part IV, line 18	8a			0.				
b Less: direct expenses	8b		51,426.					
c Net income or (loss) from fundraising events			-51,426.			-51,426.		
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue	11 a	Business Code						
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			22,532,415.	881,808.	-31,355.	17,296,679.		

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 X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	465,000.	465,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,058,852.	1,266,028.	583,412.	209,412.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,379,701.	2,123,122.	906,348.	350,231.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	244,144.	113,786.	110,765.	19,593.
9 Other employee benefits	919,569.	428,575.	417,198.	73,796.
10 Payroll taxes	327,483.	152,627.	148,575.	26,281.
11 Fees for services (nonemployees):				
a Management				
b Legal	70,054.	5,071.	50,993.	13,990.
c Accounting	102,640.		102,640.	
d Lobbying	95,400.	95,400.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	215,132.	139,836.	55,934.	19,362.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,147,345.	1,011,149.	128,331.	7,865.
12 Advertising and promotion				
13 Office expenses	105,066.	46,711.	29,070.	29,285.
14 Information technology	130,360.	61,258.	44,003.	25,099.
15 Royalties				
16 Occupancy	1,013,101.	552,066.	380,290.	80,745.
17 Travel	2,262.	1,382.	861.	19.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	169,133.	150,165.	7,404.	11,564.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	276,784.	146,866.	107,685.	22,233.
23 Insurance	105,052.	56,337.	39,961.	8,754.
24 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.)				
a PRINTING & PUBLISHING	96,835.	69,399.		27,436.
b DUES & SUBSCRIPTIONS	35,204.	25,847.	8,822.	535.
c BOOKS & DATA PURCHASES	29,866.	29,757.	109.	
d OUTSIDE EVENTS ATTEND.	1,163.	1,163.		
e All other expenses	139,244.	70,244.	52,532.	16,468.
25 Total functional expenses. Add lines 1 through 24e	11,129,390.	7,011,789.	3,174,933.	942,668.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,685,692.	1	3,235,805.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,053,376.	3	1,315,526.
	4 Accounts receivable, net		4	
	5 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	299,158.	5	128,507.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	398,470.	9	303,019.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,816,803.		
	b Less: accumulated depreciation	10b 2,491,625.		
	11 Investments - publicly traded securities	1,549,314.	10c	1,325,178.
	12 Investments - other securities. See Part IV, line 11	32,781,677.	11	1,747,495.
	13 Investments - program-related. See Part IV, line 11	59,678,401.	12	109,323,188.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	4,041,412.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	102,487,500.	15	4,714,083.	
		16	122,092,801.	
Liabilities	17 Accounts payable and accrued expenses	491,441.	17	834,277.
	18 Grants payable	454,710.	18	427,575.
	19 Deferred revenue	160,000.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,365,698.	25	2,980,790.
	26 Total liabilities. Add lines 17 through 25	3,471,849.	26	4,242,642.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	75,567,751.	27	90,282,795.
	28 Net assets with donor restrictions	23,447,900.	28	27,567,364.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	99,015,651.	32	117,850,159.
	33 Total liabilities and net assets/fund balances	102,487,500.	33	122,092,801.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,532,415.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,129,390.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,403,025.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,015,651.
5	Net unrealized gains (losses) on investments	5	6,747,973.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	683,510.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	117,850,159.

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 in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 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
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5031796.	5130787.	3809853.	5259948.	4385283.	23617667.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5031796.	5130787.	3809853.	5259948.	4385283.	23617667.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1152159.
6 Public support. Subtract line 5 from line 4.						22465508.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	5031796.	5130787.	3809853.	5259948.	4385283.	23617667.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	744,268.	610,962.	796,102.	972,589.	313,117.	3437038.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	230,957.	158,085.	152,835.	203,561.		745,438.
11 Total support. Add lines 7 through 10						27800143.
12 Gross receipts from related activities, etc. (see instructions)					12	1,188,854.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	80.81 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	81.51 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶ <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

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

GROSS INCOME FROM EVENTS

2016 AMOUNT: \$ 228,575.

2017 AMOUNT: \$ 155,600.

2018 AMOUNT: \$ 152,800.

2019 AMOUNT: \$ 155,100.

2020 AMOUNT: \$ 0.

MISC. INCOME

2016 AMOUNT: \$ 2,382.

2017 AMOUNT: \$ 2,485.

2018 AMOUNT: \$ 35.

2019 AMOUNT: \$ 48,461.

2020 AMOUNT: \$ 0.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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

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 or 990-EZ) 2020**

LHA
032041 12-02-20

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

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

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		95,400.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			95,400.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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 for instructions and the latest information.

OMB No. 1545-0047

2020

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, completion of lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts for revenue and assets.

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	92,374,648.	92,075,720.	97,400,019.	93,210,010.	83,760,260.
b Contributions					600,000.
c Net investment earnings, gains, and losses	23,751,607.	5,828,930.	1,977,317.	10,541,959.	15,046,943.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,642,048.	5,530,002.	7,301,616.	6,351,950.	6,197,193.
f Administrative expenses					
g End of year balance	110,484,207.	92,374,648.	92,075,720.	97,400,019.	93,210,010.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 80.9807 %
 - b Permanent endowment 2.1984 %
 - c Term endowment 16.8209 %
- 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		2,948,049.	1,842,653.	1,105,396.
d Equipment		868,754.	648,972.	219,782.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,325,178.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) GLOBAL EQUITIES	8,248,491.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS - DIRECTIONAL	4,441,620.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS - NON		
(D) DIRECTIONAL	96,578,151.	END-OF-YEAR MARKET VALUE
(E) PRIVATE REAL ESTATES	54,926.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	109,323,188.	

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)		
Total. (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)	
Total. (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	1,664,748.
(3) ACCRUED POSTRETIREMENT BENEFIT	462,595.
(4) PAYROLL PROTECTION PROGRAM	
(5) FORGIVEABLE LOAN	853,447.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,980,790.

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.

1	Total revenue, gains, and other support per audited financial statements	1	30,230,463.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	6,747,973.
b	Donated services and use of facilities	2b	500,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	665,207.
e	Add lines 2a through 2d	2e	7,913,180.
3	Subtract line 2e from line 1	3	22,317,283.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	215,132.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	215,132.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	22,532,415.

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

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

1	Total expenses and losses per audited financial statements	1	11,395,955.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	500,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	500,000.
3	Subtract line 2e from line 1	3	10,895,955.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	215,132.
b	Other (Describe in Part XIII.)	4b	18,303.
c	Add lines 4a and 4b	4c	233,435.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	11,129,390.

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 THE UHF'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. UHF DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY AT FEBRUARY 28, 2021 AND FEBRUARY 29, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

POSTRETIREMENT RELATED CHANGES	-7,464.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	672,671.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	665,207.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RESCINDED/REFUNDED GRANTS 18,303.

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%.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		8,554,379.
3 a Subtotal	0	0			8,554,379.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			8,554,379.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2020

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	1,108,801.	342,270.		1,451,071.
	2	Less: Contributions	1,108,801.	342,270.		1,451,071.
	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	36,849.	14,577.		51,426.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				51,426.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-51,426.

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 for the latest information.**

OMB No. 1545-0047

2020

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CORPORATION FOR SUPPORTIVE HOUSING 61 BROADWAY SUITE 2300 NEW YORK, NY 10006	13-3600232	501(C)(3)	15,000.	0.			TO IMPLEMENT AND PROMOTE REPLICATION OF BRONX FUSE INITIATIVE
FERNCLIFF NURSING AND REHABILITATION CENTER - 21 FERNCLIFF DRIVE - RHINEBECK, NY 12572	14-1514053	501(C)(3)	50,000.	0.			USING QUALITY IMPROVEMENT APPROACHES TO DEVELOP TRANSITION PLANS THAT BETTER ALIGN WITH NEEDS
GREATER NEW YORK HOSPITAL 555 W. 57TH STREET 15TH FLOOR NEW YORK, NY 10019	13-2954140	501(C)(3)	25,000.	0.			JOINT QI INITIATIVES
THE ROSALIND AND JOSEPH GURWIN JEWISH GERIATRIC CENTER OF LONG ISLAND - 68 HAUPPAUGE ROAD - COMMACK, NY 11725	11-2785201	501(C)(3)	50,000.	0.			TRANSITIONS FROM SKILLED NURSING FACILITY TO HOME: IMPROVING QUALITY AND PATIENT FAMILY EXPERIENCE
JAMAICA HOSPITAL NURSING HOME 89-40 135TH STREET JAMAICA, NY 11418	23-7216197	501(C)(3)	50,000.	0.			TRANSITIONS FROM SKILLED NURSING FACILITY TO HOME: IMPROVING QUALITY AND PATIENT FAMILY EXPERIENCE
JEWISH HOME LIFECARE SARAH NEUMAN CENTER WESTCHESTER - 845 PALMER AVENUE - MAMARONECK, NY 10543	13-3620568	501(C)(3)	50,000.	0.			TRANSITIONS FROM SKILLED NURSING FACILITY TO HOME: IMPROVING QUALITY AND PATIENT FAMILY EXPERIENCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **11.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION - 271-11 76TH AVENUE - NEW HYDE PARK, NY 11040	13-2631069	501(C)(3)	50,000.	0.			TRANSITIONS FROM SKILLED NURSING FACILITY TO HOME: IMPROVING QUALITY AND PATIENT FAMILY EXPERIENCE
SCHULMAN AND SCHACHNE INSTITUTE FOR NURSING AND REHABILITATION - 101-01 AVENUE D - BROOKLYN, NY 11236	23-7085986	501(C)(3)	50,000.	0.			TRANSITIONS FROM SKILLED NURSING FACILITY TO HOME: IMPROVING QUALITY AND PATIENT FAMILY EXPERIENCE
SEA VIEW REHABILITATION CENTER 460 BRIELLE AVENUE STATEN ISLAND, NY 10314	13-2655001	501(C)(3)	25,000.	0.			TRANSITIONS FROM SKILLED NURSING FACILITY TO HOME: IMPROVING QUALITY AND PATIENT FAMILY EXPERIENCE
TERENCE CARDINAL COOKE HEALTHCARE CENTER - 1249 FIFTH AVENUE - NEW YORK, NY 10019	13-3007801	501(C)(3)	50,000.	0.			TRANSITIONS FROM SKILLED NURSING FACILITY TO HOME: IMPROVING QUALITY AND PATIENT FAMILY EXPERIENCE
THE NEW YORK ACADEMY OF HEALTH 1216 FIFTH AVENUE NEW YORK, NY 10029	13-1656674	501(C)(3)	50,000.	0.			DEVELOP AND PILOT A TEMPLATE OF A VIRTUAL PUBLIC DELIBERATION THAT CAN BE USED BY LOCAL

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. RECOMMENDATIONS APPROVED BY THE PROGRAM COMMITTEE ARE THEN SUBMITTED TO THE BOARD FOR FINAL APPROVAL. GRANTEES ARE NOTIFIED OF THEIR GRANT AWARDS, THE REPORTING REQUIREMENTS, AND ARE PROVIDED AN UPFRONT PARTIAL PAYMENT. UHF MONITORS THE GRANTEES THROUGHOUT THE GRANT PERIOD FOR PROGRESS VIA MEETINGS, TELEPHONE CALLS, AND SUBMISSION OF NARRATIVE AND FINANCIAL REPORTS. STAFF REVIEW AND APPROVE (OR NOT) FINANCIAL REPORTS SUBMITTED. AT CERTAIN PROGRESS MARKERS, UHF WILL MAKE ADDITIONAL PARTIAL PAYMENTS. ONCE THE GRANT PERIOD AND SCOPE OF WORK IS COMPLETED AS DOCUMENTED BY ACCEPTABLE FINAL NARRATIVE AND FINANCIAL REPORTS, FINAL PAYMENT IS MADE TO THE GRANTEE. 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

FERNCLIFF NURSING AND REHABILITATION CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: USING QUALITY IMPROVEMENT APPROACHES TO DEVELOP TRANSITION PLANS THAT BETTER ALIGN WITH NEEDS OF PATIENTS AND THEIR CAREGIVERS

NAME OF ORGANIZATION OR GOVERNMENT: THE NEW YORK ACADEMY OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: DEVELOP AND PILOT A TEMPLATE OF A VIRTUAL PUBLIC DELIBERATION THAT CAN BE USED BY LOCAL COMMUNITIES TO ADVISE DECISION MAKERS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANTHONY SHIH, MD PRESIDENT	(i)	505,034.	0.	19,500.	25,596.	35,612.	585,742.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHEILA ABRAMS SENIOR VICE PRESIDENT	(i)	319,239.	0.	19,500.	29,629.	16,109.	384,477.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SALLY ROGERS SENIOR VICE PRESIDENT	(i)	283,852.	0.	21,032.	26,709.	16,607.	348,200.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CHAD SHEARER SENIOR VICE PRESIDENT	(i)	269,868.	0.	11,750.	19,143.	13,959.	314,720.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) QUINCY MCLAIN VICE PRESIDENT & CFO (AS OF 05/2021)	(i)	174,972.	0.	0.	9,481.	36,925.	221,378.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANNE-MARIE AUDET SENIOR MEDICAL OFFICER	(i)	188,171.	0.	0.	12,925.	15,783.	216,879.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ADAM FIFIELD DIRECTOR, COMMUNICATIONS	(i)	170,682.	0.	0.	9,086.	31,199.	210,967.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) PETER NEWELL DIRECTOR, HEALTH INSURANCE	(i)	190,179.	0.	0.	17,209.	2,550.	209,938.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LYNN ROGUT DIRECTOR, QUALITY	(i)	188,196.	0.	0.	11,399.	2,765.	202,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CATHERINE ARNST DIRECTOR, PUBLIC INFORMATION	(i)	169,306.	0.	0.	10,709.	21,796.	201,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) VAUGHN MURRIA VICE PRESIDENT (AS OF 05/2021)	(i)	169,607.	0.	0.	14,057.	11,879.	195,543.	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 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

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 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	128,507.	128,507.		X	X			X
Total						▶ \$ 128,507.						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information.

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

SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:

(A) NAME OF PERSON: SALLY ROGERS

(B) RELATIONSHIP WITH ORGANIZATION: OFFICER

(C) PURPOSE OF LOAN: PAYMENTS MADE PURSUANT TO A SPLIT-DOLLAR LIFE

INSURANCE ARRANGEMENT THAT ARE TREATED AS LOANS UNDER REG. 1.7872-15.

(D) LOAN TO OR FROM ORGANIZATION? = FROM

(E) ORIGINAL PRINCIPAL AMOUNT \$ 128,507.

(F) BALANCE DUE \$ 128,507.

(G) LOAN IN DEFAULT? = NO

(H) APPROVED BY BOARD OR COMMITTEE? = YES

(I) WRITTEN AGREEMENT? = YES

THE PAYMENT MADE TO MS. ROGERS DURING CALENDAR YEAR 2020 WAS INCLUDED AND REPORTED AS THE TAXABLE COMPENSATION ON FORM 990, PART VII-A AND SCHEDULE J, PART II.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

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.

GENERAL STATEMENT REGARDING THE IMPACT OF COVID-19:

THE SPREAD OF THE CORONAVIRUS (COIVD-19) AROUND THE WORLD HAS CAUSED SIGNIFICANT VOLATILITY IN THE U.S. AND INTERNATIONAL MARKETS. THERE IS SIGNIFICANT 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 APPLIED FOR AND RECEIVED A PAYROLL PROTECTION PROGRAM LOAN (PPP LOAN) IN APRIL 2020 IN THE AMOUNT OF \$853,447. SUBSEQUENT TO FEBRUARY 28, 2021, UHF APPLIED FOR AND RECEIVED COMPLETE FORGIVENESS IN ACCORDANCE WITH THE PROVISIONS FOR THE LOAN FORGIVENESS.

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 or 990-EZ) 2020

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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 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 \$80 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 2020, THE MEDICAID INSTITUTE CONDUCTED BACKGROUND RESEARCH FOR THE NEW YORK STATE MEDICAID PROGRAM ON TOPICS INCLUDING CHRONIC DISEASE MANAGEMENT, HEALTH EQUITY, AND MEDICAL RESPITE SERVICES FOR INDIVIDUALS EXPERIENCING HOMELESSNESS. THE RESPITE INVESTIGATION INCLUDED INTERVIEWS WITH KEY INFORMANTS ACROSS THE COUNTRY AND A GROUP OF EXPERT STAKEHOLDERS IN NEW YORK. THE RESEARCH LED TO RECOMMENDATIONS ON A STATUTORY APPROACH FOR CERTIFYING MEDICAL RESPITE PROVIDER SITES.

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THE INSTITUTE ALSO PUBLISHED "LESSONS FROM THE GREAT RECESSION: NEW YORK MEDICAID ENROLLMENT DURING THE COVID-19 CRISIS." RECOGNIZING MANY WORKERS UNEMPLOYED BECAUSE OF THE PANDEMIC WOULD BE TURNING TO MEDICAID FOR HEALTH COVERAGE, THE BRIEF DESCRIBED THE TIMING AND MAGNITUDE OF NEW YORK'S MEDICAID ENROLLMENT GROWTH DURING THE GREAT RECESSION OF 2007-2009 AND DESCRIBED HOW STATE AND FEDERAL POLICIES FACILITATED THAT GROWTH. THE REPORT ALSO COMPARED THOSE HISTORICAL POLICY CHANGES TO STATE AND FEDERAL ACTIONS TAKEN DURING THE CURRENT CRISIS WHILE ACKNOWLEDGING THE UNPRECEDENTED WAYS IN WHICH COVID-19 SHAPED MEDICAID'S RESPONSE TO RISING UNEMPLOYMENT AND NEW YORKER'S NEED FOR COVERAGE.

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 DONNA FRESCATORE.

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 2020 CONTINUED TO EXPAND BEYOND THE SIGNIFICANT FOCUS ON EARLY CHILDHOOD HEALTH AND WELL-BEING.

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UHF PUBLISHED "THE ROAD FORWARD: FRAMEWORK FOR A POPULATION HEALTH APPROACH TO HEALTH AND HOUSING PARTNERSHIPS," A REPORT PROVIDING A ROADMAP FOR DEVELOPING COMMUNITY-WIDE PARTNERSHIPS BETWEEN HEALTH CARE, HOUSING, HOMELESS SERVICES PROVIDERS, AND POLICYMAKERS TO HELP ADDRESS HOUSING ISSUES THAT AFFECT HEALTH OUTCOMES.

IN 2020, THE CHILDREN'S HEALTH INITIATIVE LAUNCHED THE THIRD AND FINAL PHASE OF PARTNERSHIPS FOR EARLY CHILDHOOD DEVELOPMENT, SUPPORTING 8 NEW YORK CITY HOSPITALS AND THEIR COMMUNITY-BASED PARTNERS TO HELP PEDIATRIC PRIMARY CARE PRACTICES INITIATE, EXPAND, OR IMPROVE ON EFFORTS TO SCREEN CHILDREN AGES 0-5 FOR SOCIAL AND ENVIRONMENTAL RISKS THAT INTERFERE WITH HEALTHY DEVELOPMENT, AND CONNECT THEM WITH THE SERVICES THAT CAN ADDRESS THOSE RISKS.

SEMINAL WORK ON THE EFFECT OF THE COVID EPIDEMIC ON CHILDREN WAS CONDUCTED AND RELEASED WITH A TWO-PART CHARTBOOK, "COVID-19 RIPPLE EFFECT: THE IMPACT OF COVID-19 ON CHILDREN IN NEW YORK STATE." PART-ONE FOCUSED ON THE IMPACT OF PARENTAL DEATH ON NEW YORK'S CHILDREN. PART-TWO ADDRESSED COVID-19'S POVERTY-RELATED EFFECTS AND BROADER ECONOMIC IMPLICATIONS. IN SUM, THE WORK FOUND THAT COVID-19 LED TO SEVERE, LONG-LASTING, AND RACIALLY DISPARATE REPERCUSSIONS ON CHILDREN UNDER AGE 18 IN NEW YORK STATE.

THE CHILDREN'S HEALTH INITIATIVE LAUNCHED THE PEDIATRICS FOR AN EQUITABLE DEVELOPMENTAL START (PEDS) LEARNING NETWORK IN 2020. THE NETWORK AIMS TO REDUCE INEQUITIES IN CHILDHOOD BY INCREASING THE NUMBER OF YOUNG CHILDREN RECEIVING PRIMARY CARE-BASED INTERVENTIONS THAT

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PROMOTE HEALTHY DEVELOPMENT, ADDRESS UNMET SOCIAL AND DEVELOPMENTAL NEEDS, AND STRENGTHEN FAMILIES. A CLASS OF EIGHT INAUGURAL PEDS FELLOWS BEGAN A 15-MONTH PROGRAM MENTORSHIP, PROFESSIONAL DEVELOPMENT OPPORTUNITIES, AND A STIPEND TO IMPLEMENT AN EQUITY-FOCUSED, CHILD HEALTH PROJECT IN THEIR WORK. ADDITIONAL PROGRAMMING WAS PROVIDED TO A GROWING NETWORK OF CHILD-SERVING STAKEHOLDERS WITH A FOCUS ON EQUITY IN EARLY CHILDHOOD CARE, AND A LARGE ONLINE RESOURCE CENTER WAS LAUNCHED TO PROVIDE 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 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 2020 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 2020 FOCUSED ON

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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 ORGANIZATIONS, FOUNDATIONS, NONPROFITS, AND CONSULTING ORGANIZATIONS. UHF, PARTNERING WITH GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), GRADUATED THE 11TH CLASS OF ITS CLINICAL QUALITY FELLOWSHIP PROGRAM, AND LAUNCHED 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 CONTINUED A PROJECT IN 2020 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. CO-DESIGN WORK 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 NEW PROJECT LAUNCHED IN 2020 BROUGHT TOGETHER EIGHT SKILLED NURSING FACILITIES TO COLLABORATE ON CREATING SAFER AND MORE EFFECTIVE TRANSITIONS BACK HOME FOR SHORT STAY RESIDENTS. THE COLLABORATIVE SEEKS

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TO IMPROVE 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.

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

FOR THE WEEK ENDING MARCH 12, 2020, ABOUT 14,000 NEW YORKERS FILED UNEMPLOYMENT INSURANCE APPLICATIONS; IN THE MONTH OF APRIL ALONE, OVER 1.5 MILLION STATE RESIDENTS SUBMITTED CLAIMS, AND HUNDREDS OF THOUSANDS OF WORKERS ALSO FACED THE LOSS OF JOB-BASED HEALTH COVERAGE. AS THIS CORONAVIRUS-RELATED UNEMPLOYMENT SURGED, UHF'S HEALTH INSURANCE PROJECT DEVELOPED AND DISSEMINATED A CONSUMER GUIDE, "GRIM TIMES AND HEALTH INSURANCE: MAINTAINING COVERAGE DURING THE PANDEMIC." THE GUIDE OFFERED PRACTICAL ADVICE FOR NEW YORKERS ON HOW TO REPLACE LOST HEALTH COVERAGE OR FIND A NEW HEALTH PLAN. IT CONTAINED DETAILS ABOUT RELEVANT STATE AND FEDERAL CONSUMER PROTECTION LAWS AND THE ENROLLMENT PROCESS, PROVIDES ANSWERS TO FREQUENTLY ASKED QUESTIONS, AND LISTS IMPORTANT RESOURCES. IT WAS MADE AVAILABLE IN ENGLISH, SPANISH, SIMPLIFIED CHINESE, RUSSIAN, BENGALI, AND HAITIAN CREOLE. UHF ALSO PARTNERED WITH THE NEW YORK STATE OF HEALTH MARKETPLACE TO CONDUCT A PUBLIC INFORMATION CAMPAIGN TO INFORM UNDERSERVED AND NON-ENGLISH SPEAKING COMMUNITIES IN NEW YORK CITY ABOUT THEIR OPTIONS FOR OBTAINING HEALTH INSURANCE. UHF'S OUTREACH CAMPAIGN REACHED AN ESTIMATED 600,000 NEWLY UNINSURED NEW YORKERS.

THE HEALTH INSURANCE PROJECT PUBLISHED ADDITIONAL REPORTS ON THE NEED

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FOR POLICY IMPROVEMENTS IN NEW YORK'S INDIVIDUAL HEALTH INSURANCE MARKET, THE OPPORTUNITY TO IMPROVE COVERAGE THROUGH SUBSIDIES FOR STUDENT LOAN BORROWERS, THE RISK OF COVERAGE LOSS FOR LOW-INCOME POPULATIONS DUE TO INDIVIDUAL HEALTH COVERAGE REIMBURSEMENT ARRANGEMENTS, AND THE IMPORTANCE OF AFFORDABLE CARE ACT PROTECTIONS FOR PRE-EXISTING CONDITIONS ON COVERAGE FOR LOW-INCOME INDIVIDUALS.

THROUGHOUT THE YEAR, COVID-19 WAS CONSTANTLY IN THE NEWS CYCLE, BUT UHF NOTICED THAT ALTHOUGH THE COVERAGE OF THE HOSPITAL RESPONSE WAS ROBUST, OTHER PERSPECTIVES ON THE PANDEMIC WERE BEING LOST. TO HELP INFORM THE PUBLIC DIALOGUE A NEW COMMENTARY SERIES WAS LAUNCHED WITH MORE THAN 20 PIECES HIGHLIGHTING ISSUES NOT OTHERWISE WELL COVERED BY THE GENERAL PRESS. EXPERTS FROM OTHER CARE SETTINGS AND DISCIPLINES WEIGHED IN ON A WIDE VARIETY OF TOPICS IN THE CONTEXT OF COVID-19, SUCH AS COMMUNITY HEALTH CENTERS, PRIMARY CARE, HOME HEALTH, MENTAL HEALTH, DISPARITIES, EQUITY, AND TELEHEALTH JUST TO NAME A FEW.

THE GLARING RACIAL AND ECONOMIC INEQUITIES IN THE U.S. HEALTH CARE SYSTEM, MAGNIFIED BY THE CORONAVIRUS PANDEMIC, WERE THE MAIN TOPICS OF THE 31ST 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 EACH OF THE TWO AFTERNOON SESSIONS WHICH WERE KEYNOTED RESPECTIVELY BY KATHERINE BAICKER, PHD, DEAN AND EMMETT DEDMON PROFESSOR AT THE UNIVERSITY OF CHICAGO'S HARRIS SCHOOL OF PUBLIC POLICY, AND MORO O. SALIFU, MD, PROFESSOR AND CHAIRMAN OF THE DEPARTMENT OF MEDICINE AND CHIEF OF THE DIVISION OF NEPHROLOGY AT SUNY DOWNSTATE HEALTH SCIENCES UNIVERSITY AND DIRECTOR OF THE BROOKLYN HEALTH DISPARITIES CENTER.

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UHF AWARDED \$450,000 IN GRANTS TO SUPPORT PROGRAMS TO IMPROVE TRANSITIONS OF CARE FROM SKILLED NURSING FACILITIES TO HOME, AND TO SUPPORT RESEARCH CONDUCTED IN PARTNERSHIP WITH THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE TO DEVELOP AND PILOT A TEMPLATE OF A VIRTUAL PUBLIC DELIBERATION FOR USE BY LOCAL COMMUNITIES TO ADVISE DECISION-MAKERS WITH RESPECT TO COMMUNITY-INFORMED PREFERENCES FOR ACCESSING VACCINES FOR COVID-19.

PROGRAM DESCRIPTION	EXPENSES	REVENUE
INSURANCE ACCESS	\$367,830	\$0
INNOVATION	\$19,428	\$0
GRANT	\$235,445	\$0
CONFERENCES	\$61,244	\$24,540
PUBLICATIONS AND INFO. SERVICES	\$1,321,181	\$0
LIBRARY	\$148,132	\$0
FAMILIES	\$17,211	\$0
EXPENSES \$ 2,170,471. INCLUDING GRANTS OF \$ 0. REVENUE \$ 24,540.		

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:

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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 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

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

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, MI, MN, MS, ND, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

GRANT CONSULTING:

PROGRAM SERVICE EXPENSES	1,002,408.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,002,408.

DATA PROCESSING SERVICES:

PROGRAM SERVICE EXPENSES	8,741.
MANAGEMENT AND GENERAL EXPENSES	14,711.
FUNDRAISING EXPENSES	1,082.
TOTAL EXPENSES	24,534.

GENERAL CONSULTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	72,033.
FUNDRAISING EXPENSES	6,783.

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TOTAL EXPENSES	78,816.
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RETIREMENT CONSULTING:

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	41,587.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	41,587.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,147,345.
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

POSTRETIREMENT RELATED CHANGES	-7,464.
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CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	672,671.
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RESCINDED/REFUNDED GRANTS	18,303.
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TOTAL TO FORM 990, PART XI, LINE 9	683,510.
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**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 for instructions and the latest information.

OMB No. 1545-0047

2020

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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)				

