

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **03/01, 2019**, and ending **02/28, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED HOSPITAL FUND OF NEW YORK				D Employer identification number 13-1562656	
	Doing Business As				E Telephone number (212) 494-0700	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	1411 BROADWAY 12TH FLOOR City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018					
F Name and address of principal officer: ANTHONY SHIH, MD, MPH 1411 BROADWAY, 12TH FLOOR, NEW YORK, NY 10018				G Gross receipts \$ 45,304,039.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: WWW.UHFNYC.ORG				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				L Year of formation: 1879 M State of legal domicile: NY		
H(c) Group exemption number ▶						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED HOSPITAL FUND WORKS TO BUILD A MORE EFFECTIVE HEALTH CARE SYSTEM FOR EVERY NEW YORKER. AN INDEPENDENT, NONPROFIT ORGANIZATION, WE ANALYZE PUBLIC POLICY(SCHED O)			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3		21.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		20.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5		53.
	6 Total number of volunteers (estimate if necessary)	6		21.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		-7,554.
b Net unrelated business taxable income from Form 990-T, line 34	7b		-14,766.	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		3,809,851.	5,259,948.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		80,178.	80,525.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,353,070.	5,378,751.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		-154,088.	-58,848.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,089,011.	10,660,376.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		685,122.	629,588.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		7,884,716.	6,681,573.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 968,914.		0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,180,108.	3,074,217.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,749,946.	10,385,378.
19 Revenue less expenses. Subtract line 18 from line 12		-3,660,935.	274,998.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		102,548,473.	102,487,500.
	22 Net assets or fund balances. Subtract line 21 from line 20.		4,745,231.	3,471,849.
			97,803,242.	99,015,651.

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.

Sign Here	Signature of officer		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DANIEL ROMANO		1/29/2021		P00504182
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558	Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. 212-599-0100	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

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

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

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 File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED HOSPITAL FUND OF NEW YORK	Taxpayer identification number (TIN) 13-1562656
	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)

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

SHEILA M. ABRAMS

• 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 01/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 20__ or
► tax year beginning 03/01, 2019, and ending 02/28, 2020.

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.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,636,383. including grants of \$ 125,000.) (Revenue \$ 0.)

ATTACHMENT 2

4b (Code:) (Expenses \$ 1,565,552. including grants of \$ 504,588.) (Revenue \$ 15,290.)

ATTACHMENT 3

4c (Code:) (Expenses \$ 636,896. including grants of \$ 0.) (Revenue \$ 0.)

ATTACHMENT 4

4d Other program services (Describe on Schedule O.) ATTACHMENT 5
(Expenses \$ 2,772,186. including grants of \$ 0.) (Revenue \$ 65,235.)

4e Total program service expenses ▶ 6,611,017.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

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 number, Question text, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, 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 response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (21), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (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.
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

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANTHONY SHIH PRESIDENT	35.00 0.	X		X				494,167.	0.	45,732.
(2) DEBORAH E. HALPER FORMER VICE PRESIDENT	0. 0.						X	359,997.	0.	36,595.
(3) SHEILA ABRAMS SENIOR VICE PRESIDENT	35.00 0.			X				302,633.	0.	35,814.
(4) SALLY ROGERS SENIOR VICE PRESIDENT	35.00 0.			X				287,541.	0.	35,814.
(5) DEBRA LALLY FORMER DIRECTOR, IT DEPT.	0. 0.						X	227,266.	0.	37,625.
(6) CHAD SHEARER SENIOR VICE PRESIDENT	35.00 0.			X				234,607.	0.	25,044.
(7) CAROL LEVINE FORMER DIRECTOR-FAMILY PROJECT	0. 0.						X	222,165.	0.	21,546.
(8) GREGORY BURKE FORMER DIR INNOVATION STRATEGY	0. 0.						X	173,371.	0.	21,916.
(9) PETER NEWELL DIRECTOR, HEALTH INSURANCE	35.00 0.					X		177,579.	0.	16,234.
(10) ADAM FIFIELD DIRECTOR, COMMUNICATIONS	35.00 0.					X		155,875.	0.	36,570.
(11) ANNE-MARIE AUDET SENIOR MEDICAL OFFICER	21.00 0.					X		181,161.	0.	11,058.
(12) CATHERINE ARNST DIRECTOR, PUBLIC INFORMATION	35.00 0.					X		160,405.	0.	25,539.
(13) LYNN ROGUT DIRECTOR, QUALITY	35.00 0.					X		167,831.	0.	9,516.
(14) AMANDA WILLIAMS CORPORATE SECRETARY	40.00 0.			X				99,617.	0.	10,123.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) J. BARCLAY COLLINS II CHAIRMAN EMERITUS (AS OF 9/19)	2.00 0.	X		X				0.	0.	0.
(16) JOHN C. SIMONS CHAIRMAN (AS OF 6/2019)	2.00 0.	X		X				0.	0.	0.
(17) FREDERICK W. TELLING VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(18) JO IVEY BOUFFORD, MD VICE CHAIRMAN (AS OF 6/2019)	2.00 0.	X		X				0.	0.	0.
(19) STEPHEN BERGER DIRECTOR	2.00 0.	X						0.	0.	0.
(20) LORI EVANS BERNSTEIN DIRECTOR	2.00 0.	X						0.	0.	0.
(21) BETTINA ALONSO DIRECTOR (THROUGH 6/2019)	2.00 0.	X						0.	0.	0.
(22) DALE C. CHRISTENSEN, JR. DIRECTOR	2.00 0.	X						0.	0.	0.
(23) ROBERT GALVIN, MD DIRECTOR	2.00 0.	X						0.	0.	0.
(24) MICHAEL R. GOLDING, MD DIRECTOR (THROUGH 6/2019)	2.00 0.	X						0.	0.	0.
(25) JENNIFER L. HOWSE, PHD DIRECTOR	2.00 0.	X						0.	0.	0.
1b Sub-total								3,244,215.	0.	369,126.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,244,215.	0.	369,126.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 22

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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
ATTACHMENT 7		

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) EUGENE KEILIN ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(27) CARY A. KRAVET ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(28) JOSH N. KURILOFF ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(29) HOWARD P. MILSTEIN ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(30) ROBERT C. OSBORNE ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(31) EILEEN N. SULLIVAN-MARX, PHD, ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(32) MARY BETH C. TULLY ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(33) BARBARA YASTINE ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(34) SUSANA R. MORALES, MD ----- DIRECTOR	2.00 ----- 0.	X						0.	0.	0.
(35) SEUN SALAMI ----- DIRECTOR (AS OF 6/2019)	2.00 ----- 0.	X						0.	0.	0.
(36) MEERA MANI, MD ----- DIRECTOR (AS OF 6/2019)	2.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 22**

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,721,186.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,080,798.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,457,964.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 1,401.				
	h	Total. Add lines 1a-1f		5,259,948.				
	Program Service Revenue	2a	CONFERENCE	Business Code	900099	65,235.	65,235.	
b		RESEARCH SYMPOSIUM		900099	15,290.	15,290.		
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f			80,525.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts).			972,589.		-7,554.
	4	Income from investment of tax-exempt bond proceeds			0.		980,143.	
	5	Royalties			0.			
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)				0.		
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
						7,836,503.	30,950,913.	
	b	Less: cost or other basis and sales expenses	7b	6,415,940.	27,965,314.			
	c	Gain or (loss)	7c	1,420,563.	2,985,599.			
d	Net gain or (loss)				4,406,162.	4,406,162.		
8a	Gross income from fundraising events (not including \$ 1,721,186. of contributions reported on line 1c). See Part IV, line 18	8a	155,100.					
b	Less: direct expenses	8b	262,409.					
c	Net income or (loss) from fundraising events.				-107,309.	-107,309.		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
b	Less: direct expenses	9b	0.					
c	Net income or (loss) from gaming activities.				0.			
10a	Gross sales of inventory, less returns and allowances	10a			0.			
b	Less: cost of goods sold	10b	0.					
c	Net income or (loss) from sales of inventory.				0.			
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	Business Code	900099	48,461.		48,461.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d				48,461.		
12	Total revenue. See instructions				10,660,376.	80,525.	-7,554.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	629,588.	629,588.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,463,039.	1,712,415.	672,175.	78,449.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	3,064,965.	1,714,914.	899,240.	450,811.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	215,537.	121,059.	68,501.	25,977.
9 Other employee benefits	622,510.	481,816.	61,370.	79,324.
10 Payroll taxes	315,522.	134,244.	140,167.	41,111.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	41,520.	7,446.	18,666.	15,408.
c Accounting	93,157.		93,157.	
d Lobbying	95,777.	95,777.		
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	286,292.	186,090.	74,436.	25,766.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	403,011.	270,010.	122,698.	10,303.
12 Advertising and promotion	0.			
13 Office expenses	113,700.	54,847.	28,351.	30,502.
14 Information technology	130,591.	54,718.	50,566.	25,307.
15 Royalties	0.			
16 Occupancy	1,183,328.	689,640.	401,173.	92,515.
17 Travel	19,946.	16,649.	2,519.	778.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	116,469.	86,169.	25,202.	5,098.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	209,711.	122,714.	71,129.	15,868.
23 Insurance	101,415.	54,738.	37,831.	8,846.
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	109,089.	63,665.	753.	44,671.
b DUES & SUBSCRIPTIONS	51,312.	42,956.	5,268.	3,088.
c BOOKS & DATA PURCHASES	8,434.	8,142.	292.	
d ATTENDANCE OF OUTSIDE EVENTS	2,763.	2,763.		
e All other expenses _____	107,702.	60,657.	31,953.	15,092.
25 Total functional expenses. Add lines 1 through 24e	10,385,378.	6,611,017.	2,805,447.	968,914.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,608,986.	1	2,685,692.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	749,407.	3	1,053,376.
	4 Accounts receivable, net.	0.	4	0.
	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	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	25,649.	8	0.
	9 Prepaid expenses and deferred charges	383,939.	9	398,470.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,764,154.		
	b Less: accumulated depreciation	10b 2,214,840.	1,705,358.	10c 1,549,314.
	11 Investments - publicly traded securities	31,862,883.	11	32,781,677.
	12 Investments - other securities. See Part IV, line 11	60,940,403.	12	59,678,401.
	13 Investments - program-related. See Part IV, line 11.	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	4,271,848.	15	4,340,570.
16 Total assets. Add lines 1 through 15 (must equal line 33)	102,548,473.	16	102,487,500.	
Liabilities	17 Accounts payable and accrued expenses	1,448,864.	17	491,441.
	18 Grants payable	569,338.	18	454,710.
	19 Deferred revenue	189,000.	19	160,000.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,538,029.	25	2,365,698.
	26 Total liabilities. Add lines 17 through 25	4,745,231.	26	3,471,849.
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	75,443,442.	27	75,567,751.
	28 Net assets with donor restrictions	22,359,800.	28	23,447,900.
	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	97,803,242.	32	99,015,651.
33 Total liabilities and net assets/fund balances	102,548,473.	33	102,487,500.	

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	10,660,376.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,385,378.
3	Revenue less expenses. Subtract line 2 from line 1	3	274,998.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	97,803,242.
5	Net unrealized gains (losses) on investments	5	934,253.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,158.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	99,015,651.

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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

JSA
9E1210 1.000

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,141,751.	5,031,796.	5,130,787.	3,809,853.	5,259,948.	24,374,135.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	5,141,751.	5,031,796.	5,130,787.	3,809,853.	5,259,948.	24,374,135.
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).						420,323.
6 Public support. Subtract line 5 from line 4						23,953,812.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	5,141,751.	5,031,796.	5,130,787.	3,809,853.	5,259,948.	24,374,135.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	919,307.	744,268.	610,962.	796,102.	972,589.	4,043,228.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	225,440.	230,957.	158,085.	152,835.	203,561.	970,878.
11 Total support. Add lines 7 through 10						29,388,241.
12 Gross receipts from related activities, etc. (see instructions)					12	424,566.
13 First five 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 2019 (line 6, column (f) divided by line 11, column (f)).	14	81.51%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	77.27%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five 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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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 (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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 (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

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

7 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
GROSS INCOME FROM EVENTS	219,810.	228,575.	155,600.	152,800.	155,100.	911,885.
MISC. INCOME	5,630.	2,382.	2,485.	35.	48,461.	58,993.
TOTALS	<u>225,440.</u>	<u>230,957.</u>	<u>158,085.</u>	<u>152,835.</u>	<u>203,561.</u>	<u>970,878.</u>

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization **UNITED HOSPITAL FUND OF NEW YORK**

Employer identification number
13-1562656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 165,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 118,320.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 280,738.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 594,311.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 126,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 305,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED HOSPITAL FUND OF NEW YORK**

Employer identification number
13-1562656

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 666,668.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 202,660.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 188,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **UNITED HOSPITAL FUND OF NEW YORK**

Employer identification number

13-1562656

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	5 SHARES OF UNITED HEALTH STOCK	\$ 1,401.	12/17/2019

Name of organization UNITED HOSPITAL FUND OF NEW YORK

Employer identification number
13-1562656

Part III *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2019

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)).

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc., with a total amount of 95,777.

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

Table with 3 columns: Question, Yes, No. Questions about dues, lobbying expenditures, and carryover.

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."

Table with 5 rows for dues and lobbying expenditures, with sub-rows (a, b, c) for current year, carryover, and total.

Part IV Supplemental Information

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

DESCRIPTION OF LOBBYING ACTIVITY
AMOUNTS INCURRED FOR LOBBYING WERE FOR DIRECT CONTACT WITH LEGISLATORS
AND OTHER STATE OFFICIALS, TO DETERMINE THOSE BUDGETARY APPROPRIATIONS
THAT WOULD SUPPORT THE ORGANIZATION'S PROGRAMS.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

UNITED HOSPITAL FUND OF NEW YORK

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: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on certified historic structures, and several Yes/No questions regarding monitoring and reporting.

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: Line number, Description, and Amount. Includes rows for reporting on art, historical treasures, or other similar assets held for public exhibition, education, or research, and amounts required to be reported under FASB ASC 958.

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

Schedule D (Form 990) 2019

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	92,803,286.	97,400,019.	93,210,010.	83,760,260.	102,938,398.
b Contributions				600,000.	77,976.
c Net investment earnings, gains, and losses	5,340,415.	1,977,317.	10,541,959.	15,046,943.	-13,259,040.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,683,623.	7,301,616.	6,351,950.	6,197,193.	5,997,074.
f Administrative expenses					
g End of year balance	92,460,078.	92,075,720.	97,400,019.	93,210,010.	83,760,260.

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

- a** Board designated or quasi-endowment ▶ 81.0000 %
- b** Permanent endowment ▶ 3.0000 %
- c** Term endowment ▶ 16.0000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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		2,930,761.	1,476,790.	1,453,971.
d Equipment				
e Other		833,393.	738,050.	95,343.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,549,314.

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	28,057,356.	FMV
(B) HEDGE FUNDS - DIRECTIONAL	7,675,539.	FMV
(C) HEDGE FUNDS - NON DIRECTIONAL	8,356,299.	FMV
(D) PRIVATE REAL ESTATES	4,328,244.	FMV
(E) PRIVATE CAPITAL	3,947,069.	FMV
(F) FIXED INCOME	7,313,894.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	59,678,401.	

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
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	1,865,866.
(3) ACCRUED POSTRETIREMENT BENEFIT	499,832.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,365,698.

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 11,811,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments 2a 934,253.	
b	Donated services and use of facilities 2b 500,000.	
c	Recoveries of prior year grants 2c	
d	Other (Describe in Part XIII.) 2d 3,158.	
e	Add lines 2a through 2d 2e 1,437,411.	
3	Subtract line 2e from line 1 3 10,374,084.	
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 286,292.	
b	Other (Describe in Part XIII.) 4b	
c	Add lines 4a and 4b 4c 286,292.	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) 5 10,660,376.	

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 10,599,086.
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 10,099,086.	
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 286,292.	
b	Other (Describe in Part XIII.) 4b	
c	Add lines 4a and 4b 4c 286,292.	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) 5 10,385,378.	

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

FIN 48 FOOTNOTE

UHF RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THESE 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, 2020 AND FEBRUARY 29, 2019.

FORM 990, SCHEDULE D, 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%.

IN FEBRUARY 2019, THE BOARD AUTHORIZED AN ADDITIONAL DRAW OF \$1.2 MILLION TO BE SPENT DURING FISCAL YEARS ENDED FEBRUARY 29, 2020 AND FEBRUARY 28, 2021 FOR OPERATIONS, OF WHICH \$385,000 WAS APPLIED DURING THE YEAR ENDED FEBRUARY 29, 2020. CERTAIN ENDOWMENT GIFTS ARE RESTRICTED FOR SPECIFIC PURPOSES, THE INCOME FROM WHICH, INCLUDED IN THE SPENDING RATE, IS SPENT IN ACCORDANCE WITH THOSE RESTRICTIONS.

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART XI, LINE 2D

POST RETIREMENT RELATED CHANGES	\$ (116,491)
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	\$ 12,340
SPECIAL EVENT ADJUSTMENTS	\$ 107,309
TOTAL	\$ 3,158

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		35,980,468.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					35,980,468.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					35,980,468.

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

Schedule F (Form 990) 2019

JSA
9E1274 1.000

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

FORM 990, SCHEDULE F, PART IV

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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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
		GALA (event type)	HC TRIBUTE (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,690,045.	448,650.	0.	2,138,695.
	2 Less: Contributions	1,591,445.	392,150.	0.	1,983,595.
	3 Gross income (line 1 minus line 2)	98,600.	56,500.	0.	155,100.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	147,695.	92,903.	0.	240,598.
	7 Food and beverages				
	8 Entertainment	2,300.		0.	2,300.
	9 Other direct expenses	12,211.	7,300.	0.	19,511.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				262,409.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-107,309.	

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				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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 ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

Part I General Information on Grants and Assistance

- 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
- 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
(1) BRONX-LEBANON HOSPITAL CENTER 2432 GRAND CONCOURSE BRONX, NY 10458	13-1974191	501(C)(3)	54,232.				CLINICAL-COMMUNITY PARTNERSHIPS
(2) EPISCOPAL HEALTH SERVICES, INC. 327 BEACH 19TH ST FAR ROCKAWAY, NY 11691	11-1665825	501(C)(3)	62,074.				CLINICAL-COMMUNITY PARTNERSHIPS
(3) GREATER NEW YORK HOSPITAL ASS. FOUNDATION 555 WEST 57TH ST NEW YORK, NY 10019	13-2954140	501(C)(3)	125,000.				QUALITY AND EFFICIENCY
(4) LONG ISLAND JEWISH MEDICAL CENTER 270-05 76TH AVE. QUEENS, NY 11040	11-2241326	501(C)(3)	65,911.				CLINICAL-COMMUNITY PARTNERSHIPS
(5) MOUNT SINAI HOSPITAL ONE GUSTAVE L LEVY PL NEW YORK, NY 10019	13-1624096	501(C)(3)	60,766.				CLINICAL-COMMUNITY PARTNERSHIPS
(6) NEW YORK CITY HEALTH AND HOSPITALS CORP 125 WORTH ST. NEW YORK, NY 10013	13-2655001	501(C)(3)	66,000.				CLINICAL-COMMUNITY PARTNERSHIPS
(7) NEW YORK UNIVERSITY 70 WASHINGTON SQ SOUTH NY, NY 10012	13-5562308	501(C)(3)	63,608.				CLINICAL-COMMUNITY PARTNERSHIPS
(8) NEW YORK PRESBYTERIAN/QUEENS 56-45 MAIN STREET FLUSHING, NY 11355	11-1839362	501(C)(3)	66,000.				CLINICAL-COMMUNITY PARTNERSHIPS
(9) THE NEW YORK AND PRESBYTERIAN HOSPITAL 525 EAST 68TH STREET NEW YORK, NY 10065	13-3957095	501(C)(3)	65,997.				CLINICAL-COMMUNITY PARTNERSHIPS
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9.

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

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

Schedule I (Form 990) (2019)

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

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

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

GRANTS PROCEDURES

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 PROPOSALS AND MAKE RECOMMENDATIONS TO THE PROGRAM COMMITTEE OF THE BOARD ON THOSE PROPOSALS THAT ARE CONSISTENT WITH UHF PRIORITIES AND THAT

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

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

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

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

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

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

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

PAYMENT IS MADE TO THE GRANTEE. SHOULD THE GRANTEE AT ANY POINT FAIL TO MEET THE TERMS OF THE GRANT, UHF HAS THE RIGHT TO TERMINATE THE GRANT AND NO FURTHER PAYMENTS WILL BE MADE. UHF RESERVES THE RIGHT TO INSTRUCT GRANTEES TO CEASE WORK ON A TERMINATED PROJECT AND RETURN UNUSED GRANT FUNDS ALREADY FORWARDED TO THE GRANTEE.

**SCHEDULE J
(Form 990)**

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

2019

**Open to Public
Inspection**

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 PRESIDENT	(i)	475,167.	0.	19,000.	13,200.	32,532.	539,899.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	SHEILA ABRAMS SENIOR VICE PRESIDENT	(i)	292,634.	0.	9,999.	24,400.	11,414.	338,447.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	SALLY ROGERS SENIOR VICE PRESIDENT	(i)	282,541.	0.	5,000.	24,400.	11,414.	323,355.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	CHAD SHEARER SENIOR VICE PRESIDENT	(i)	232,108.	0.	2,499.	15,182.	9,862.	259,651.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	DEBORAH E. HALPER FORMER VICE PRESIDENT	(i)	358,689.	0.	1,308.	23,334.	13,261.	396,592.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	CATHERINE ARNST DIRECTOR, PUBLIC INFORMATION	(i)	160,405.	0.	0.	8,775.	16,764.	185,944.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	ANNE-MARIE AUDET SENIOR MEDICAL OFFICER	(i)	181,161.	0.	0.	11,058.	0.	192,219.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	GREGORY BURKE FORMER DIR INNOVATION STRATEGY	(i)	173,371.	0.	0.	12,471.	9,445.	195,287.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	PETER NEWELL DIRECTOR, HEALTH INSURANCE	(i)	177,579.	0.	0.	16,234.	0.	193,813.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	ADAM FIFIELD DIRECTOR, COMMUNICATIONS	(i)	155,875.	0.	0.	8,465.	28,105.	192,445.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	LYNN ROGUT DIRECTOR, QUALITY	(i)	167,831.	0.	0.	9,516.	0.	177,347.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	CAROL LEVINE FORMER DIRECTOR-FAMILY PROJECT	(i)	222,165.	0.	0.	16,824.	4,722.	243,711.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	DEBRA LALLY FORMER DIRECTOR, IT DEPT.	(i)	227,266.	0.	0.	18,729.	18,896.	264,891.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-1562656

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

OTHER PROGRAM SERVICES

FORM 990, PART III PROGRAM SERVICE, LINE 4D

UHF'S HEALTH INSURANCE PROJECT PRODUCED REPORTS ON THE STIGMA OF PUBLIC
COVERAGE IN COMPARISON TO THE TAX BENEFIT RECEIVED BY MOST AMERICAN'S
WITH PRIVATE COVERAGE. IT ALSO CONTINUED ITS TRACKING OF THE HEALTH
INSURANCE MARKET IN THE STATE PUBLISHING "MILE MARKER OR HIGH-WATER MARK?
TRACKING NEW YORK'S PROGRESS IN COVERING THE UNINSURED. THE HEALTH
INSURANCE PROJECT ALSO CONDUCTED FOCUS GROUPS IN 2019 LEADING TO THE
PUBLICATION OF "REACHING THE FIVER PERCENT" A PROFILE OF WESTERN AND
CENTRAL NEW YORKERS WITHOUT HEALTH COVERAGE."

UHF'S GROWING WORK IN CLINICAL-COMMUNITY PARTNERSHIPS LED TO THE
PUBLICATION OF "COMPLEX CONSTRUCTION: A FRAMEWORK FOR BUILDING
CLINICAL-COMMUNITY PARTNERSHIPS TO ADDRESS SOCIAL DETERMINANTS OF
HEALTH." THE REPORT HIGHLIGHTED RESULTS FROM A PROJECT WORKING WITH TWO
FEDERALLY QUALIFIED HEALTH CENTERS TO DEVELOP A FRAMEWORK DESIGNED TO
HELP PRIMARY CARE PROVIDERS SCREEN THEIR PATIENTS FOR SOCIAL DETERMINANTS
OF HEALTH AND PARTNER WITH COMMUNITY-BASED ORGANIZATIONS TO RESPOND TO
THOSE NEEDS.

Name of the organization UNITED HOSPITAL FUND OF NEW YORK	Employer identification number 13-1562656
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THE INNOVATION STRATEGIES INITIATIVE WOUND DOWN ITS WORK IN 2019 PUBLISHING THE FINAL REPORT IN A MULTI-YEAR SERIES ASSESSING ACCOUNTABLE CARE ORGANIZATION (ACO) PERFORMANCE. "NEW YORK'S MEDICARE ACOS IMPROVE PERFORMANCE IN YEAR 5 OF THE MEDICARE SHARED SAVINGS PROGRAM" ANALYZED PERFORMANCE AND OFFERED RELEVANT LESSONS ABOUT THE BROADER MOVE TO VALUE-BASED PAYMENT SYSTEMS. THE INNOVATION PROGRAM ALSO PUBLISHED THE FINAL REPORT IN THE LONG RUNNING SERIES ASSESSING THE PROGRESS OF PRIMARY CARE TRANSFORMATION ENTITLED "PATIENT-CENTERED MEDICAL HOMES IN NEW YORK, 2018 UPDATE: DRIVERS OF GROWTH AND CHALLENGES FOR THE FUTURE."

UHF ALSO AWARDED NEARLY \$630,000 IN GRANTS TO SUPPORT PROGRAMS TO IMPROVE THE SAFETY AND QUALITY OF CARE PROVIDED BY HOSPITALS, AND TO IMPROVE THE CONNECTION OF HEALTH CARE AND COMMUNITY-BASED ORGANIZATIONS IN ADDRESSING THE SOCIAL NEEDS OF VULNERABLE POPULATIONS.

TAX RETURN REVIEW

FORM 990, PART VI, SECTION B, LINE 11

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.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12

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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.

EXECUTIVE COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

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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 THE THREE SENIOR 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 THREE SENIOR 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

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FOR THEIR SERVICE AS AN OFFICER TO THE BOARD.

GOVERNING DOCUMENTS AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

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.

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

POST RETIREMENT CHANGES	\$ (116,491)
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS	\$ 12,340
SPECIAL EVENTS ADJUSTMENTS	\$ 107,309

TOTAL \$ 3,158
ATTACHMENT 1

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

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

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ATTACHMENT 2

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

UHF'S QUALITY INSTITUTE WORKS TO IMPROVE HEALTH AND HEALTH CARE QUALITY IN NEW YORK BY IDENTIFYING AND SPREADING BEST PRACTICES ACROSS THE CONTINUUM OF CARE, DEVELOPING THE NEXT GENERATION OF QUALITY IMPROVEMENT LEADERS, AND HELPING TO ACHIEVE CONSENSUS ON THE MOST EFFECTIVE QUALITY ASSESSMENT 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 2019 ON BEHALF OF THE NEW YORK STATE DEPARTMENT OF HEALTH AS PART OF ITS STATE INNOVATION MODEL INITIATIVE, WHICH AIMS TO SPREAD THE ADVANCED PRIMARY CARE MODEL THROUGHOUT THE STATE. AS PART OF THIS EFFORT, UHF STAFF WORKED ON THE ANNUAL REFINEMENT OF THE ADVANCED PRIMARY CARE CORE MEASURE SET A SET OF STANDARDIZED METRICS INCLUDING 28 QUALITY MEASURES ACROSS SIX DOMAINS. UHF STAFF ALSO SPEARHEADED CONVENING TWO MULTI-STAKEHOLDER WORKGROUPS TO HELP STRENGTHEN NYSDOH'S TRANSPARENCY EFFORTS THROUGH MORE MEANINGFUL AND USER-FRIENDLY PROFILES OF PROVIDER QUALITY THAT COULD INFORM NEW YORKERS' DECISIONS ABOUT WHERE TO SEEK BOTH PRIMARY CARE AND HOSPITAL CARE.

DURING THE PAST YEAR, UHF, PARTNERING WITH GREATER NEW YORK

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ATTACHMENT 2 (CONT'D)

HOSPITAL ASSOCIATION (GNYHA), GRADUATED THE TENTH CLASS OF ITS CLINICAL QUALITY FELLOWSHIP PROGRAM, AND LAUNCHED A NEW FELLOWSHIP CLASS OF 30 PHYSICIANS, NURSES, AND PHYSICIAN ASSISTANTS, 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 LAUNCHED A NEW PROJECT IN 2019 USING PATIENT-CENTERED CO-DESIGN METHODS TO INVOLVE PRIMARY CARE PROVIDERS FROM A LARGE URBAN HEALTH SYSTEM AND THEIR PATIENTS IN THE DEVELOPMENT OF A PROTOTYPE DASHBOARD TO SUPPORT BETTER COMMUNICATION BETWEEN PATIENTS AND THEIR PROVIDERS. PATIENTS WITH DIABETES WILL BE INVITED TO PARTICIPATE, ALONGSIDE CLINICAL STAFF, IN A MULTIDISCIPLINARY PROJECT TEAM AND A CO-DESIGN EFFORT TO IDENTIFY THE CONTENT, DESIGN, AND COMMUNICATION GUIDELINES FOR THE DASHBOARD.

COMPLETING THE QUALITY INSTITUTE'S LONG-STANDING WORK ON ANTIBIOTIC STEWARDSHIP THE JOURNAL OF INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY PUBLISHED "A MODEL FOR IMPROVING AND ASSESSING OUTPATIENT STEWARDSHIP INITIATIVES FOR ACUTE RESPIRATORY INFECTIONS." THE ARTICALE REPORTED ON THE REVIEW AND COMPARISON OF PRE- AND POST-INTERVENTION VISITS THAT WERE CONDUCTED TO DETECT DIFFERENCES IN ACUTE RESPIRATORY INFECTION ANTIBIOTIC PRESCRIBING

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ATTACHMENT 2 (CONT'D)

IN THE FINAL STAGE OF THE ANTIBIOTIC STEWARDSHIP INITIATIVE.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

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

IN 2019 THE MEDICAID INSTITUTE CONDUCTED RESEARCH ON MORE THAN 600 INDIVIDUAL PROJECTS ASSOCIATED WITH THE STATE'S DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM AND PUBLISHED "DSRIP PROMISING PRACTICES: STRATEGIES FOR MEANINGFUL CHANGE FOR NEW YORK MEDICAID," WHICH INCLUDES CASE STUDIES OF DSRIP PROJECTS ACROSS THE STATE AND AN APPENDIX OF SPECIFIC DSRIP MEASURES, SORTED BY THE OUTCOMES THAT THE PROMISING PRACTICES SOUGHT TO AFFECT.

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ATTACHMENT 3 (CONT'D)

THE INSTITUTE ALSO PUBLISHED "HEALTHIER HOMES, HEALTHIER CHILDHOODS: HOW MEDICAID CAN ADDRESS THE HOUSING CONDITIONS CONTRIBUTING TO PEDIATRIC ASTHMA. FOCUSING ON INDOOR AIR QUALITY AS A KEY ASPECT OF SUBSTANDARD HOUSING IN NEW YORK CITY, THIS HEALTHWATCH BRIEF IDENTIFIES NEIGHBORHOODS THAT MEDICAID PROVIDERS AND HEALTH PLANS MIGHT TARGET TO REDUCE ASTHMA-RELATED HEALTH CARE UTILIZATION THROUGH HOUSING INTERVENTIONS-PRIMARILY LOOKING AT CHILDREN ENROLLED IN MEDICAID AND SUGGESTING WHERE INTERVENTIONS MIGHT BE MOST NEEDED. OTHER REPORTS AND DATA ANALYSES WERE ALSO PREPARED FOR THE NEW YORK STATE DEPARTMENT OF HEALTH.

MEDICAID INSTITUTE PROVIDED STAFF LEVEL SUPPORT TO THE STATE FOR THE CHILDREN'S HEALTH 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. PANELS FEATURED DISCUSSIONS ON LONG TERM CARE, BUILDING ON THE SUCCESS OF DSRIP, AND THE FUTURE OF MEDICAID MANAGED CARE.

ATTACHMENT 4

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

UHF'S CHILDREN'S HEALTH INITIATIVE WORKS TO BUILD A STRENGTHENED PRIMARY CARE SYSTEM FOR CHILDREN THAT RECOGNIZES THE IMPACT OF

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ATTACHMENT 4 (CONT'D)

NON-CLINICAL DETERMINATES OF HEALTH-AND PROMOTES OPTIMAL PHYSICAL HEALTH, SOCIAL AND EMOTIONAL WELL-BEING, AND COGNITIVE GROWTH DURING THE FIRST FIVE YEARS OF LIFE. THE INITIATIVE FOCUSES ON: 1) BUILDING EFFECTIVE CLINICAL-COMMUNITY PARTNERSHIPS TO SCREEN YOUNG PATIENTS AND THEIR FAMILIES FOR ONE OR MORE PSYCHOSOCIAL RISKS TO HEALTHY DEVELOPMENT AND CONNECT FAMILIES TO SOCIAL SERVICE ORGANIZATIONS THAT CAN HELP. 2) SHAPING A VALUE-BASED PAYMENT MODEL FOR CHILDREN ENROLLED IN MEDICAID; AND 3) DEVELOPING CHILD FOCUSED STATE POLICIES THAT SUPPORT EVIDENCE-BASED EARLY CHILDHOOD DEVELOPMENT.

IN 2019 THE CHILDREN'S HEALTH INITIATIVE COMPLETED THE SECOND PHASE OF PARTNERSHIPS FOR EARLY CHILDHOOD DEVELOPMENT, SUPPORTING 8 NEW YORK CITY HOSPITALS AND THEIR COMMUNITY-BASED PARTNERS IN AN EFFORT TO HELP PEDIATRIC PRIMARY CARE PRACTICES INITIATE, EXPAND, OR IMPROVE ON EFFORTS TO SCREEN CHILDREN AGES 0-5 FOR SOCIAL AND ENVIRONMENTAL RISKS THAT INTERFERE WITH HEALTHY DEVELOPMENT, AND CONNECT THEM WITH THE SERVICES THAT CAN ADDRESS THOSE RISKS. PUBLICATIONS FROM THE PROGRAM IN 2019 INCLUDED "IT'S ABOUT TRUST" PARENTS' PERSPECTIVES ON PEDIATRICIANS SCREENING FOR SOCIAL NEEDS" PUBLISHED IN COLLABORATION WITH PUBLIC AGENDA AND BASED ON FOCUS GROUPS WITH PARENTS. A RELATED BLOG POST "SCREENING FOR SOCIAL NEEDS" WHAT DO PARENTS THINK?" WAS PUBLISHED BY HEALTH AFFAIRS.

SEMINAL WORK ON THE EFFECT OF THE OPIOID EPIDEMIC ON CHILDREN WAS CONDUCTED AND RELEASED BY THE CHILDREN'S HEALTH INITIATIVE IN

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ATTACHMENT 4 (CONT'D)

2019. IN MARCH, AN INITIAL REPORT "THE RIPPLE EFFECT: THE IMPACT OF THE OPIOID EPIDEMIC ON CHILDREN AND FAMILIES" PROVIDED RECOMMENDATIONS FOR AN ACTION AGENDA BASED ON A MULTIDISCIPLINARY CONVENING. IN NOVEMBER, A FIRST OF ITS KIND ANALYSIS "THE RIPPLE EFFECT: NATIONAL AND STATE ESTIMATES OF THE U.S. OPIOID EPIDEMIC'S IMPACT ON CHILDREN" PRESENTED DATA MAPPING OUT THE NATIONAL AND STATE-BY-STATE IMPACT OF THE OPIOID EPIDEMIC ON CHILDREN.

THE CHILDREN'S HEALTH INITIATIVE CONTINUED ITS WORK IN 2019 ON POLICY AND HEALTH CARE PAYMENT TO SUPPORT EARLY CHILDHOOD DEVELOPMENT, PUBLISHING THREE PIECES ON THESE TOPICS. "ACHIEVING PAYMENT REFORM FOR CHILDREN THROUGH MEDICAID AND STAKEHOLDER COLLABORATION" AND ITS COMPANION "GUIDE FOR ACTION" EXAMINED CRITICAL ISSUES IN OVERHAULING PAYMENT FOR CHILDREN'S HEALTH CARE, OUTLINING SPECIFIC STEPS ADVOCATES AND STATE MEDICAID PROGRAMS COULD TAKE TO REFOCUS HEALTH CARE PAYMENTS ON QUALITY AND OUTCOMES. THE INITIATIVE ALSO PUBLISHED A FRAMEWORK FOR A NEW CONCEPT OF CARING FOR CHILDREN AND THEIR FAMILIES TOGETHER ENTITLED "PLAN AND PROVIDER OPPORTUNITIES TO MOVE TOWARD INTEGRATED FAMILY HEALTH. FINALLY, WORK WITH NEW YORK STATE ON VALUE-BASED PAYMENT WAS HIGHLIGHTED IN A PUBLISHED CASE STUDY ON "REFORMING PAYMENT FOR CHILDREN'S LONG-TERM HEALTH."

ATTACHMENT 5

Name of the organization UNITED HOSPITAL FUND OF NEW YORK	Employer identification number 13-1562656
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ATTACHMENT 5 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PUBLICATIONS AND INFORMATION SERVICES	0.	1,310,001.	0.
INSURANCE ACCESS	0.	477,703.	0.
INNOVATION	0.	198,450.	0.
GRANT	0.	193,896.	0.
CONFERENCES	0.	163,506.	65,235.
OTHER PROGRAM	0.	156,352.	0.
LIBRARY	0.	141,461.	0.
FAMILIES	0.	130,817.	0.
TOTALS	0.	2,772,186.	65,235.

ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AR, CA,
 FL, GA, HI, IL, KY, MD, MA, MI,
 MN, NH, NJ, NM, NY, ND, OR, PA,
 RI, TN, UT,

ATTACHMENT 7

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TIAA ENDOWMENTS MANAGEMENT 1221 MCKINNEY ST, SUITE 1800 HOUSTON, TX 77010	INVESTMENT ADVISORY	286,292.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

Table with 6 columns: (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. Rows 1-6 are empty.

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.

Table with 7 columns: (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). Rows 1-7 are empty.

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

Schedule R (Form 990) 2019

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST 13-6046088 C/O JP MORGAN SERVICES, PO BOX 6089 NEWARK, DE 19714-6089	ANNUITY	NY	N/A	TRUST	6,587.	2,284,299.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, 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)		
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)			

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

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

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

Part VII **Supplemental Information**

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