OP 25

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2016
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01 / 01 / **2016** and Ending (mm/dd/yyyy) 12 / 31 / 2016

Check if Applicable:
- [ ] Address Change
- [ ] Name Change
- [ ] Initial Filing
- [ ] Final Filing
- [ ] Amended Filing
- [ ] Reg ID Pending

Name of Organization: MONTEFIORE MEDICAL CENTER

Employer Identification Number (EIN): 13-1740114

Mailing Address: 111 EAST 210TH STREET

NY Registration Number: 10-63-91

City / State / Zip: BRONX, NY 10467-2401

Telephone: (914) 349-8455

Website: WWW.MONTEFIORE.ORG

Email: ERESNICK@MONTEFIORE.ORG

Check your organization's registration category: [X] 7A only [ ] EPTL only [ ] DUAL (7A & EPTL) [ ] EXEMPT

Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer: ✓ C. Ellen Blye — COLLEEN M. BLYE, EXEC V.P & C.F.O. — ✓ 11/10/17
Signature — Print Name and Title — Date

Chief Financial Officer or Treasurer: ✓ — EVAN RESNICK, V.P. FINANCE — ✓ 11/10/17
Signature — Print Name and Title — Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

[ ] 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed $25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

[ ] 3b. EPTL filing exemption: Gross receipts did not exceed $25,000 and the market value of assets did not exceed $25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

[ ] Yes [X] No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

[X] Yes [ ] No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee:	EPTL filing fee:	Total fee:	Make a single check or money order payable to:
	$ 25.	$	$ 25.	"Department of Law"

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

[ ] If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)

[X] If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

[X] IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable

[X] All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).

[ ] Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

[ ] Review Report if you received total revenue and support greater than $250,000 and up to $750,000.

[X] Audit Report if you received total revenue and support greater than $750,000

[ ] No Review Report or Audit Report is required because total revenue and support is less than $250,000

[ ] We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

[ ] $0, if you checked the 7A exemption in Part 3a

[X] $25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

[ ] $0, if you checked the EPTL exemption in Part 3b

[ ] $25, if the NET WORTH is less than $50,000

[ ] $50, if the NET WORTH is $50,000 or more but less than $250,000

[ ] $100, if the NET WORTH is $250,000 or more but less than $1,000,000

[ ] $250, if the NET WORTH is $1,000,000 or more but less than $10,000,000

[ ] $750, if the NET WORTH is $10,000,000 or more but less than $50,000,000

[ ] $1500, if the NET WORTH is $50,000,000 or more

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activites for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:
- IRS From 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers
www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

1. Organization Information

Name of Organization:	NY Registration Number:
MONTEFIORE MEDICAL CENTER	10-63-91

2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:

- ☐ Professional Fund Raiser
- ☐ Fund Raising Counsel
- ☐ Commercial Co-Venturer

Name of FRP:	NY Registration Number:
Mailing Address:	Telephone:
City / State / Zip:	

3. Contract Information

Contract Start Date:	Contract End Date:

4. Description of Services

Services provided by FRP:

5. Description of Compensation

Compensation arrangement with FRP:	Amount Paid to FRP:

6. Commercial Co-Venturer (CCV) Report

☐ Yes ☐ No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).
A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).
A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

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Schedule 4b: Government Grants
www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:
MONTEFIORE MEDICAL CENTER	10-63-91

2. Government Grants

Name of Government Agency	Amount of Grant
1. FEDERAL-HEALTH CARE INNOVATION AWARDS	1. 4,400,935.
2. FEDERAL-CONSOLIDATED HEALTH CENTERS	2. 3,413,637.
3. FEDERAL-ALLERGY & INFECTIOUS DISEASE RESEARCH	3. 2,462,686.
4. FEDERAL-SPECIAL SUPPLEMENTAL NUTRITION PROG	4. 2,336,800.
5. FEDERAL-COORDINATED SERV & ACCESS TO RESEARCH	5. 2,007,715.
6. FEDERAL-OCCUPATIONAL SAFETY & HEALTH PROGRAM	6. 1,492,008.
7. FEDERAL-CANCER TREATMENT RESEARCH	7. 1,246,198.
8. FEDERAL-O/P EARLY INTERVENTION SERV-HIV	8. 1,237,286.
9. FEDERAL-MATERNAL, INFANT HOME VISITING PROG	9. 826,724.
10. FEDERAL-AIDS EDUCATION AND TRAINING CENTERS	10. 535,786.
11. FEDERAL-OTHERS	11. 10,635,872.
12. NYS-WIC PROGRAM	12. 3,056,102.
13. NYS-SCHOOL HEALTH PROGRAM	13. 2,471,253.
14. NYS-DOH-CLINICAL RESEARCH INVESTIGATOR PROG	14. 630,166.
15. NYS-NURSE FAMILY PARTNERSHIP PROGRAM	15. 501,910.
Total Government Grants:	Total:

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:	NY Registration Number:

2. Government Grants

Name of Government Agency	Amount of Grant
1. NYS-REGIONAL LEAD RESOURCE CENTER	1. 314,209.
2. NYS-AIDS PREVENTION SERVICES	2. 237,541.
3. NYS-ADOLESCENT/YOUNG ADULTS HIV SPEC CARE	3. 226,968.
4. NYS-OB/GYN GENETIC SERV PROGRAM	4. 214,870.
5. NYS-HCV CARE & TREATMENT	5. 157,555.
6. NYS-HIV PRIMARY CARE & RETENTION	6. 148,946.
7. NYS-OTHERS	7. 543,917.
8. NYC-DOSA	8. 2,785,667.
9. NYC-METHADONE PROGRAM	9. 1,802,783.
10. NYC-INSPIRE GRANT	10. 1,294,951.
11. NYC-SCHOOL HEALTH PROGRAM	11. 935,957.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 45,918,442.

Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2016, or tax year beginning _____, 2016, and ending _____, 20 ___

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

OMB No. 1545-1879

2016

Name of exempt organization	Employer identification number
MONTEFIORE MEDICAL CENTER	13-1740114

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a** below and the amount on that line of the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	**Form 990** check here ▶ ☐	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12) . . .	1b
2a	**Form 990-EZ** check here ▶ ☐	b **Total revenue,** if any (Form 990-EZ, line 9)	2b
3a	**Form 1120-POL** check here ▶ ☐	b **Total tax** (Form 1120-POL, line 22)	3b
4a	**Form 990-PF** check here ▶ ☐	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b
5a	**Form 8868** check here ▶ ☒	b **Balance due** (Form 8868, line 3c)	5b 0.

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ C. [signature] Signature of officer — 11/10/17 Date — ▶ EXEC V.P. & C.F.O. Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ Christopher B. Boggs	Date 11/11/17	Check if also paid preparer ☒	Check if self-employed ☐	ERO's SSN or PTIN P00032493
Firm's name (or yours if self-employed), address, and ZIP code ▶ ERNST & YOUNG U.S. LLP 5 TIMES SQUARE NEW YORK NY 10036-6527				EIN 34-6565596 Phone no. 212-773-3000

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2016)

JSA
8E1675 1.000

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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: MONTEFIORE MEDICAL CENTER

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 111 EAST 210TH STREET

Room/suite:

City or town, state or province, country, and ZIP or foreign postal code: BRONX, NY 10467-2401

D Employer identification number: 13-1740114

E Telephone number: (914) 349-8455

G Gross receipts $ 3,588,491,139.

F Name and address of principal officer: STEVEN SAFYER, M.D.
111 EAST 210TH STREET BRONX, NY 10467-2401

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MONTEFIORE.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1884 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO HEAL, TO TEACH, TO DISCOVER AND TO ADVANCE THE HEALTH OF THE COMMUNITIES WE SERVE.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	44.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43.
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	22,780.
	6 Total number of volunteers (estimate if necessary)	6	1,914.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	26,775,679.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-9,266,895.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	81,552,673.	77,080,919.
	9 Program service revenue (Part VIII, line 2g)	3,294,882,160.	3,471,345,329.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,287,043.	19,431,075.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,422,867.	15,397,778.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,428,144,743.	3,583,255,101.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,905,002.	2,254,471.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,158,870,070.	2,244,717,916.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,372,061.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,230,745,298.	1,321,752,056.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,391,520,370.	3,568,724,443.
	19 Revenue less expenses. Subtract line 18 from line 12	36,624,373.	14,530,658.

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,278,415,680.	3,212,796,276.
	21 Total liabilities (Part X, line 26)	2,425,626,135.	2,389,589,418.
	22 Net assets or fund balances. Subtract line 21 from line 20	852,789,545.	823,206,858.

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

▶ C. Colleen Blye — Signature of officer — Date 11/16/17

▶ COLLEEN M. BLYE EXEC V.P. & C.F.O. — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: CHRISTOPHER B BOGGS	Preparer's signature: Christopher B. Boggs	Date: 11/11/17	Check ☐ if self-employed	PTIN: P00032493
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 5 TIMES SQUARE NEW YORK, NY 10036-6527			Phone no. 212-773-3000	

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** (2016)

Part III **Statement of Program Service Accomplishments**

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

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 $ 2,778,791,476. including grants of $ 105,737.) (Revenue $ 3,250,271,253.)

ATTACHMENT 2

4b (Code:) (Expenses $ 359,417,270. including grants of $ 1,015,974.) (Revenue $ 221,073,104.)

ATTACHMENT 3

4c (Code:) (Expenses $ 96,967,884. including grants of $ 793,695.) (Revenue $ 972.)

ATTACHMENT 4

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ 3,235,176,630.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	707		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . .	2a	22,780		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*	3b		X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a			X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 44		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 43		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . .	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NY,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ▶
EVAN RESNICK 555 SOUTH BROADWAY BLDG A FL 1 TARRYTOWN, NY 10591-6301 914-349-8455

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)ODED ABOODI	.75									
VICE CHAIRMAN & TREASURER	1.75	X						0.	0.	0.
(2)JAY B ABRAMSON	.75									
TRUSTEE	1.75	X						0.	0.	0.
(3)MARGARET HAYES ADAME	.50									
TRUSTEE	1.50	X						0.	0.	0.
(4)GEORGE ASCH	.50									
TRUSTEE	1.00	X						0.	0.	0.
(5)JOSEPH W BARTLETT	.50									
TRUSTEE	1.00	X						0.	0.	0.
(6)PATRICIA BAUMAN	.50									
TRUSTEE	1.00	X						0.	0.	0.
(7)JAMES M BUTLER	.75									
TRUSTEE	2.25	X						0.	0.	0.
(8)GEORGE CAMPBELL, JR.,PH.D	.50									
TRUSTEE (EMERITUS 6/14/16)	1.00	X						0.	0.	0.
(9)BRUCE DONIGER	.50									
TRUSTEE	1.00	X						0.	0.	0.
(10)RUTH L GOTTESMAN, ED.D.	.50									
TRUSTEE	1.50	X						0.	0.	0.
(11)BARRY W GRAY	.50									
TRUSTEE	1.00	X						0.	0.	0.
(12)PATRICIA GREEN	.50									
TRUSTEE	1.00	X						0.	0.	0.
(13)THOMAS L HARRISON	.50									
TRUSTEE	1.00	X						0.	0.	0.
(14)JOHN HEFFER	.75									
TRUSTEE	1.75	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) LEWIS HENKIND	.75									
SECRETARY	1.75	X						0.	0.	0.
16) HELEN A JOHNSON	.75									
TRUSTEE	1.75	X						0.	0.	0.
17) DAVID B KEIDAN	.50									
TRUSTEE	1.00	X						0.	0.	0.
18) ALAN M KLEIN	1.00									
TRUSTEE	2.50	X						0.	0.	0.
19) STACEY R LANE	.75									
TRUSTEE	1.75	X						0.	0.	0.
20) JAY B LANGNER	.50									
TRUSTEE/CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
21) MARGARET S NATHAN	.50									
TRUSTEE	1.00	X						0.	0.	0.
22) PETER J NEUFELD	.50									
TRUSTEE	1.00	X						0.	0.	0.
23) GAYLE F ROBINSON	.50									
TRUSTEE	1.00	X						0.	0.	0.
24) JON W ROTENSTREICH	.50									
TRUSTEE	1.00	X						0.	0.	0.
25) HON FELICE K SHEA	.50									
TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								9,505,085.	13,186,738.	2,266,204.
d Total (add lines 1b and 1c) ▶								9,505,085.	13,186,738.	2,266,204.

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 ▶ 4904

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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 5		

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 ▶ 329

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) EDWIN H STERN, III	.50									
TRUSTEE	1.00	X						0.	0.	0.
27) DAVID A TANNER	4.00									
CHAIRMAN	4.25	X						0.	0.	0.
28) CYNTHIA KING VANCE	.75									
TRUSTEE	1.75	X						0.	0.	0.
29) JIDE J ZEITLIN	.50									
TRUSTEE	1.00	X						0.	0.	0.
30) JENNIE EMIL	.50									
TRUSTEE	1.00	X						0.	0.	0.
31) JONATHAN A LIPTON	.50									
TRUSTEE	1.00	X						0.	0.	0.
32) ZITA G ROSENTHAL	.50									
TRUSTEE	1.00	X						0.	0.	0.
33) GREGG S HYMOWITZ	.50									
TRUSTEE	1.00	X						0.	0.	0.
34) NATHAN GANTCHER	.50									
TRUSTEE	1.50	X						0.	0.	0.
35) CATHERINE KLEMA	.50									
TRUSTEE	1.00	X						0.	0.	0.
36) MELISSA CERIALE	1.00									
TRUSTEE	2.50	X						0.	0.	0.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4904

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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 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			
37) MARK MLOTEK	.50									
TRUSTEE (RESIGNED 6/14/16)	1.00	X						0.	0.	0.
38) BARRY S BLATTMAN	.50									
TRUSTEE	1.00	X						0.	0.	0.
39) MARK E BROSSMAN	.50									
TRUSTEE	1.00	X						0.	0.	0.
40) MATTHEW H NORD	.50									
TRUSTEE	1.00	X						0.	0.	0.
41) MICHAEL A STOCKER, M.D.	.75									
TRUSTEE	2.25	X						0.	0.	0.
42) ROGER EINIGER	.50									
TRUSTEE	1.50	X						0.	0.	0.
43) JOEL BRAUN	.50									
TRUSTEE (ELECTED 10/18/16)	1.00	X						0.	0.	0.
44) EMANUEL CHIRRICO	.50									
TRUSTEE (ELECTED 10/18/16)	1.00	X						0.	0.	0.
45) W. NORMAN MILNER	.50									
TRUSTEE (ELECTED 2/9/16)	1.00	X						0.	0.	0.
46) STEVEN SAFYER, M.D.	27.50									
PRESIDENT & CEO/EX-OFFICIO	32.50	X		X				0.	4,327,957.	51,831.
47) JOEL PERLMAN	27.40									
EXEC VP & CFO(RESIGNED 1-6-16)	32.60			X				0.	1,454,254.	51,654.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4904

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	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? *If "Yes," complete Schedule J for such person*	5		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 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			
48) CHRISTOPHER PANCZNER	24.70									
SENIOR VP & GENERAL COUNSEL	35.30			X				0.	1,041,654.	187,726.
49) PHILIP O OZUAH, M.D., PH.D	26.30									
EXECUTIVE VP & COO	33.70			X				0.	2,492,636.	538,092.
50) COLLEEN M. BLYE	27.80									
EXEC VP & CFO (ELECTED 1/6/16)	32.20			X				0.	1,313,840.	429,032.
51) SUSAN GREEN-LORENZEN, RN	27.00									
SYSTEM SENIOR VP-OPERATIONS	33.00				X			0.	1,163,388.	366,879.
52) LYNN RICHMOND	26.30									
EXECUTIVE VICE PRESIDENT	33.70				X			0.	1,393,009.	420,068.
53) ROBERT MICHLER, M.D.	60.00									
CHAIR-SURG/CARDIOTHORACIC SURG	0.					X		3,361,209.	0.	51,899.
54) RICHARD KRAUT, DDS	60.00									
CHAIRMAN-DENTISTRY	0.					X		1,874,323.	0.	49,104.
55) SHALOM KALNICKI, M.D.	60.00									
CHAIRMAN-RADIATION ONCOLOGY	0.					X		1,455,521.	0.	51,281.
56) JOSEPH DE ROSE, M.D.	60.00									
DIR MIN INVASIVE/ROBOTIC SURG	0.					X		1,553,925.	0.	49,088.
57) DANIEL GOLDSTEIN, M.D.	60.00									
VICE CHAIR-CARDIOTHORACIC SURG	0.					X		1,260,107.	0.	19,550.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 4904

	Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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 412,565.				
	b	Membership dues	1b				
	c	Fundraising events	1c 2,309,826.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 45,918,442.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 28,440,086.				
	g	Noncash contributions included in lines 1a-1f: $ 4,703,752.					
	h	**Total.** Add lines 1a-1f ▶		77,080,919.			
Program Service Revenue			**Business Code**				
	2a	INPATIENT SERVICES	623000	2,037,149,892.	2,037,149,892.		
	b	OUTPATIENT SVCS EXCLUDING HOME HEALTH	621400	1,239,601,330.	1,237,991,781.	1,609,549.	
	c	CONTRACT MANAGEMENT ORGANIZATION SERV.	621999	65,500,863.	41,007,715.	24,493,148.	
	d	HOME HEALTH CARE SERVICES	621610	26,577,974.	26,577,974.		
	e	EQUITY EARNINGS ON PROGRAM INVESTMENTS	523999	24,782,287.	24,197,607.	584,680.	
	f	All other program service revenue		77,732,983.	77,732,983.		
	g	**Total.** Add lines 2a-2f ▶		3,471,345,329.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		14,328,539.		88,322.	14,240,217.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
			(i) Real / (ii) Personal				
	6a	Gross rents	3,442,983.				
	b	Less: rental expenses	3,514,628.				
	c	Rental income or (loss)	-71,645.				
	d	Net rental income or (loss) ▶		-71,645.			-71,645.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,569,190. / 651,498.				
	b	Less: cost or other basis and sales expenses	/ 118,152.				
	c	Gain or (loss)	4,569,190. / 533,346.				
	d	Net gain or (loss) ▶		5,102,536.		-20.	4,569,210.
	8a	Gross income from fundraising events (not including $ 2,309,826. of contributions reported on line 1c). See Part IV, line 18 a	968,635.				
	b	Less: direct expenses b	1,603,258.				
	c	Net income or (loss) from fundraising events ▶		-634,623.			-634,623.
	9a	Gross income from gaming activities. See Part IV, line 19 a	13,800.				
	b	Less: direct expenses b	0.				
	c	Net income or (loss) from gaming activities ▶		13,800.			13,800.
	10a	Gross sales of inventory, less returns and allowances a	0.				
	b	Less: cost of goods sold b	0.				
	c	Net income or (loss) from sales of inventory ▶		0.			
		Miscellaneous Revenue	**Business Code**				
	11a	CAFETERIA & VENDING INCOME	722514	6,346,115.			6,346,115.
	b	PARKING INCOME	812930	6,279,352.			6,279,352.
	c	SUBPOENA INCOME	900099	631,689.			631,689.
	d	All other revenue		2,833,090.			2,833,090.
	e	**Total.** Add lines 11a-11d ▶		16,090,246.			
	12	**Total revenue.** See instructions ▶		3,583,255,101.	3,444,657,952.	26,775,679.	34,207,205.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,148,734.	2,148,734.		
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	105,737.	105,737.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,708,927,634.	1,573,826,166.	132,956,946.	2,144,522.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	136,675,760.	126,935,684.	9,572,484.	167,592.
9 Other employee benefits	283,094,239.	257,519,411.	25,227,698.	347,130.
10 Payroll taxes	116,020,283.	107,333,151.	8,544,868.	142,264.
11 Fees for services (non-employees):				
a Management	682,471.	110,629.	571,842.	
b Legal	11,711,066.	3,803,909.	7,907,157.	
c Accounting	1,565,864.		1,565,864.	
d Lobbying	909,911.	909,911.		
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	2,109,348.		2,109,348.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	159,816,071.	117,028,226.	42,364,368.	423,477.
12 Advertising and promotion	10,012,804.	457,763.	9,555,041.	
13 Office expenses	155,119,864.	133,788,942.	21,037,442.	293,480.
14 Information technology	66,183,025.	38,195,123.	27,911,448.	76,454.
15 Royalties	0.			
16 Occupancy	127,635,063.	121,385,919.	6,135,133.	114,011.
17 Travel	11,213,895.	9,264,941.	1,850,473.	98,481.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,900,816.	4,555,859.	336,542.	8,415.
20 Interest	12,580,597.	12,580,597.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	143,587,739.	132,290,287.	11,297,452.	
23 Insurance	100,686,104.	99,026,679.	1,659,425.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	447,125,760.	447,125,382.	378.	
b MEMBERSHIP DUES	41,060,984.	29,724,965.	10,865,062.	470,957.
c CONTINUING MEDICAL EDUCATION	12,466,651.	12,466,651.		
d BILLING & COLLECTIONS	7,510,996.		7,510,996.	
e All other expenses	4,873,027.	4,591,964.	195,785.	85,278.
25 **Total functional expenses.** Add lines 1 through 24e	3,568,724,443.	3,235,176,630.	329,175,752.	4,372,061.
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 ▶ ☐ 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	100,121.	1	106,291.
	2	Savings and temporary cash investments	280,602,002.	2	194,727,919.
	3	Pledges and grants receivable, net	18,281,236.	3	22,253,619.
	4	Accounts receivable, net	229,454,410.	4	249,690,498.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	127,046,563.	7	133,360,297.
	8	Inventories for sale or use	28,101,910.	8	31,116,048.
	9	Prepaid expenses and deferred charges	17,370,613.	9	19,521,904.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 2860499537.			
	b	Less: accumulated depreciation — 10b: 1823803118.	1,072,543,924.	10c	1,036,696,419.
	11	Investments - publicly traded securities	695,689,804.	11	603,869,361.
	12	Investments - other securities. See Part IV, line 11	260,086,248.	12	378,320,171.
	13	Investments - program-related. See Part IV, line 11	2,273,416.	13	2,950,494.
	14	Intangible assets	6,108,882.	14	7,037,964.
	15	Other assets. See Part IV, line 11	540,756,551.	15	533,145,291.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	3,278,415,680.	16	3,212,796,276.
Liabilities	17	Accounts payable and accrued expenses	487,707,366.	17	516,674,902.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	63,468,251.	19	70,130,241.
	20	Tax-exempt bond liabilities	669,853,762.	20	630,751,697.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	159,818.	21	163,432.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	101,885,745.	23	100,693,238.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,102,551,193.	25	1,071,175,908.
	26	**Total liabilities.** Add lines 17 through 25	2,425,626,135.	26	2,389,589,418.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	746,891,479.	27	720,392,510.
	28	Temporarily restricted net assets	74,507,961.	28	76,389,606.
	29	Permanently restricted net assets	31,390,105.	29	26,424,742.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	852,789,545.	33	823,206,858.
	34	Total liabilities and net assets/fund balances	3,278,415,680.	34	3,212,796,276.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,583,255,101.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,568,724,443.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,530,658.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	852,789,545.
5	Net unrealized gains (losses) on investments	5	9,072,643.
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 in Schedule O)	9	-53,185,988.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	823,206,858.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ 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?	2a		X
	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?	2b	X	
	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 in Schedule O.	2c	X	
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?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

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

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

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

3 [X] 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)** (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	71,529,428.	85,320,101.	82,104,450.	81,313,923.	76,668,354.	396,936,256.
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	71,529,428.	85,320,101.	82,104,450.	81,313,923.	76,668,354.	396,936,256.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4.						396,936,256.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	71,529,428.	85,320,101.	82,104,450.	81,313,923.	76,668,354.	396,936,256.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	21,976,403.	22,369,547.	25,296,485.	22,605,763.	17,759,729.	110,007,927.
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.)	18,030,378.	9,367,064.	12,589,698.	15,177,914.	16,090,246.	71,255,300.
11 **Total support.** Add lines 7 through 10						578,199,483.
12 Gross receipts from related activities, etc. (see instructions)					12	15,501,179,852.

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** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	68.65 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	70.72 %

16a **33 1/3 % support test - 2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test - 2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test - 2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2015** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2016.** 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 - 2015.** 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* ***(see instructions).***

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

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

7 ☐ 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 2016 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-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	**Excess distributions carryover to 2017**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

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.)

FORM 990, SCHEDULE A, PART II

THE SCHEDULE A, PART II SUPPORT SCHEDULE HAS BEEN COMPLETED AND DEMONSTRATES THAT MONTEFIORE MEDICAL CENTER MEETS THE 170(B)(1)(A)(VI) PUBLIC SUPPORT TEST AS REQUIRED TO USE THE SCHEDULE B, SPECIAL RULE.

MONTEFIORE MEDICAL CENTER IS NOT CLASSIFIED AS A 170(B)(1)(A)(VI) ENTITY, AS IT MEETS ITS PUBLIC CHARITY STATUS REQUIREMENT AS A HOSPITAL UNDER SECTION 170(B)(1)(A)(III).

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2016

Open to Public Inspection

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	Employer identification number
MONTEFIORE MEDICAL CENTER	13-1740114

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)					

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

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? ☐ Yes ☐ 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		909,911.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			909,911.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

PART II-B, LINE B

THE MEDICAL CENTER'S TOTAL LOBBYING EXPENDITURES INCLUDED $13,387 OF PAID STAFF COMPENSATION THAT WAS SPENT ON CALLS, MEETING, LETTERS, MEMOS AND OTHER COMMUNICATIONS WITH ELECTED AND OTHER GOVERNMENTAL OFFICIALS IN AN ATTEMPT TO INFLUENCE CERTAIN HEALTH CARE OUTCOMES.

PART II-B, LINE G

THE MEDICAL CENTER'S LOBBYING EXPENDITURES INCLUDED THE FOLLOWING:

1. A PERCENTAGE OF MEMBERSHIP DUES FOR THE FOLLOWING ORGANIZATIONS THAT ARE USED BY SUCH ORGANIZATIONS FOR LOBBYING EFFORTS:

- GREATER NEW YORK HOSPITAL ASSOCIATION
- AMERICAN HOSPITAL ASSOCIATION
- ASSOCIATION OF AMERICAN MEDICAL COLLEGES
- HEALTH CARE ASSOCIATION OF NYS
- 1199/SEIU - GNYHA HEALTH EDUCATION PROJECT
- SNAHPA - FOCUSED ON 340B ISSUES

2. AMOUNTS PAID TO NATHANSON & HAUCK FOR FEDERAL LOBBYING, MANATT, PHELPS & PHILLIPS, LLP, NATHANSON & HAUCK, EMPIRE STRATEGIC PLANNING, INC. AND BROWN & WEINRAUB, PLLC FOR NYS LOBBYING AND TONIO BURGOS & ASSOCIATES, INC FOR CITY GOVERNMENT LOBBYING RELATED TO REGULATIONS AND LEGISLATION IMPACTING THE MEDICAL CENTER'S PROGRAMS.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	31,390,105.	25,350,033.	25,350,033.	25,350,033.	25,350,033.
b Contributions	-4,965,363.	6,040,072.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	26,424,742.	31,390,105.	25,350,033.	25,350,033.	25,350,033.

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.0000 %
c Temporarily restricted endowment ▶ _____ %

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

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

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,845,694.		18,845,694.
b Buildings		1645665396.	1043076762.	602,588,634.
c Leasehold improvements				
d Equipment		1133119687.	775,918,030.	357,201,657.
e Other		62,868,760.	4,808,326.	58,060,434.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				1,036,696,419.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MALPRACTICE INSURANCE PROGRAMS	161,786,889.	FMV
(B) LIMITED PARTNERSHIPS	115,307,198.	FMV
(C) COLLECTIVE TRUST FUNDS	28,983,545.	FMV
(D) MANAGED CARE COMPANIES	71,787,818.	COST
(E) OTHER INVESTMENTS	454,721.	COST
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	378,320,171.	

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) AMTS DUE FROM AFFILIATES	32,868,262.
(2) ESTIMATED INSURANCE CLAIMS REC	499,756,000.
(3) SECURITY DEPOSITS	521,029.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	533,145,291.

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) RETIREE HEALTH LIABILITIES	151,061,999.
(3) MALPRACTICE INSURANCE LIABILITIES	137,971,199.
(4) EMPLOYEE DEFERRED COMP LIABILITIES	37,788,898.
(5) PENSION LIABILITIES	15,988,880.
(6) EST INSURANCE CLAIMS LIABILITIES	499,756,000.
(7) OTHER LONG-TERM LIABILITIES	228,608,932.
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,071,175,908.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D, PART IV, LINE 2B

MONTEFIORE MEDICAL CENTER HOLDS SECURITY DEPOSITS FROM TENANTS IN ESCROW PURSUANT TO THE INDIVIDUAL LEASE AGREEMENTS BETWEEN THE TENANTS AND THE ORGANIZATION. THESE DEPOSITS ARE RETURNED TO THE TENANTS ONCE THEY VACATE THEIR RENTAL UNIT LESS ANY AMOUNTS, IF ANY, DUE FROM THE TENANTS FOR DAMAGES OR UNPAID RENT.

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION'S ENDOWMENTS WERE ESTABLISHED PURSUANT TO DONOR GIFTS RECEIVED OVER TIME SO THE EARNINGS CAN PROVIDE SUPPORT TO THE MEDICAL CENTER'S ACTIVITIES, SPECIFICALLY ITS CLINICAL PROGRAMS AND RELATED RESEARCH AS DESIGNATED BY THE INDIVIDUAL DONORS.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] 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) SUB-SAHARAN AFRICA			GRANTMAKING	AIDS PROGRAM	9,780.
(2) SUB-SAHARAN AFRICA			GRANTMAKING	EDUCATIONAL SUPPORT	95,957.
(3) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		40,944,656.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					41,050,393.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					41,050,393.

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	EDUCATIONAL	72,508.	WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1.

3 Enter total number of other organizations or entities . . . . . ▶

Schedule F (Form 990) 2016

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)	EDUCATIONAL SUPPORT	SUB-SAHARAN AFRICA	1.	20,548.	WIRE			
(2)	AIDS RESEARCH	SUB-SAHARAN AFRICA	1.	7,560.	WIRE			
(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)*	[X] 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; do not file with Form 990)*	[ ] Yes	[X] 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)*	[X] 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	[X] 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)*	[X] 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; do not file with Form 990)*	[ ] Yes	[X] No

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

PART I, LINE 2

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE UNITED STATES INCLUDES REGULAR FINANCIAL REPORTING AND ANALYSIS AND REVIEW BY MEDICAL CENTER EMPLOYEES ASSOCIATED WITH THE GRANT PROGRAMS TO CONFIRM FUNDS ARE BEING USED IN ACCORDANCE WITH THE AWARDS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
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? Yes	(iii) No	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	▶						

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

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

		(a) Event #1 DINNER DANCE (event type)	(b) Event #2 GOLF OUTING (event type)	(c) Other events 6. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	2,049,685.	831,300.	397,476.	3,278,461.
	2 Less: Contributions	1,569,685.	513,715.	226,426.	2,309,826.
	3 Gross income (line 1 minus line 2)	480,000.	317,585.	171,050.	968,635.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	749,843.	338,978.	191,521.	1,280,342.
	7 Food and beverages				
	8 Entertainment	11,000.		1,190.	12,190.
	9 Other direct expenses	192,451.	73,072.	45,203.	310,726.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				1,603,258.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-634,623.

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	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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 H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number
13-1740114

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b	If "Yes," was it a written policy?	X	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. [X] Applied uniformly to all hospital facilities [ ] Applied uniformly to most hospital facilities [ ] Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
3a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: [X] 100% [ ] 150% [ ] 200% [ ] Other _____ %	X	
3b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: [ ] 200% [ ] 250% [ ] 300% [ ] 350% [ ] 400% [X] Other 500.0000 %	X	
3c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a	Did the organization prepare a community benefit report during the tax year?	X	
6b	If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			48,663,924.	10,360,690.	38,303,234.	1.08
b Medicaid (from Worksheet 3, column a)			1,260,297,630.	990,511,063.	269,786,567.	7.62
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			1,308,961,554.	1,000,871,753.	308,089,801.	8.70
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			87,140,189.	24,870,676.	62,269,513.	1.76
f Health professions education (from Worksheet 5)			325,302,398.	220,585,353.	104,717,045.	2.96
g Subsidized health services (from Worksheet 6)			108,664,469.	61,787,572.	46,876,897.	1.32
h Research (from Worksheet 7)			34,114,872.	18,892,772.	15,222,100.	.43
i Cash and in-kind contributions for community benefit (from Worksheet 8)			24,941,188.		24,941,188.	.70
j **Total.** Other Benefits			580,163,116.	326,136,373.	254,026,743.	7.17
k **Total.** Add lines 7d and 7j			1,889,124,670.	1,327,008,126.	562,116,544.	15.87

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			443,558.		443,558.	.01
2 Economic development						
3 Community support			10,576.	28,500.		
4 Environmental improvements			293,662.	314,209.		
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			699,533.	76,071.	623,462.	.02
9 Other						
10 Total			1,447,329.	418,780.	1,067,020.	.03

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2 27,021,027.		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 15,349,191.		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5 375,627,782.		
6	Enter Medicare allowable costs of care relating to payments on line 5	6 295,752,485.		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7 79,875,297.		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: ☐ Cost accounting system ☐ Cost to charge ratio ☒ Other			

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	X	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	X	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities
(list in order of size, from largest to smallest - see instructions)
How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 MONTEFIORE MEDICAL CENTER 111 EAST 210TH STREET BRONX NY 10467 WWW.MONTEFIORE.ORG 7000006H	X	X	X	X		X	X			
2										
3										
4										
5										
6										
7										
8										
9										
10										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group MONTEFIORE MEDICAL CENTER

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

			Yes	No
	Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	[X] A definition of the community served by the hospital facility			
b	[X] Demographics of the community			
c	[X] Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	[X] How data was obtained			
e	[X] The significant health needs of the community			
f	[X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	[X] The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	[X] The process for consulting with persons representing the community's interests			
i	[X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	[ ] Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		X
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b		X
7	Did the hospital facility make its CHNA report widely available to the public?	7	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	[X] Hospital facility's website (list url): SEE PART V - SECTION C			
b	[ ] Other website (list url):			
c	[X] Made a paper copy available for public inspection without charge at the hospital facility			
d	[ ] Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 2016			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
a	If "Yes," (list url): SEE PART V - SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MONTEFIORE MEDICAL CENTER

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	[X] Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.0000 % and FPG family income limit for eligibility for discounted care of 500.0000 %			
b	[ ] Income level other than FPG (describe in Section C)			
c	[ ] Asset level			
d	[ ] Medical indigency			
e	[ ] Insurance status			
f	[ ] Underinsurance status			
g	[X] Residency			
h	[X] Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	X	
15	Explained the method for applying for financial assistance?	15	X	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	[X] Described the information the hospital facility may require an individual to provide as part of his or her application			
b	[X] Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	[X] Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[ ] Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	[ ] Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	[X] The FAP was widely available on a website (list url): SEE PART V - SECTION C			
b	[X] The FAP application form was widely available on a website (list url): SEE PART V - SECTION C			
c	[X] A plain language summary of the FAP was widely available on a website (list url): SEE PART V - SECTION C			
d	[X] The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	[X] The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X] A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	[X] Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	[X] Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	[X] The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	[ ] Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group MONTEFIORE MEDICAL CENTER

			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	X	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			
f	☒ None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d	☐ Actions that require a legal or judicial process			
e	☐ Other similar actions (describe in Section C)			

20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):

- a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs
- b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process
- c ☒ Processed incomplete and complete FAP applications
- d ☒ Made presumptive eligibility determinations
- e ☐ Other (describe in Section C)
- f ☐ None of these efforts were made

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	If "No," indicate why:			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group MONTEFIORE MEDICAL CENTER

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C.		X

Part V Facility Information *(continued)*

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

SCHEDULE H, PART V, SECTION B, LINES 3 & 6

THE NEEDS ASSESSMENT WAS CONDUCTED WITH THE FIVE HOSPITAL DIVISIONS THAT COMPRISE MONTEFIORE MEDICAL CENTER: - MOSES DIVISION, WEILER DIVISION, WAKEFIELD DIVISION, HUTCH DIVISION AND THE CHILDREN'S HOSPITAL DIVISION AT MONTEFIORE.

IN ADDITION, MONTEFIORE IS A MEMBER OF THE GREATER NEW YORK HOSPITAL ASSOCIATION WHICH PROVIDES RESOURCES FOR MEMBER HOSPITALS TO UTILIZE IN ASSESSING THE NEEDS OF THE HOSPITAL COMMUNITIES FROM A COMMUNITY-WIDE PERSPECTIVE.

SCHEDULE H, PART V, LINE 5

THE PROCESS FOR PREPARING THE 2016-2018 COMMUNITY HEALTH NEEDS ASSESSMENT WAS A INTER-ORGANIZATIONAL AND COMMUNITY COLLABORATIVE PROCESS, INITIATED WITH THE GOAL OF DEVELOPING AN ASSESSMENT THAT WAS REFLECTIVE OF THE NEEDS OF THE COMMUNITY. INPUT FROM THE COMMUNITY WAS ACHIEVED VIA THREE PRIMARY DATA STRATEGIES USED TO TRIANGULATE THE IDENTIFICATION OF COMMUNITY HEALTH PRIORITIES IN THE BRONX, INCLUDING: 1) THE 2014 COMMUNITY HEALTH NEED ASSESSMENT (CHNA) CONDUCTED BY THE NEW YORK ACADEMY OF MEDICINE (NYAM), 2) THE NEW YORK CITY COMMUNITY CONSULTATIONS, IMPLEMENTED BY THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND 3) A SURVEY OF BRONX RESIDENTS IMPLEMENTED IN COLLABORATION WITH THE WESTCHESTER COUNTY DEPARTMENT OF HEALTH TO SUPPORT THE CSPS/CHNAS FOR HOSPITALS IN WESTCHESTER COUNTY.

Part V Facility Information *(continued)*

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

SCHEDULE H, PART V, SECTION B, LINE 7A

THE CHNA IS AVAILABLE ON THE HOSPITAL FACILITY'S WEBSITE:

URL:

HTTPS://WWW.MONTEFIORE.ORG/DOCUMENTS/COMMUNITYSERVICES/COMMUNITY-HEALTH-NE

EDS-ASSESSMENT-MMC.PDF

SCHEDULE H, PART V, SECTION B, LINE 10A

THE HOSPITAL FACILITY'S MOST RECENT ADOPTED IMPLEMENTATION STRATEGY IS

POSTED ON THE WEBSITE:

URL:

HTTPS://WWW.MONTEFIORE.ORG/DOCUMENTS/COMMUNITYSERVICES/COMMUNITY-HEALTH-NE

EDS-ASSESSMENT-MMC.PDF

SCHEDULE H, PART V, SECTION B, LINE 11

A REVIEW OF THE RESULTS FROM THE PRIMARY AND SECONDARY DATA COLLECTION IN THE MEDICAL CENTER'S MOST RECENT CONDUCTED CHNA ILLUMINATED TWO MAJOR CATEGORIES OF HEALTH NEEDS THAT WERE IMPORTANT ACROSS THE POPULATION SURVEYED, REFLECTED IN THE DATA AS CRITICAL, AND IN ALIGNMENT WITH THE NEW YORK STATE PREVENTION AGENDA. THE TWO PRIORITY AREAS IDENTIFIED WERE (1) PREVENTING CHRONIC DISEASE AND (2) PROMOTING HEALTHY WOMEN, INFANTS AND CHILDREN.

AS PART OF THE SUBMISSION FOR THE NEW YORK STATE HEALTH IMPROVEMENT PLAN FOR 2016-2018, REQUIRED BY THE NEW YORK STATE DEPARTMENT OF HEALTH, MONTEFIORE HAS ELECTED TO RETAIN THESE TWO PRIORITY AREAS, PREVENT

Part V Facility Information *(continued)*

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

CHRONIC DISEASE AND PROMOTE HEALTHY WOMEN, INFANTS AND CHILDREN AND HAS SELECTED THREE BROAD FOCUS AREAS TO IMPLEMENT PROGRAMS. THESE BROAD FOCUS AREAS ARE (1)REDUCING OBESITY IN CHILDREN AND ADULTS, (2)INCREASE ACCESS TO HIGH QUALITY CHRONIC DISEASE PREVENTIVE CARE AND MANAGEMENT IN BOTH CLINICAL AND COMMUNITY SETTINGS AND (3) IMPROVING MATERNAL AND INFANT HEALTH.

ACROSS THESE FOCUS AREAS, VARIOUS GOALS, WITH SPECIFIC INTERVENTIONS, PERFORMANCE MEASURES AND TIME FRAMES, WERE DELINEATED;

- CREATE COMMUNITY ENVIRONMENTS THAT PROMOTE AND SUPPORT HEALTHY FOOD AND BEVERAGE CHOICES AND PHYSICAL ACTIVITY;
- INCREASE SCREENING RATES FOR CARDIOVASCULAR DISEASE, DIABETES AND BREAST, CERVICAL AND COLORECTAL CANCERS, ESPECIALLY AMONG DISPARATE POPULATIONS.
- REDUCE PREMATURE BIRTHS.

SCHEDULE H, PART V, SECTION B, LINE 13H

FAMILY SIZE IS FACTORED INTO THE ELIGIBILITY CRITERIA FOR FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, SECTION B, LINES 16A-16C

THE FAP INFORMATION CAN BE FOUND ON THE WEBSITE:

HTTPS://WWW.MONTEFIORE.ORG/FINANCIAL-AID-POLICY

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 156

	Name and address	Type of Facility (describe)
1	GREENE MEDICAL ARTS PAVILLION 3400 BAINBRIDGE AVENUE BRONX NY 10467	HOSPITAL OUTPATIENT DEPT
2	HUTCHINSON CAMPUS 1250 WATERS PLACE BRONX NY 10461	SPECIALTY CARE EXTENSION
3	MMG - MAP GREENE MEDICAL ARTS PAVILION 3400 BAINBRIDGE AVENUE BRONX NY 10467	PRIMARY CARE PRACTICE
4	CERTIFIED HOME HEALTH AGENCY 1 FORDHAM PLAZA BRONX NY 10458	CERTIFIED HOME HEALTH CARE AGENCY
5	MMC-MONTEFIORE EINS CTR FR CANCER CARE 1695 EASTCHESTER ROAD BRONX NY 10461	SPECIALTY CARE EXT CLINIC
6	MMG-COMPREHENSIVE FAMILY CARE CTR 1621 EASTCHESTER RD BRONX NY 10461	PRIMARY CARE EXTENSION CLINIC
7	MMG-COMPREHENSIVE HEALTH CARE CTR 305 EAST 161ST STREET BRONX NY 10451	PRIMARY CARE EXTENSION CLINIC
8	CENTER FOR ORTHOPAEDIC SPECIALITIES 1250 WATERS PLACE BRONX NY 10461	SPECIALTY CARE PRACTICE
9	MONTEFIORE ADVANCED IMAGING MAP 3400 BAINBRIDGE AVENUE BRONX NY 10467	SPECIALTY CARE EXT CLINIC
10	MMG-BRONX EAST 2300 WESTCHESTER AVENUE BRONX NY 10462	PRIMARY CARE PRACTICE

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MMG-FAMILY HEALTH CENTER ONE FORDHAM PLAZA BRONX NY 10458	PRIMARY CARE EXTENSION CLINIC
2	MMG-GRAND CONCOURSE 2532 GRAND CONCOURSE BRONX NY 10458	PRIMARY CARE PRACTICE
3	MMC-CENTER FOR RADIATION THERAPY 1625 POPLAR STREET BRONX NY 10461	SPECIALTY CARE EXT CLINIC
4	MONTEFIORE ADVANCED IMAGING MMP 1635 POPLAR STREET BRONX NY 10461	SPECIALTY CARE EXT CLINIC
5	MMG-UNIVERSITY AVENUE FAMILY PRACTICE 105 WEST 188TH STREET BRONX NY 10468	PRIMARY CARE EXTENSION CLINIC
6	MMG-FAMILY CARE CENTER 3444 KOSSUTH AVE BRONX NY 10467	PRIMARY CARE EXTENSION CLINIC
7	MMG-CROSS COUNTY 1010 CENTRAL PARK AVE YONKERS NY 10704	PRIMARY CARE PRACTICE
8	CARDIOLOGY ASSOCIATES 3201 GRAND CONCOURSE BRONX NY 10468	SPECIALTY CARE PRACTICE
9	SCARSDALE WOMEN'S CENTER 1075 CENTRAL PARK AVENUE SCARSDALE NY 10583	SPECIALTY CARE PRACTICE
10	MMP-OUTPATIENT REHABILITATION SERVICES 1500 BLONDELL AVENUE BRONX NY 10461	SPECIALTY CARE EXT CLINIC

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MONTEFIORE DPT OF CARDIOTHORACIC SURGERY 1575 BLONDELL AVENUE BRONX NY 10461	SPECIALTY CARE PRACTICE
2	SUBSTANCE ABUSE TREATMENT PROG UNIT 3 2058 JEROME AVENUE BRONX NY 10453	SUBSTANCE USE DISORDERS CLINIC
3	MMG-WEST FARMS FAMILY PRACTICE 1055 EAST TREMONT AVENUE BRONX NY 10460	PRIMARY CARE EXTENSION CLINIC
4	MMG-WILLIAMBRIDGE 3011 BOSTON ROAD BRONX NY 10469	PRIMARY CARE EXTENSION CLINIC
5	MMG-CO-OP CITY 2100 BARTOW AVENUE BRONX NY 10475	PRIMARY CARE EXTENSION CLINIC
6	MMG-CO-OP CITY 115 DREISER LOOP BRONX NY 10475	PRIMARY CARE PRACTICE
7	SO BRONX HEALTH CTR FOR CHILD & FAMILIES 871 PROSPECT AVENUE BRONX NY 10459	PRIMARY CARE EXTENSION CLINIC
8	MONTEFIORE WAKEFIELD MENTAL HLTH CLINIC 4401 BRONX BOULEVARD BRONX NY 10470	MENTAL HEALTH EXT CLINIC
9	HARTSDALE FAMILY AND FETAL MEDICINE INST 141 S CENTRAL AVE HARTSDALE NY 10530	SPECIALTY CARE PRACTICE
10	MMG-ASTOR AVE PEDIATRICS 1500 ASTOR AVENUE BRONX NY 10469	PRIMARY CARE PRACTICE

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MMG MARBLE HILL FAMILY PRACTICE 5525 BROADWAY BRONX NY 10463	PRIMARY CARE EXTENSION CLINIC
2	TARRYTOWN CARDIOLOGY ASSOCIATES 150 WHITE PLAINS ROAD TARRYTOWN NY 10591	SPECIALTY CARE PRACTICE
3	MMG-EASTCHESTER 440 WHITE PLAINS ROAD EASTCHESTER NY 10709	PRIMARY CARE PRACTICE
4	MMG-CASTLE HILL FAMILY PRACTICE 2175 WESTCHESTER AVENUE BRONX NY 10462	PRIMARY CARE EXTENSION CLINIC
5	MMG-WHITE PLAINS RD 2100 WHITE PLAINS ROAD BRONX NY 10462	PRIMARY CARE PRACTICE
6	SUBSTANCE ABUSE TREATMENT CENTER UNIT 1 3550 JEROME AVENUE BRONX NY 10467	SUBSTANCE USE DISORDERS CLINIC
7	MONTEFIORE MED PARK ORTHODONTIC CENTER 1625 POPLAR STREET BRONX NY 10461	SPECIALTY CARE EXT CLINIC
8	LARCHMONT WOMEN'S CENTER 2345 BOSTON POST ROAD LARCHMONT NY 10538	SPECIALTY CARE PRACTICE
9	MMG-RIVERDALE 3510 JOHNSON AVENUE BRONX NY 10463	PRIMARY CARE PRACTICE
10	MONTEFIORE EAST TREMONT FAMILY PRACTICE 3101 E TREMONT AVENUE BRONX NY 10461	PRIMARY CARE PRACTICE

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MONTEFIORE EASTERN VASCULAR ASSOCIATES 3219 EAST TREMONT AVENUE BRONX NY 10461	SPECIALTY CARE PRACTICE
2	J.E.& Z.B. BUTLER CHILD ADVOCACY CENTER 3314 STEUBEN AVENUE BRONX NY 10467	SPECIALTY CARE EXT CLINIC
3	NY CHILDREN'S HEALTH PROJECT 853 LONGWOOD AVENUE BRONX NY 10459	HOMELESS SHELTER EXT CLINIC
4	MSHP - STEVENSON HIGH SCHOOL 1980 LAFAYETTE AVENUE BRONX NY 10461	SCHOOL HEALTH CLINIC
5	MSHP-DE WITT CLINTON HIGH SCHOOL 100 W. MOSHOLU PARKWAY SO. BRONX NY 10468	SCHOOL HEALTH CLINIC
6	MSHP-HERBERT H. LEHMAN CAMPUS 3000 EAST TREMONT AVENUE BRONX NY 10461	SCHOOL HEALTH CLINIC
7	MONTEFIORE MEDICAL SPECIALISTS 495 CENTRAL PARK AVENUE YONKERS NY 10704	SPECIALTY CARE PRACTICE
8	MSHP-P.S. 8 3010 BRIGGS AVENUE BRONX NY 10458	SCHOOL HEALTH CLINIC
9	INST FR WOMEN'S HLTH, GENETICS & HUM REP 1695 EASTCHESTER ROAD BRONX NY 10461	SPECIALTY CARE PRACTICE
10	MSHP-EVANDER CHILDS CAMPUS 800 EAST GUN HILL ROAD BRONX NY 10467	SCHOOL HEALTH CLINIC

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MSHP-JOHN PHILIP SOUSA M.S. 142 3750 BAYCHESTER AVENUE BRONX NY 10466	SCHOOL HEALTH CLINIC
2	MONTEFIORE DIVISION OF GASTROENTEROLOGY 1500 WATERS PLACE BRONX NY 10461	SPECIALTY CARE PRACTICE
3	MSHP-P.S. 105 725 BRADY AVENUE BRONX NY 10462	SCHOOL HEALTH CLINIC
4	MSHP-WALTON CAMPUS 2780 RESERVOIR AVENUE BRONX NY 10468	SCHOOL HEALTH CLINIC
5	MSHP-THEODORE ROOSEVELT CAMPUS 500 EAST FORDHAM ROAD BRONX NY 10458	SCHOOL HEALTH CLINIC
6	MSHP-P.S. 28 1861 ANTHONY AVENUE BRONX NY 10457	SCHOOL HEALTH CLINIC
7	MSHP-M.S. 45 2502 LORRILARD AVENUE BRONX NY 10458	SCHOOL HEALTH CLINIC
8	MSHP-P.S. 55 450 ST PAULS PLACE BRONX NY 10456	SCHOOL HEALTH CLINIC
9	MSHP-P.S. 85 2400 MARION AVENUE BRONX NY 10458	SCHOOL HEALTH CLINIC
10	SAFE HOUSE FOR LEAD POISONING PREV PROG 91 EAST MOSHOLU PARKWAY BRONX NY 10467	SPECIALTY CARE EXT CLINIC

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MSHP-SOUTH BRONX CAMPUS 701 ST. ANNS AVENUE, 3RD FLOOR BRONX NY 10455	SCHOOL HEALTH CLINIC
2	MSHP-I.S. 217 ENTRADA 977 FOX STREET BRONX NY 10459	SCHOOL HEALTH CLINIC
3	MONTEFIORE WAKEFIELD CHEM DEP O/P PROG 4401 BRONX BOULEVARD BRONX NY 10470	SUBSTANCE USE DISORDERS CLINIC
4	MSHP-P.S./M.S. 95 3961 HILLMAN AVENUE BRONX NY 10463	SCHOOL HEALTH CLINIC
5	MSHP-BRONX REGIONAL HIGH SCHOOL 1010 REV J.A. POLITE AVENUE BRONX NY 10459	SCHOOL HEALTH CLINIC
6	CENTER FOR CHILD HEALTH AND RESILIENCY 890 PROSPECT AVENUE BRONX NY 10459	PRIMARY CARE EXTENSION CLINIC
7	MONTEFIORE DENTAL CENTER 951 PROSPECT AVENUE BRONX NY 10459	SPECIALTY CARE PRACTICE
8	MSHP-MOTT HAVEN H.S. CAMPUS 730 CONCOURSE VILLAGE EAST BRONX NY 10451	SCHOOL HEALTH CLINIC
9	MONTEFIORE STD INITIATIVE 3230 BAINBRIDGE AVENUE BRONX NY 10467	SPECIALTY CARE EXT CLINIC
10	MSHP-WILLIAM HOWARD TAFT CAMPUS 240 EAST 172ND STREET BRONX NY 10457	SCHOOL HEALTH CLINIC

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MSHP-P.S. 64 1425 WALTON AVENUE BRONX NY 10452	SCHOOL HEALTH CLINIC
2	MONTEFIORE GOTTSCHO CHILD DIALYSIS CTR FROST VALLEY YMCA CAMP CLARYVILLE NY 12725	CHRONIC DIALYSIS EXT CLINIC
3	SARATOGA INTERFAITH FAMILY SHELTER 175-15 ROCKAWAY BOULEVARD QUEENS NY 11434	HOMELESS SHELTER EXT CLINIC
4	HELP BRONX CROTONA 785 CROTONA PARK NORTH BRONX NY 10460	HOMELESS SHELTER PT CLINIC
5	NEW DAY DOMESTIC VIOLENCE SHELTER P.O. BOX 6310 BRONX NY 10451	HOMELESS SHELTER PT CLINIC
6	AMERICAN RED CROSS FAMILY SHELTER/ICAHN 4 EAST 28TH STREET NEW YORK NY 10016	HOMELESS SHELTER EXT CLINIC
7	MONTEFIORE BREAST CENTER 1500 BLONDELL AVENUE BRONX NY 10461	IMAGING CENTER
8	WOMEN IN NEED-SUZANNE'S PLACE 25 JUNIUS STREET BROOKLYN NY 11212	HOMELESS SHELTER EXT CLINIC
9	SAINT JOHN'S FAMILY SHELTER 1630 SAINT JOHN'S PLACE BROOKLYN NY 11233	HOMELESS SHELTER EXT CLINIC
10	WELLNESS CENTER AT PORT MORRIS 804 EAST 138TH STREET BRONX NY 10454	SUBSTANCE USE DISORDERS CLINIC

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	STREETWORK'S PROJECT DROP-IN CENTER 209 W 125TH STREET NEW YORK NY 10016	HOMELESS SHELTER EXT CLINIC
2	WELLNESS CENTER AT WATERS PLACE 1510 WATERS PLACE BRONX NY 10461	SUBSTANCE USE DISORDERS CLINIC
3	WAKEFIELD-DEPT OF OPHTHALMOLOGY 4141 CARPENTER AVENUE BRONX NY 10466	SPECIALTY CARE
4	WELLNESS CENTER AT MELROSE 260 EAST 161ST STREET BRONX NY 10451	SUBSTANCE USE DISORDERS CLINIC
5	WAKEFIELD-DEPT OF ORTHROPEDIC SURGERY 4141 CARPENTER AVENUE BRONX NY 10466	SPECIALTY CARE
6	MONTEFIORE RIVERDALE PRACTICE 3333 HENRY HUDSON PARKWAY BRONX NY 10463	SPECIALTY CARE PRACTICE
7	MONTEFIORE WELLNESS CENTER 1180 MORRIS PARK AVENUE BRONX NY 10461	SPECIALTY CARE PRACTICE
8	RIVERDALE MEDICAL ASSOCIATES 2711 HENRY HUDSON PARKWAY BRONX NY 10463	SPECIALTY CARE PRACTICE
9	NEUROSCIENCE CENTER 3316 ROEHAMBEAU AVENUE BRONX NY 10467	IMAGING CENTER
10	MONTEFIORE GENERAL CLINICAL RESEARCH CTR 1300 MORRIS PARK AVENUE BRONX NY 10461	CLINIC RESEARCH EXT CLINIC

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	GENERAL CLINICAL RESEARCH CENTER 111 E. 210TH STREET-MRT BRONX NY 10467	CLINICAL RESEARCH EXT CLINIC
2	MONTEFIORE-EINSTEIN CTR FOR CANCER CARE 1521 JARRETT PLACE BRONX NY 10461	CANCER SERVICES
3	MONTEFIORE CARDIOLOGY @ 1628 EASTCHESTER 1628 EASTCHESTER ROAD BRONX NY 10461	SPECIALTY PRACTICE
4	MONTEFIORE JARRETT PEDIATRIC DENTAL CTR 1516 JARRETT AVENUE BRONX NY 10456	DENTAL CENTER
5	MONTEFIORE DEPARTMENT OF DENTISTRY 3332 ROCHAMBEAU AVENUE BRONX NY 10467	DENTAL CENTER
6	MONTEFIORE ADVANCED IMAGING GUNHILL 200 EAST GUNHILL ROAD BRONX NY 10467	IMAGING CENTER
7	MONTEFIORE ,WAKEFIELD CHILD PSYCH CTR 4141 CARPENTER AVENUE BRONX NY 10466	MENTAL HEALTH CLINIC
8	ADOLESCENT AIDS PROGRAM 3415 WAYNE AVENUE BRONX NY 10467	PEDIATRIC SPECIALTY CENTER
9	MONTEFIORE DEPARTMENT OF NEUROLOGY 140 LOCKWOOD AVENUE NEW ROCHELLE NY 10801	SPECIALTY CENTER
10	MONTEFIORE DEPARTMENT OF NEUROSURGERY 3316 ROCHAMBEAU AVENUE BRONX NY 10467	SPECIALTY CENTER

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	EINS/MONTEFIORE AUTISM EVAL & TREAT CTR 6 EXECUTIVE PLAZA YONKERS NY 10701	SPECIALTY CENTER
2	WOMEN'S MEDICAL ASSOCIATES 1180 MORRIS PARK AVENUE BRONX NY 10461	WOMEN'S HEALTH CENTER
3	CENTENNIAL WOMEN'S CENTER 3332 ROCHAMBEAU AVE BRONX NY 10467	WOMEN'S HEALTH CENTER
4	RIVERDALE WOMEN'S CENTER 3333 HENRY HUDSON PARKWAY BRONX NY 10463	WOMEN'S HEALTH CENTER
5	DEPT OF OB & GYN/WOMEN'S HEALTH 4170 BRONX BOULEVARD BRONX NY 10466	WOMEN'S HEALTH CENTER
6	WOODLAWN WOMEN'S CENTER 4350 VAN CORTLANDT PK EAST BRONX NY 10470	WOMEN'S HEALTH CENTER
7	GENETICS & PERINATAL CONSULTANTS OF NY 700 WHITE PLAINS ROAD SCARSDALE NY 10583	WOMEN'S HEALTH CENTER
8	MONTEFIORE CHILD/ADOL MENTAL HLTH CLINIC 3340 BAINBRIDGE AVENUE BRONX NY 10467	MENTAL HELATH CLINIC
9	MONTEFIORE RIVERDALE CARDIOLOGY PRACTICE 2711 HENRY HUDSON PARKWAY BRONX NY 10463	SPECIALTY CARE PRACTICE
10	REHABILITATION MEDICINE PRIVATE PRACTICE 3329 BAINBRIDGE AVENUE BRONX NY 10467	SPECIALTY CARE PRACTICE

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MONTEFIORE DIVISION OF DERMATOLOGY 3514 BAINBRIDGE AVENUE BRONX NY 10467	SPECIALTY CARE PRACTICE
2	SLEEPWAKE DISORDERS 3411 WAYNE AVENUE BRONX NY 10467	SPECIALTY CARE PRACTICE
3	MONTEFIORE BEHAVIORAL HEALTH CTR AT WS 2527 GLEBE AVENUE BRONX NY 10461	MENTAL HEALTH CLINIC
4	ADVANCED ONCOLOGY ASSOCIATES 50 GUION PLACE NEW ROCHELLE NY 10801	SPECIALTY CARE PRACTICE
5	ADVANCED ONCOLOGY ASSOCIATES 18 ASHFORD AVENUE DOBBS FERRY NY 10522	SPECIALTY CARE PRACTICE
6	ADVANCED ONCOLOGY ASSOCIATES 75 EAST GUN HILL ROAD BRONX NY 10467	SPECIALTY CARE PRACTICE
7	ADVANCED ONCOLOGY ASSOCIATES 1578 WILLIAMSBRIDGE ROAD BRONX NY 10461	SPECIALTY CARE PRACTICE
8	ADVANCED ONCOLOGY ASSOCIATES 984 NORTH BROADWAY YONKERS NY 10701	SPECIALTY CARE PRACTICE
9	BRONX RIVER MEDICAL ASSOCIATES-BX OFF 60 EAST 208TH STREET BRONX NY 10467	SPECIALTY CARE PRACTICE
10	BRONX RIVER MEDICAL ASSOC-YONKERS OFFICE 1915 CENTRAL PARK AVENUE YONKERS NY 10710	SPECIALTY CARE PRACTICE

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MMC-WAKEFIELD CARDIOVASCULAR CENTER 4256 BRONX BOULEVARD BRONX NY 10466	SPECIALTY CARE PRACTICE
2	RIDGE HILL CARDIOLOGY 73 MARKET STREET, SUITE 178B YONKERS NY 10710	SPECIALTY CARE PRACTICE
3	BRONX CARDIAC 2814 MIDDLETOWN ROAD BRONX NY 10461	SPECIALTY CARE PRACTICE
4	WESTCHESTER HEART SPECIALIST 150 LOCKWOOD AVENUE NEW ROCHELLE NY 10810	SPECIALTY CARE PRACTICE
5	WILLIAMSBRIDGE CARDIOLOGY 1578 WILLIAMSBRIDGE ROAD BRONX NY 10461	SPECIALTY CARE PRACTICE
6	CARDIOVASCULAR ASSOCIATES OF WESTCHESTER 140 LOCKWOOD AVENUE NEW ROCHELLE NY 10801	SPECIALTY CARE PRACTICE
7	MMG-VIA VERDE 730 BROOK AVENUE BRONX NY 10455	PRIMARY CARE EXTENSION CTR
8	MSHP-MORRIS CAMPUS 1110 BOSTON ROAD BRONX NY 10456	SCHOOL HEALTH CLINIC
9	MSHP-NEW SETTLEMENT COMMUNITY CAMPUS 1501 JEROME AVENUE BRONX NY 10452	SCHOOL HEALTH CLINIC
10	BROADWAY DENTAL CENTER 5500 BROADWAY, SUITE 102 BRONX NY 10463	DENTAL CENTER

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MONTEFIORE MOSES OP MENTAL HLTH CLINIC 111 EAST 210TH STREET BRONX NY 10467	MENTAL HEALTH CLINIC
2	MONTEFIORE RAD ONC AT ST BARNABAS 4487 THIRD AVENUE, LEVEL B BRONX NY 10466	RADIATION ONCOLOGY PRACTICE
3	MME PLASTIC SURGERY PRACTICE 182 210TH STREET BRONX NY 10467	SPECIALTY CARE PRACTICE
4	ROSE KENNEDY CHILD EVALUATION & REHAB CT 1225 MORRIS PARK AVENUE BRONX NY 10461	DEVELOPMENTAL DISABILITY CLINIC
5	CHRISTOPHER COLUMBUS CAMPUS 925 ASTOR AVENUE BRONX NY 10469	SCHOOL HEALTH CLINIC
6	BOYNTON FAMILY RESIDENCE (AGUILA, INC.) 1056 BOYNTON AVENUE BRONX NY 10472	HOMELESS SHELTER EXT. CLINIC
7	LONG TERM HEALTH CARE PROGRAM ONE FORDHAM PLAZA BRONX NY 10458	LONG TERM HEALTH CARE AGENCY
8	MMC PEDIATRIC-FAMILY IMMUNOLOGY CLINIC 1621 EASTCHESTER ROAD BRONX NY 10461	SPECIALTY CARE EXT CLINIC
9	MMC PEDIATRICS-WINTHROP-PEDS GEN SURG 120 MINEOLA BOULEVARD MINEOLA NY 11501	SPECIALTY CARE PRACTICE
10	MMC PEDIATRICS CARDIOLOGY AT MNR 16 GUION PLACE NEW ROCHELLE NY 10801	SPECIALTY CARE PRACTICE

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	AOA 1624 CROSBY AVENUE BRONX NY 10461	SPECIALTY CARE PRACTICE
2	BRONX RIVER MEDICAL ASSOCIATES-YONKERS 1915 CENTRAL PARK AVENUE YONKERS NY 10710	SPECIALTY CARE PRACTICE
3	SOUND SHORE CARDIOLOGY ASSOCIATES 175 MEMORIAL HIGHWAY, SUITE 1-1 NEW ROCHELLE NY 10801	SPECIALTY CARE PRACTICE
4	SOUND SHORE CARDIOLOGY ASSOCIATES 933 MAMARONECK AVENUE MAMARONECK NY 10543	SPECIALTY CARE PRACTICE
5	MMC ORTHOPEDICS MANHATTAN PRACTICE 73 EAST 71ST STREET NEW YORK NY 10021	SPECIALTY CARE PRACTICE
6	MMC ORTHOPEDICS MANHATTAN PRACTICE 215 EAST 73RD STREET NEW YORK NY 10021	SPECIALTY CARE PRACTICE
7	MMC UROLOGY - ADDISON HALL 457 WEST 57TH STREET NEW YORK NY 10019	SPECIALTY CARE PRACTICE
8	MMC UROLOGY - CLINICA MODELO 3050 CORLEAR AVENUE BRONX NY 10463	SPECIALTY CARE PRACTICE
9	MONTEFIORE REHABILITATION-PT AND SPEECH 3199 BAINBRIDGE AVENUE BRONX NY 10467	SPECIALTY CARE PRACTICE
10	MMC TRANSPLANT HEPATOLOGY 3100 BROADWAY FAIRLAWN NJ 07410	SPECIALTY CARE PRACTICE

Part V Facility Information *(continued)*

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

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

	Name and address	Type of Facility (describe)
1	MMC TRANSPLANT HEPATOLOGY 170 MAPLE AVENUE WHITE PLAINS NY 10601	SPECIALTY CARE PRACTICE
2	MMC ABDOMINAL TRANSPLANT AT ST JOHNS 967 BROADWAY YONKERS NY 10701	SPECIALTY CARE PRACTICE
3	MMC TRANSPLANT HEPATOLOGY 60 WEST 68TH STREET NEW YORK NY 10023	SPECIALTY CARE PRACTICE
4	MMC COLLEGE EYE INSTITUTE 1180 MORRIS PARK AVENUE BRONX NY 10461	SPECIALTY CARE PRACTICE
5	MMC GENERAL SURGERY PRACTICE 3736 HENRY HUDSON PARKWAY BRONX NY 10463	SPECIALTY CARE PRACTICE
6	MMC DIABETES PREVENTION PROGRAM 3514 DEKALB AVENUE BRONX NY 10467	SPECIALTY CARE PRACTICE
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7 TABLE:

THE FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST TABLE IS BASED ON THE MEDICAL CENTER'S ACTIVITIES ONLY. SINCE THE ACTIVITES OF THE DISREGARDED ENTITIES (MAINLY THE CARE MANAGEMENT COMPANY, LLC) ARE QUITE UNIQUE AND NOT REPRESENTATIVE OF A HOSPITAL FACILITY, THE ACTIVITIES FROM THESE ENTITIES WERE EXCLUDED FROM CONSIDERATION IN THE TABLE. FORM 990, PART IX, LINE 25, COLUMN A EXPENSES USED TO CALCULATE THE BENEFIT PERCENTAGES WAS ADJUSTED TO EXCLUDE THE DISREGARDED ENTITIES SINCE ONLY THE HOSPITAL FACILITY ACTIVITIES WERE REPORTED.

1. PART I, LINE 7:

THE COST-TO-CHARGE RATIO METHODOLOGY WAS UTILIZED TO CALCULATE THE AMOUNT INCLUDED IN THE TABLE. THE CALCULATION OF THIS RATIO WAS DERIVED FROM RATIO OF PATIENT CARE COST-TO-CHARGE.

Part VI Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

1. PART II - COMMUNITY BUILDING ACTIVITIES:

THE MEDICAL CENTER IS ACTIVELY INVOLVED WITH COMMUNITY-BASED ORGANIZATIONS AND SPECIAL COMMUNITY HEALTH PROGRAMS AS PART OF ITS MISSION TO ADVANCE THE HEALTH OF THE COMMUNITIES IT SERVES. THE MEDICAL CENTER'S COMMUNITY BUILDING ACTIVITIES INCLUDE COMMUNITY SUPPORT OF THE BRONX AIDS VOLUNTEERS ORGANIZATION, THE LEAD POISONING PREVENTION PROGRAM AND RECRUITMENT OF MUCH NEEDED MEDICAL PROFESSIONALS TO THE HEALTH PROFESSIONAL SHORTAGE AREAS (HPSA) OF THE BRONX, AMONG OTHER INITIATIVES.

MONTEFIORE'S LEAD POISONING PREVENTION PROGRAM IS A DESIGNATED NEW YORK STATE RESOURCE CENTER FOR LEAD POISONING PREVENTION, AND CONSISTS OF A MULTIDISCIPLINARY TEAM IN MEDICINE, RESEARCH, SOCIAL SERVICES, ENVIRONMENTAL INVESTIGATION AND PUBLIC ADVOCACY. IT SERVES AS A REFERRAL CENTER FOR THE MEDICAL MANAGEMENT OF LEAD POISONING, LINKS FAMILIES TO SAFE HOUSING DURING HOME ABATEMENT PROCEDURES, PROVIDES BILINGUAL EDUCATIONAL WORKSHOPS, ADVOCATES FOR LEAD POISONED CHILDREN DURING LOCAL AND STATE LEGISLATIVE REVIEWS AND COLLABORATES WITH CITY AND PRIVATE AGENCIES IN ENVIROMNENTAL INTERVENTION.

Part VI Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PROJECT BRAVO IS A HOSPITAL-BASED VOLUNTEER PROGRAM MANAGED BY

MONTEFIORE'S AIDS CENTER THAT PROVIDES SUPPORT TO HIV AND AIDS PATIENTS.

THE PROGRAM RENDERS OUTREACH SERVICES IN THE COMMUNITY, PROVIDES FRIENDLY

VISITS TO HOSPITALIZED PATIENTS AND STAFFS THE BRAVO FOOD PANTRY.

1. PART III, SECTION A, LINE 2:

THE COST OF BAD DEBT EXPENSE IS ESTIMATED BASED ON THE BAD DEBT PROVISION

AT CHARGE, APPLIED TO THE RATIO OF TOTAL PATIENT CARE EXPENSES TO TOTAL

CHARGES FOR ALL SERVICES RENDERED. ANY PAYMENTS OR DISCOUNTS ARE

EXCLUDED FROM BAD DEBT EXPENSE.

1. PART III, SECTION A., LINE 3

THE ESTIMATED AMOUNT OF THE ORGANIZATIONS'S BAD DEBT EXPENSE (AT COST)

ATTRIBUTED TO PATIENTS UNDER THE ORGANIZATION'S CHARITY CARE POLICY WAS

BASED ON RESULTS OF PREDICTIVE ANALYSIS.

BAD DEBT SHOULD BE INCLUDED AS A COMMUNITY BENEFIT BECAUSE THE

ORGANIZATION PROVIDES MUCH NEEDED HEALTH CARE SERVICES INDISCRIMINATELY

TO THE COMMUNITY-AT-LARGE WITHOUT REGARD TO WHETHER OR NOT THE PATIENT

Part VI Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

HAS INSURANCE OR IF THE BILL WILL EVER BE PAID.

1. PART III, SECTION A., LINE 4

AS REPORTED IN MONTEFIORE MEDICAL CENTER'S AUDITED FINANCIAL STATEMENTS, BAD DEBT EXPENSE IS DESCRIBED AS FOLLOWS: "THE COLLECTION OF PATIENT SERVICE REVENUE DUE FROM PATIENTS, INCLUDING COPAYMENTS AND DEDUCTIBLES, FROM THOSE WHO ARE INELIGIBLE FOR CHARITY CARE, IS SUBJECT TO UNCERTAINTY. THE MEDICAL CENTER RECORDS BAD DEBT EXPENSE IN THE PERIOD SERVICES ARE RENDERED BASED ON PAST EXPERIENCE, TO ACCOUNT FOR AMOUNTS THAT PATIENTS MAY ULTIMATELY BE UNABLE OR UNWILLING TO PAY. FOR SELF-PAY PATIENTS, WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH COPAYMENTS AND DEDUCTIBLES AFTER THIRD-PARTY COVERAGE, THE MEDICAL CENTER RECORDS AN ESTIMATE FOR BAD DEBT EXPENSE IN THE CURRENT PERIOD BASED ON PAST EXPERIENCE. AMOUNTS ULTIMATELY WRITTEN OFF AS UNCOLLECTIBLE AND RECOVERIES OF SUCH AMOUNTS ARE DEDUCTED FROM, OR ADDED TO, THE ALLOWANCE FOR DOUBTFUL ACCOUNTS".

Part VI Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

1. PART III, SECTION B, LINE 8:

MEDICARE ALLOWABLE COSTS REPORTED ON PART III, LINE 6, PER SCHEDULE H INSTRUCTIONS, WERE DERIVED USING THE MEDICARE COST REPORT COST-FINDING METHODOLOGY, WHICH APPORTIONS ROUTINE COSTS TO MEDICARE USING DAYS AND ANCILLARY COSTS TO MEDICARE USING DEPARTMENTAL RATIOS OF COSTS TO CHARGES (RCCS). THE FOLLOWING TABLE REPRESENTS A RECONCILIATION OF MEDICARE REVENUE AND COSTS INCLUDED ON LINES 5, 6, AND 7 IN PART III TO THE TOTAL ACTUAL MEDICARE REVENUE AND COSTS OF THE MEDICAL CENTER. AS HIGHLIGHTED IN THIS TABLE, INCLUDING THE ADJUSTMENTS DESCRIBED BELOW WOULD HAVE RESULTED IN A MEDICARE SHORTFALL OF $576,030.

	REVENUE	ALLOWABLE COSTS	SURPLUS (SHORTFALL)
PART 111, LINES 5-7:	$375,627,782	$295,752,485	$79,875,297
ADD: COSTS NOT INCLUDED IN MEDICARE COST REPORT:	-	11,355,029	(11,355,029)
ADD: MEDICARE DME:	30,496,573	61,296,139	(30,799,566)
ADD: EMP PHYS SERV:	43,237,000	68,930,890	(25,693,890)

Part VI Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

ADD: MED SUBSID HLTH SERV:	6,571,000	19,173,842	(12,602,842)
MEDICARE SHORTFALL:	$455,932,355	$456,508,385	($576,030)

MEDICARE REVENUE AND ALLOWABLE COSTS REPORTED IN PART III, SECTION B, WERE DERIVED FROM THE MEDICARE COST REPORT. HOWEVER, LINES 5, 6, AND 7 IN PART III DO NOT INCLUDE CERTAIN MEDICARE REVENUE AND COSTS, AND DOES NOT PRESENT THE ENTIRE FINANCIAL IMPACT OF THE MEDICAL CENTER'S PARTICIPATION IN THE MEDICARE PROGRAM. IN ADDITION, THE MEDICARE COST REPORT COST-FINDING METHODOLOGY IS INCONSISTENT WITH THE REST OF SCHEDULE H, WHEREBY COSTS ARE CALCULATED USING THE MEDICAL CENTER'S OVERALL RATIO OF COSTS TO CHARGES (RCC) FROM WORKSHEET 2. ACCORDINGLY, THE MEDICARE SURPLUS REFLECTED IN PART III, LINE 7 BEFORE THE ADJUSTMENTS DESCRIBED BELOW IS SIGNIFICANTLY OVERSTATED. FOR EXAMPLE, PART III EXCLUDES CERTAIN MEDICAL CENTER EXPENSES THAT ARE NOT PART OF THE MEDICARE COST FINDING PROCESS. THESE COSTS INCLUDE CERTAIN CONSULTING AND MARKETING EXPENSES, COSTS RELATED TO NURSE PRACTITIONERS, NURSE MIDWIVES, PHYSICIAN ASSISTANTS, AND HOSPITALISTS WHO BILL THE MEDICARE PROGRAM FOR PART B SERVICES AND PHYSICIAN COSTS EXCEEDING THE MEDICARE REASONABLE

Part VI Supplemental Information

Provide the following information.

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

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COMPENSATION EQUIVALENT (RCE) LIMITS. INCLUDING THE MEDICARE SHARE OF THESE COSTS WOULD HAVE REDUCED THE MEDICARE SURPLUS ON LINE 7 BY $11,355,029.

PART III ALSO EXCLUDES MEDICARE REVENUE AND ALLOWABLE COSTS FROM THE MEDICARE COST REPORT RELATED TO DIRECT MEDICAL EDUCATION (DME), WHICH WERE REPORTED IN PART I, LINE 7F AS REQUIRED BY THE SCHEDULE H INSTRUCTIONS. IF THE MEDICARE SHARE OF DME LOSSES HAD BEEN REPORTED IN PART III, THE MEDICARE SURPLUS ON LINE 7 WOULD HAVE BEEN REDUCED BY $30,799,566 (SEE ABOVE RECONCILIATION TABLE).

ADDITIONALLY, PART III EXCLUDES MEDICARE REVENUE AND COSTS FOR SERVICES BILLED FOR THE MEDICAL CENTER'S EMPLOYED PHYSICIANS THAT ARE PART OF THE RCC CALCULATION IN WORKSHEET 2 BUT ARE NOT REFLECTED IN THE MEDICAL CENTER'S MEDICARE COST REPORT. INCLUDING THE MEDICARE LOSSES FROM THE MEDICAL CENTER'S EMPLOYED PHYSICIAN SERVICES WOULD HAVE REDUCED THE MEDICARE SURPLUS ON LINE 7 BY AN ADDITIONAL $25,693,890 (SEE ABOVE RECONCILIATION TABLE).

PART III ALSO EXCLUDED MEDICARE REVENUE AND COSTS FROM THE MEDICARE COST REPORT ASSOCIATED WITH SUBSIDIZED HEALTH SERVICES WHICH WERE REPORTED IN

Part VI Supplemental Information

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

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6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7G AS REQUIRED BY THE SCHEDULE H INSTRUCTIONS. IF THE MEDICARE LOSSES FROM THE MEDICAL CENTER'S SUBSIDIZED HEALTH SERVICES HAD BEEN REPORTED IN PART III, THE MEDICARE SURPLUS IN LINE 7 WOULD HAVE BEEN REDUCED BY AN ADDITIONAL $12,602,842 (SEE ABOVE RECONCILIATION TABLE).

1. PART III, SECTION C., LINE 9B

FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS HALTED AND THE PATIENT IS REFERRED FOR FINANCIAL AID. IF AN ACCOUNT IS IN COLLECTION AND THE PATIENT REQUESTS FINANCIAL AID OR IF THE AGENCY DETERMINES THAT THE PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE ACCOUNT IS REFERRED BACK TO THE MEDICAL CENTER WHERE THE PATIENT IS PROVIDED ASSISTANCE WITH COMPLETING AN APPLICATION FOR ASSISTANCE.

2. NEEDS ASSESSMENT:

MONTEFIORE ASSESSES COMMUNITY NEEDS BY:

A) COMMUNITY ADVISORY BOARDS

THE PRIMARY APPROACH USED TO GAIN INPUT AND COMMUNITY INVOLVEMENT IS

Part VI Supplemental Information

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THROUGH A VARIETY OF COMMUNITY ADVISORY BOARDS (CABS). MONTEFIORE MEDICAL CENTER WORKS EXTENSIVELY WITH REPRESENTATIVES OF THE COMMUNITIES THROUGH THE CABS TO IDENTIFY HEALTH CARE NEEDS AND DETERMINE THE APPROPRIATE CONFIGURATION OF SERVICES. ON A REGULAR BASIS, MONTEFIORE REPORTS TO THESE VARIOUS COMMUNITY GROUPS ON THE MEDICAL CENTER'S PERFORMANCE AND SERVICES, THE STATUS OF PROGRAMS, FINANCIAL AND UTILIZATION STATISTICS, THE PLAN FOR AND IMPLEMENTATION OF COMMUNITY SERVICES, AND PLANS FOR THE FUTURE.

B) COMMUNITY SERVICES COMMMITTEE

MONTEFIORE HEALTH SYSTEM HAS A BOARD COMMITTEE, THAT IS FOCUSED ON COMMUNITY SERVICES. IT IS RESPONSIBLE FOR OVERSEEING MONTEFIORE'S COMMUNITY SERVICES AND COMMUNITY BENEFIT ACTIVITIES TO ENSURE THEY ARE FORMULATED TO FACILITATE THE FULFILLMENT OF THE MEDICAL CENTER'S MISSION AND MEET THE NEEDS OF THE COMMUNITY. THE COMMITTEE MEETS REGULARY TO BECOME FAMILIAR WITH AND ASSESS MONTEFIORE'S COMMUNITY SERVICE PROGRAMS AND THE EXTENT TO WHICH THEY ADDRESS AND MAKE A MEANINGFUL IMPACT ON PRESSING COMMUNITY NEEDS. THE COMMITTEE WORKS CLOSELY WITH MONTEFIORE

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LEADERSHIP AND/OR RELEVANT BOARD COMMITTEES THAT ARE RESPONSIBLE FOR OVERSEEING THE MEDICAL CENTER'S MISSION TO ASSESS AND IMPROVE THE HEALTH OF THE COMMUNITIES SERVED.

C) PARTNERSHIPS AND COLLABORATIONS

BEYOND THE FORMAL STRUCTURE THAT MONTEFIORE HAS ESTABLISHED TO GAIN INPUT FROM THE COMMUNITIES IT SERVES, THE MEDICAL CENTER PARTICIPATES IN A VARIETY OF ORGANIZED PARTNERSHIPS AND COLLABORATIVES, WORKING WITH OTHER PROVIDERS IN THE BRONX, THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE, COMMUNITY-BASED ORGANIZATIONS IN THE BRONX AND MEMBERS OF THE COMMUNITY IN PLANNING AND DEVELOPING INITIATIVES AIMED AT IMPROVING THE HEALTH OF PEOPLE IN THE BRONX. EXAMPLES OF SUCH PARTNERSHIPS INCLUDES:

- THE BRONX HEALTH LINK
- THE BRONX RHIO
- THE BRONX COLLABORATIVE
- THE BRONX BREATHES INITIATIVE
- THE BRONX HIV PLANNING COUNCIL
- SOUTH BRONX ENVIRONMENTAL JUSTICE PARTNERSHIP (SBEJP)

Part VI Supplemental Information

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

- CITIWIDE HARM REDUCTION PROGRAM

- BRONX COMMUNITY PALLIATIVE CARE INITIATIVE

- BRONX SCIENCE AND HEALTH OPPORTUNITIES PARTNERSHIP

- HISPANIC CENTER OF EXCELLENCE

- BRONX CENTER TO REDUCE AND ELIMINATE ETHNIC AND RACIAL HEALTH DISPARITIES (BRONX CREED).

D) THE OFFICE OF COMMUNITY AND POPULATION HEALTH

MONTEFIORE CONTINUES TO PARTNER WITH A VARIETY OF COMMUNITY-BASED ORGANIZATIONS TO WORK TO ADVANCE THE HEALTH OF THE COMMUNITY. THE MONTEFIORE OFFICE OF COMMUNITY AND POPULATION HEALTH WAS SET UP TO MAXIMIZE THE IMPACT OF THE MEDICAL CENTER'S COMMUNITY SERVICES AND HELPS TO ASSESS COMMUNITY NEEDS BY ITS VARIOUS INITIATIVES, INCLUDING,

- SUPPORTING AND COORDINATING MONTEFIORE'S DIVERSE PORTFIOLIO OF COMMUNITY HEALTH IMPROVEMENT PROGRAMS AND ACTIVITIES;

- ENHANCING MONTEFIORE'S CAPACITY TO ASSESS AND MEASURE THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES;

- IDENTIFYING AND SELECTING A LIMITED NUMBER OF TOP-PRIORITY HEALTH

Part VI Supplemental Information

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NEEDS IN THE COMMUNITIES MONTEFIORE SERVES FOR SPECIFIC FOCUS;

- LEADING AND COORDINATING MONTEFIORE-WIDE EFFORTS AND WORKING WITH COMMUNITY PARTNERS TO MEASURABLY IMPROVE THE HEALTH OF THE COMMUNITIES SERVED;

- THE TO YOUR HEALTH! PROGRAM, A COMMUNITY AND WORKSITE WELLNESS INITIATIVE SEEKING TO REDUCE THE GROWING BURDEN OF CHRONIC DISEASE IN THE COMMUNITY THROUGH A NUMBER OF PUBLIC HEALTH PROGRAMS TO EDUCATE PATIENTS, VISITORS, STAFF AND LOCAL RESIDENTS ON HOW TO LIVE HEALTHIER LIVES. THROUGH COLLABORATIONS WITH LOCAL COMMUNITY BASED ORGANIZATIONS, THE OFFICE OF COMMUNITY HEALTH WILL IDENTIFY SPECIFIC INTERVENTIONS THAT CAN BE WORKED ON BOTH COLLABORATIVELY AND INDEPENDENTLY TO TRANSFORM THE COMMUNITY HEALTH. USING DATA COLLECTED THROUGH MONTEFIORE, THE DISTRICT PUBLIC HEALTH OFFICE AND OTHER SOURCES, THE IMPACT ON THE COMMUNITY HEALTH BY THE PARTICULAR INTERVENTION CAN BE MEASURED AND ANALYZED.

3. PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

ALL INTAKE, REGISTRATION, AND COLLECTION AGENCY STAFF IS TRAINED ON THE MEDICAL CENTER'S FINANCIAL AID POLICY AND HOW TO PROVIDE PATIENTS WITH

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ASSISTANCE. MONTEFIORE MEDICAL CENTER HAS A POLICY THAT ESTABLISHES GUIDELINES FOR THE BILLING OFFICE TO FOLLOW WHEN WORKING WITH INDIVIDUALS WHO ARE HAVING DIFFICULTY PAYING THEIR MEDICAL BILLS.

A REFERRAL IS MADE TO THE MEDICAL CENTER'S FINANCIAL AID OFFICE AND A FINANCIAL COUNSELOR WILL HELP THE PATIENT APPLY FOR FREE OR LOW-COST INSURANCE. IF THE FINANCIAL COUNSELOR DETERMINES THAT THE PATIENT DOES NOT QUALIFY FOR LOW-COST INSURANCE, THE COUNSELOR WILL HELP THE PATIENT APPLY FOR A FINANCIAL AID DISCOUNT BASED ON INCOME LEVEL.

THE MEDICAL CENTER MAKES ITS FINANCIAL AID POLICY KNOWN TO THE PUBLIC BY PROVIDING WRITTEN INFORMATION AVAILABLE IN BOTH ENGLISH AND SPANISH, INCLUDING BROCHURES AT ALL PATIENT SERVICE AREAS, INFORMATION POSTED ON THE INTRANET AND INTERNET, AND INFORMATION SENT OUT ON PATIENT'S BILLS. THERE ARE ALSO SIGNS POSTED AT THE MAIN ENTRANCE TO THE MEDICAL CENTER IN ENGLISH AND SPANISH ADVISING PATIENTS OF THE ROOM LOCATION FOR FINANCIAL AID ASSISTANCE.

Part VI Supplemental Information

Provide the following information.

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

4. COMMUNITY INFORMATION:

THE MEDICAL CENTER HAS OUTREACH SERVICES RESPONDING TO THE HEALTH CARE AND SOCIAL NEEDS THROUGHOUT THE BRONX AND SOUTHERN WESTCHESTER. IT HAS BECOME A MAJOR COMMUNITY RESOURCE TO A POPULATION WHICH IS AMONG THE COUNTRY'S MOST ECONOMICALLY AND SOCIALLY DISADVANTAGED AND TO A COMMUNITY THAT IS FULL OF GREAT CHALLENGES. THE BRONX, WITH ITS 1.4 MILLION RESIDENTS, IS RANKED THE POOREST URBAN COUNTY IN THE COUNTRY, LEADS THE NATION IN RATES OF DIABETES AND OBESITY AND OTHER CHRONIC CONDITIONS, AND LEADS NEW YORK CITY IN A LIST OF SIGNIFICANT MARKERS: PEOPLE IN "FAIR OR POOR HEALTH", LOW BIRTH WEIGHT, TEEN PREGNANCY, CHILDREN IN POVERTY, DISABLED INDIVIDUALS AND FAMILIES LIVING BELOW THE POVERTY LEVEL. THE BRONX HAS A POVERTY RATE OF 27.9% (COMPARED TO 16.8% CITY-WIDE), MEDIAN INCOME OF $35,176 (COMPARED TO $51,141 IN BROOKLYN, $60,422 IN QUEENS, $71,622 IN STATEN ISLAND AND $75,575 IN MANHATTAN) AND ONE OF THE HIGHEST CHILD POVERTY RATES IN THE UNITED STATES WITH 43% OF BRONX CHILDREN LIVING BELOW POVERTY; THE NINTH HIGHEST PROPORTION FOR ANY COUNTY IN THE UNITED STATES, AND THE HIGHEST FOR ANY URBAN COUNTY. THE BRONX IS ALSO THE YOUNGEST COUNTY IN NEW YORK STATE WITH A MEDIAN AGE OF 33.6 AND 25.3%

Part VI Supplemental Information

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OF ITS POPULATION UNDER THE AGE OF 18. THE BRONX HAS THE HIGHEST

PROPORTION OF SINGLE-PARENT HEADED HOUSEHOLDS (19.2%) AMONG COUNTIES IN

THE US. COMMUNITY HEALTH PROFILES OF THE BRONX SHOW POOR HEALTH STATUS,

HIGHER THAN AVERAGE INCIDENCE AND PREVALENCE OF HIV AND TUBERCULOSIS,

POORER THAN AVERAGE BIRTH OUTCOMES, WORSE THAN AVERAGE ACCESS TO PRIMARY

CARE, AND HIGH HOSPITAL ADMISSION RATES FOR DIABETES, CARDIOVASCULAR,

CEREBROVASCULAR, PERIPHERAL VASCULAR AND RENAL DISEASES.

5. PROMOTION OF COMMUNITY HEALTH:

MONTEFIORE IS A LEADER IN COMMUNITY HEALTH AND HAS A LONG HISTORY OF

DEVELOPING INNOVATIVE APPROACHES TO CARE AND TAILORING PROGRAMS TO BEST

SERVE THE CHANGING NEEDS OF ITS COMMUNITY. MONTEFIORE EMBRACES ITS

SOCIAL RESPONSIBILITY AND DEFINES ITS ROLE BROADLY, PROMOTING WELLNESS IN

ADDITION TO TREATING DISEASE AND ADDRESSING NEEDS RANGING FAR BEYOND

MEDICAL CARE. MONTEFIORE EXTENDS THIS RESPONSIBILITY TO THE CARE OF ITS

EMPLOYEES AND MEDICAL STAFF, MANY WHOM LIVE IN THE SURROUNDING COMMUNITY.

THE POPULATION MONTEFIORE SERVES IS ONE OF THE MOST DIVERSE IN THE

Part VI Supplemental Information

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7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NATION. MONTEFIORE HAS BEEN AN INCUBATOR FOR PROGRAMS THAT IMPROVE PATIENTS' ACCESS TO CULTURALLY APPROPRIATE SERVICES, AND ITS PROGRESSIVE FINANCIAL AID POLICY AND ROBUST ENTITLEMENT ENROLLMENT PROGRAM SUPPORT ACCESS TO CARE FOR THOSE IN NEED. HISTORICALLY, MONTEFIORE HAS EMBRACED COMMUNITY SERVICE AND COMMUNITY HEALTH IMPROVEMENT AS A DELIVERY SYSTEM CHALLENGE, REACHING OUT TO SERVE THE UNDER-RESOURCED THROUGH ITS EXTENSIVE PRIMARY CARE DELIVERY SYSTEM, INCLUDING A NUMBER OF FEDERALLY-QUALIFIED COMMUNITY HEALTH CENTERS (FQHC). IN ADDITION, MONTEFIORE HAS DEVELOPED A WIDE RANGE OF SERVICES TARGETED TO SPECIFIC GROUPS IN NEED: THE YOUNG, THE ELDERLY, THE HIV INFECTED AND AFFECTED, THE MENTALLY ILL, THOSE STRUGGLING WITH SUBSTANCE USE, HOMELESSNESS AND VIOLENCE AND THOSE LIVING WITH CHRONIC DISEASES. THE MEDICAL CENTER HAS MAINTAINED AND EXPANDED ITS RANGE OF COMMUNITY SERVICES, REACHING OUT TO AND SERVING POPULATIONS WITH UNMET HEALTH CARE NEEDS, INCLUDING:

- THOSE WITH POOR ACCESS TO COMPREHENSIVE CARE
- UNDERSERVED, AT-RISK AND HARD TO REACH CHILDREN & THEIR FAMILIES - UNDERSERVED AND AT-RISK SENIOR CITIZENS
- THOSE AFFECTED BY CANCER

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- THOSE AFFECTED BY THE CONTINUING HIV EPIDEMIC IN THE BRONX

- PERSONS WITH OR AT-RISK FOR TUBERCULOSIS INFECTION

- PERSONS AFFECTED WITH PROBLEMS OF SUBSTANCE ABUSE

- THE HOMELESS

- ADULTS AND CHILDREN WITH LIMITED ACCESS TO PRIMARY DENTAL CARE

- THOSE AFFECTED BY CHRONIC HEALTH CARE DISEASE SUCH AS CONGESTIVE HEART FAILURE, DIABETES AND ASTHMA.

THE MEDICAL CENTER RUNS PROGRAMS FOR COMMUNITY HEALTH SERVICES THAT ARE AMONG THE NATION'S MOST EXTENSIVE PROVIDING PRIMARY CARE TO UNDERSERVED POPULATIONS INCLUDING:

- MONTEFIORE'S NETWORK OF PRIMARY CARE CENTERS IN THE BRONX INCLUDING SEVERAL FEDERALLY-QUALIFIED HEALTH CARE CENTERS (FQHC) PROVIDES ACCESS TO HIGH QUALITY PRIMARY HEALTH CARE SERVICES AND A VARIETY OF PRACTICE-BASED AND COMMUNITY OUTREACH PROGRAMS TO SOME OF THE NATION'S POOREST AND MOST UNDERSERVED COMMUNITIES.

- MONTEFIORE OPERATES ONE OF THE NATION'S LARGEST PROGRAMS OF SCHOOL-BASED PRIMARY CARE, SERVING 25,000 STUDENTS AT 23 ELEMENTARY,

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MIDDLE AND HIGH SCHOOLS IN THE BRONX, PROVIDING OVER 90,000 MEDICAL, MENTAL HEALTH, DENTAL, REPRODUCTIVE AND HEALTH PROMOTION SERVICES. THIS MODEL PROGRAM IS ABLE TO PROVIDE SERVICES TO ALL STUDENTS IN THESE SCHOOLS, INCLUDING THE ROUGHLY HALF OF ALL STUDENTS WITHOUT INSURANCE.

- MONTEFIORE PROVIDES MUCH NEEDED HEALTH CARE SERVICES TO HOMELESS CHILDREN AND FAMILIES IN VARIOUS LOCATIONS IN THE BRONX AND THROUGHOUT NEW YORK CITY USING A FLEET OF MOBILE MEDICAL UNITS AND A MOBILE DENTAL UNIT AND USING TEAMS OF PROFESSIONALS PROVIDING SERVICES WITHIN HOMELESS AND DOMESTIC VIOLENCE SHELTERS.

MONTEFIORE PROVIDES COMPREHENSIVE CARE AND A RANGE OF INNOVATIVE PROGRAMS FOR HIGH-RISK CHILDREN IN THE BRONX, INCLUDING:

- A HIGHLY REGARDED PREVENTION, COUNSELING AND TREATMENT PROGRAM FOR ABUSED CHILDREN AND THEIR FAMILIES, BASED IN MONTEFIORE'S CHILD ADVOCACY CENTER.

- A NATIONALLY RECOGNIZED LEAD POISONING PREVENTION, SCREENING AND TREATMENT PROGRAM SERVING POPULATIONS AT HIGHEST RISK FOR LEAD POISONING. ITS SAFE HOUSE IS A MODEL HOUSING PROGRAM TO SHELTER FAMILIES OF CHILDREN

Part VI Supplemental Information

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WITH HIGH LEAD LEVELS WHILE THEIR DWELLINGS ARE MADE LEAD FREE.

- AN INNOVATIVE, MULTI-LEVEL PROGRAM OF CARE FOR CHILDREN WITH AND AT-RISK FOR OBESITY AND DIABETES, INCLUDING INITIATIVES IN THE SCHOOL-BASED HEALTH CENTERS, IN THE COMMUNITY-BASED PRIMARY CARE SITES AND AT THE CHILDREN'S HOSPITAL DIVISION AT MONTEFIORE (CHAM).

- HEALTH PROFESSIONS EDUCATION PROGRAMS FOR HIGH SCHOOL STUDENTS CONDUCTED IN COLLABORATION WITH AREA HIGH SCHOOLS.

THE MEDICAL CENTER OPERATES ONE OF THE NATION'S LARGEST AND MOST COMPREHENSIVE PROGRAMS FOR THE DIAGNOSIS, CARE AND ONGOING MANAGEMENT OF POPULATIONS WITH AND AT-RISK FOR HIV INFECTION, INCLUDING:

- A HOSPITAL-BASED, STATE-DESIGNATED COMPREHENSIVE AIDS CENTER THAT SERVES INDIVIDUALS WITH HIV/AIDS WITH A BROAD PROGRAM OF AMBULATORY AND INPATIENT CARE.

- A COMMUNITY-BASED PROGRAM THAT SERVES INDIVIDUALS WITH HIV/AIDS, OPERATING IN THE MEDICAL CENTER'S PRIMARY CARE SITES.

- LONGSTANDING PROGRAMS FOCUSED ON THE PREVENTION, EARLY IDENTIFICATION AND ONGOING CARE AND MANAGEMENT OF CHILDREN AND ADOLESCENTS WITH OR AT

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RISK FOR HIV INFECTION.

- AN INNOVATIVE PROGRAM OF OUTREACH HIV PRIMARY AND SPECIALTY CARE SERVICES, THAT ARE LOCATED IN MONTEFIORE'S SUBSTANCE ABUSE TREATMENT PROGRAM, WHICH SERVES OPIATE-ADDICTED INDIVIDUALS, HALF OF WHOM ARE HIV-INFECTED, IN SEVERAL DRUG TREATMENT CENTERS LOCATED THROUGHOUT THE BRONX.

THIS SERVICE INFRASTRUCTURE HAS PROVEN INVALUABLE IN MOUNTING EFFECTIVE PUBLIC HEALTH, DIAGNOSIS AND CARE PROGRAMS RESPONDING TO THE TWO OTHER INFECTIOUS DISEASE EPIDEMICS THAT HAVE ALSO AFFLICTED THE BRONX: TUBERCULOSIS AND HEPATITIS-C INFECTION.

MONTEFIORE PROVIDES A WIDE RANGE OF ON-SITE AND OUTREACH PROGRAMS TO SERVE THE BOROUGH'S FRAIL AND AT-RISK ELDERLY, INCLULDING:

- A COMPRHENSIVE, MULTIDISCIPLINARY GERIATRIC AMBULATORY PRACTICE, INCLUDING GERIATRIC MEDICINE AND GERIATRIC PSYCHIATRY, SOCIAL SERVICES, PHARMACY AND NUTRITIONAL COUNSELING, WITH SERVICE SITES IN THE EAST AND WEST BRONX;

- AN AGING AND MEMORY CENTER THAT PROVIDES ASSESSMENTS, AMBULATORY CARE

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AND HOME VISITS BY GERIATRIC PSYCHIATRISTS;

- ONE OF THE NATION'S LARGEST HOSPITAL-BASED HOMECARE PROGRAMS,

PROVIDING IN-HOME SERVICES TO INNER CITY SENIORS LIVING IN NEIGHBORHOODS

THAT ARE AMONG THE COUNTRY'S MOST DISADVANTAGED;

- AN EXTENSIVE PROGRAM TO IDENTIFY, PREVENT AND RESPOND TO SUSPECTED

ELDER ABUSE;

- PHYSICIAN HOME VISIT PROGRAMS SERVING THE ELDERLY LIVING IN PUBLICLY

SUBSIDIZED HOUSING PROJECTS ACROSS THE BRONX, A PROGRAM MOUNTED IN

PARTNERSHIP WITH THE NYC HOUSING AUTHORITY AND LOCAL COMMUNITY AND SOCIAL

SERVICES AGENCIES IN "NATURALLY OCCURRING RETIREMENT COMMUNITIES";

- AN INNOVATIVE FEDERALLY-FUNDED DEMONSTRATION PROGRAM THAT USES A

COMBINATION OF CARE AND CASE MANAGEMENT, A PHYSICIAN HOME VISITING

PROGRAM, HOME-BASED TELEMONITORING AND PATIENT/FAMILY SUPPORT TO MANAGE

AND IMPROVE THE CARE AND HEALTH OF SENIORS IDENTIFIED BY CMS AS THEIR

"HIGH-COST BENEFICIARIES" (MEDICARE BENEFICIARIES WITH COMPLEX MEDICAL

AND PSYCHOSOCIAL NEEDS).

THE DEPARTMENT OF OB-GYN AND WOMEN'S HEALTH IS INVOLVED IN A RANGE OF

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PROGRAMS FOCUSED ON THE HEALTH NEEDS OF WOMEN IN THE BRONX AND SURRROUNDING COMMUNITIES THAT INCLUDES PARTNERING WITH NY STATE, NY CITY AND LOCAL PROVIDERS IN THE DEVELOPMENT OF A REGIONAL PERINATAL SYSTEM IN THE BRONX, WHICH HAS ONE OF THE COUNTRY'S HIGHEST RATES OF INFANT MORTALITY AND DISABILITY AND LOW BIRTH WEIGHT.

MONTEFIORE AS A COMMUNITY LEADER IS RESPONDING TO THE UNIQUE AND PRESSING NEEDS OF ITS COMMUNITY REFLECTED IN VARIOUS OUTREACH PROGRAMS:

- THE MONTEFIORE-EINSTEIN CANCER CARE OPERATES THE COMMUNITY OUTREACH PROGRAM, A RESEARCH BASED CANCER PREVENTION, EDUCATION, AND SUPPORT PROGRAM THAT PROVIDES SUPPORT AND EDUCATIONAL SERVICES TO PATIENTS, FAMILIES, STAFF, AND COMMUNITY MEMBERS FACING THE CHALLENGES OF CANCER. THE CENTER ALSO PARTICIPATES IN CANCER SCREENING, CANCER EDUCATION AND AWARENESS, AND SUPPORT PROGRAMS.

- MONTEFIORE'S COMMUNITY DENTISTRY PROGRAM PROVIDES DENTAL SERVICES TO A MULTITUDE OF UNDERSERVED AND MEDICALLY COMPROMISED PATIENTS AT ON-SITE DENTAL FACILITIES, ONE COMMUNITY SITE, AND THE INFECTIOUS DISEASE CLINIC AT THE MOSES DIVISION. A MOBILE DENTAL VAN PROVIDES MOBILE DENTAL

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SERVICES TO THE UNDERSERVED AT A VARIETY OF MONTEFIORE PRIMARY CARE SITES

ACROSS THE BRONX.

- MONTEFIORE HAS BEEN DESIGNATED BY NY STATE AS ONE OF FOUR DIABETES

CENTERS OF EXCELLENCE IN THE STATE. MONTEFIORE HAS IMPLEMENTED A

COMPREHENSIVE ARRAY OF PROGRAMS RESPONDING TO THE "NEXT EPIDEMIC" IN THE

BRONX: THE EXTRAORDINARILY HIGH AND INCREASING RATES OF DIABETES AND

OBESITY AND THE COMMON CARDIOVASCULAR COMPLICATIONS AND COMORBIDITIES.

MONTEFIORE IS TAKING A NETWORK-WIDE QUALITY IMPROVEMENT APPROACH TO

ORGANIZING AND IMPROVING THE PREVENTION, CARE AND MANAGEMENT OF THIS

DISEASE CLUSTER, IN ITS PRIMARY CARE AND SCHOOL-BASED SITES, IN ITS

SPECIALTY SERVICES AND HOSPITAL DIVISIONS.

MONTEFIORE HAS TAKEN A LEADERSHIP POSITION IN NEIGHBORHOOD AND COMMUNITY

DEVELOPMENT, CREATING AND SUPPORTING THE MOSHOLU PRESERVATION CORPORATION

(MPC). MPC IS A COMMUNITY REDEVELOPMENT CORPORATION THAT HAS

SUCCESSFULLY REHABILITATED HOUSING STOCK IN THE DEPRESSED NEIGHBORHOODS

IN THE NORTHWEST BRONX AND HAS BEEN INVOLVED IN A NUMBER OF ECONOMIC

DEVELOPMENT AND COMMUNITY DEVELOPMENT ACTIVITIES.

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THE MEDICAL CENTER OFFICE OF COMMUNITY HEALTH AND WELLNESS IS ACTIVELY SEEKING TO REDUCE THE GROWING BURDEN OF CHRONIC DISEASES IN THE COMMUNITY THROUGH A NUMBER OF PUBLIC HEALTH PROGRAMS TO EDUCATE PATIENTS, VISITORS, STAFF AND LOCAL RESIDENTS ON HOW TO LIVE HEALTHIER LIVES. THE TO YOUR HEALTH! PROGRAM OFFERS:

- FREE FITNESS AND EXERCISE CLASSES;
- HEALTH SCREENINGS;
- COMMUNITY-BASED HEALTH FAIRS; AND
- INFORMATIVE WORKSHOPS TACKLING VARIOUS HEALTH ISSUES, INCLUDING DIABETES AND NUTRITION.

THE MEDICAL CENTER IS ATTEMPTING TO ADVANCE THE FRONT LINES OF HEALTH IN THE BRONX BY STRIVING TO MAKE THE BRONX A MORE WHOLESOME PLACE TO LIVE AND WORK. RECENT EFFORTS HAVE INCLUDED:

- INCREASING ACCESS TO AND USE OF THE BOROUGH'S RIVERS, PARKS AND GREENWAYS IN PARTNERSHIP WITH THE NEW YORK CITY PARKS DEPARTMENT AND DEPARTMENT OF TRANSPORTATION, BRONX RIVER ALLIANCE AND THE RAILS TO

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TRAILS

- GETTING THE BRONX MOVING BY DEVELOPING BIKE LANES ON BRONX STREETS, SPONSORING THE "TOUR DE BRONX' BICYCLING EVENT, AND OFFERING VIGOROUS ZUMBA DANCE CLASSES TO SALSA MUSIC IN THE COMMUNITY;

- IMPROVING BRONX RESIDENTS' ACCESS TO HEALTHY FOOD BY SPONSORING AND SUPPORTING FARMERS' MARKETS AND GREEN CARTS THROUGHOUT THE BRONX, AND PARTNERING WITH THE CITY ON ITS HEALTHY BODEGA INITIATIVE;

- PROMOTING TOBACCO CESSATION EFFORTS IN THE BRONX, INCLUDING THE ESTABLISHMENT OF TOBACCO-FREE CAMPUSES AT ALL MONTEFIORE LOCATIONS AND PARTICIPATION IN THE COALITION FOR A SMOKE FREE BRONX.

6. AFFILIATED HEALTH CARE SYSTEM:

MONTEFIORE MEDICAL CENTER IS AN AFFILIATE OF MONTEFIORE HEALTH SYSTEM, INC. THE HEALTH SYSTEM IS A LEADER IN COMMUNITY HEALTH AND HAS A LONG HISTORY OF DEVELOPING INNOVATIVE APPROACHES TO CARE AND CREATING PROGRAMS TO BEST SERVE THE CHANGING NEEDS OF ITS COMMUNITY. SEE LINE 5, PROMOTION OF COMMUNITY HEALTH, FOR HOW THE HEALTH SYSTEM ALONG WITH MONTEFIORE MEDICAL CENTER PROMOTES COMMUNITY HEALTH.

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7. STATE FILING OF COMMUNITY BENEFIT REPORT:

MONTEFIORE MEDICAL CENTER FILES A COMMUNITY SERVICE PLAN WITH THE STATE

OF NEW YORK.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVENUE BRONX, NY 10468	13-1624225	501(C)(3)	8,478,818.				CONTRIBUTIONS/GRANT
(2) BRONX AIDS SERVICES INC 540 E FORDHAM ROAD BRONX, NY 10458	13-3599121	501(C)(3)	124,660.				GRANT SUBRECIPIENT
(3) BRONX LEBANON HOSPITAL CENTER 1276 FULTON AVENUE BRONX, NY 10456	13-1974191	501(C)(3)	186,775.				GRANT SUBRECIPIENT
(4) COLUMBIA UNIVERSITY 630 W 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)(3)	32,098.				GRANT SUBRECIPIENT
(5) BRONX OVERALL ECONOMIC DEVELOPMENT 851 GRAND CONCOURSE BRONX, NY 10451	13-3079387	501(C)(3)	77,500.				SPONSORSHIP
(6) UNIVERSITY OF CALIFORNIA 1855 FOLSOM STREET SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	80,000.				GRANT SUBRECIPIENT
(7) URBAN HEALTH PLAN, INC. 1515 SOUTHERN BLVD. BRONX, NY 10460	23-7360305	501(C)(3)	17,500.				SPONSORSHIP
(8) WILDLIFE CONSERVATION SOCIETY 2300 SOUTHERN BLVD. BRONX, NY 10460	13-1740011	501(C)(3)	50,000.				SPONSORSHIP
(9) PRIMARY CARE DEVELOPMENT CORP. 22 CORTLANDT ST, 12TH FL NEW YORK, NY 10007	13-3711803	501(C)(3)	10,000.				SPONSORSHIP
(10) BRONX CHILDREN'S MUSEUM P.O. BOX 1381 BRONX, NY 10451	26-0579140	501(C)(3)	7,500.				SPONSORSHIP
(11) MOSHOLU PRESERVATION CORPORATION 3400 RESERVOIR OVAL EAST BRONX, NY 10467	13-3109387	501(C)(3)	24,000.				DONATION
(12) 1199 SEIU EMPLOYER CHILD CARE CORP 330 WEST 42ND ST NEW YORK, NY 10036	13-1510821	501(C)(3)	7,500.				SPONSORSHIP

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGUDATH ISRAEL OF AMERICA 42 BROADWAY NEW YORK, NY 10004	13-5604164	501(C)(3)	15,000.				SPONSORSHIP
(2) NEW YORK HEALTH COLLABORATIVE, INC. 40 WORTH STREET, 5TH FL NEW YORK, NY 10013	20-8022336	501(C)(3)	25,000.				SPONSORSHIP
(3) ST LUKES CORNWALL HEALTH SYSTEM 70 DUBOIS STREET NEWBURGH, NY 12550	22-3026263	501(C)(3)	30,000.				SPONSORSHIP
(4) YMCA OF GREATER NEW YORK 2 CASTLE HILL AVENUE BRONX, NY 10473	13-1624228	501(C)(3)	6,000.				SPONSORSHIP
(5) HUDSON RIVER HEALTHCARE, INC. 1037 MAIN STREET PEEKSKILL, NY 10566	13-2828349	501(C)(3)	15,000.				SPONSORSHIP
(6) MT VERNON NEIGHBORHOOD HEALTH 107 WEST 4TH STREET MT VERNON, NY 10550	13-3315508	501(C)(3)	7,500.				SPONSORSHIP
(7) PROMESA FOUNDATION, INC. 1776 CLAY AVENUE BRONX, NY 10457	13-2663328	501(C)(3)	7,500.				SPONSORSHIP
(8) WESTCHESTER COUNTY ASSOCIATION, INC. 1133 WESTCHESTER AVE WHITE PLAINS, NY 10604	13-1737011	501(C)(4)	20,000.				SPONSORSHIP
(9) MEDICARE RIGHTS CENTER 520 EIGHTH AVENUE NEW YORK, NY 10018	13-3505372	501(C)(3)	10,000.				SPONSORSHIP
(10) DANA-FARBER CANCER INSTITUTE, INC. 450 BROOKLINE AVENUE BOSTON, MA 02115	04-2263040	501(C)(3)	27,368.				GRANT SUBRECIPIENT
(11) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10065	13-1623978	501(C)(3)	136,911.				GRANT SUBRECEPIENT
(12) SCHOOL NEWS NATIONWIDE, INC. 490 EAST 28TH STREET BROOKLYN, NY 11226	11-3293868	501(C)(3)	25,000.				SPONSORSHIP

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

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Name of the organization

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Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST JOSEPH'S HEALTH FUND 127 SOUTH BROADWAY YONKERS, NY 10701	13-3833645	501(C)(3)	25,000.				SPONSORSHIP
(2) ST BARNABAS HOSPITAL 4422 THIRD AVENUE BRONX, NY 10457	13-1740122	501(C)(3)	25,000.				SPONSORSHIP
(3) MEMORIAL SLOAN KETTERING CANCER CENTER P.O. BOX 27084 NEW YORK, NY 10087	13-1624082	501(C)(3)	54,348.				GRANT SUBRECIPIENT
(4) NEW YORK CITY HEALTH & HOSPITALS CORP 160 WATER STREET NEW YORK, NY 10038	13-4172958	501(C)(3)	377,816.				GRANT SUBRECIPIENT
(5) THE REGENTS OF THE UNIVERSITY OF NEW MEXICO 1 UNIV OF NM ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	8,587.				GRANT SUBRECIPIENT
(6) RIVERDALE YM YWHA 5625 ARLINGTON AVENUE BRONX, NY 10471	13-1740507	501(C)(3)	10,000.				SPONSORSHIP
(7) WHITE PLAINS HOSPITAL MEDICAL CENTER 41 EAST POST ROAD WHITE PLAINS, NY 10601	13-1740130	501(C)(3)	39,592,700.				CONTRIBUTIONS
(8) ST JUDE CHILDREN'S RESEARCH P.O. BOX 1000, DEPT 949 MEMPHIS, TN 38105	62-0646012	501(C)(3)	104,024.				GRANT SUBRECIPIENT
(9) BETH ABRAHAM FOUNDATION 612 ALLERTON AVENUE BRONX, NY 10467	11-3284763	501(C)(3)	6,500.				SPONSORSHIP
(10) BRONX HOUSE, INC. 990 PELHAM PARKWAY SOUTH BRONX, NY 10462	13-1739935	501(C)(3)	10,000.				SPONSORSHIP
(11) CONGENITAL HEART WALK 3300 HENRY ACENIE PHILADELPHIA, PA 19129	04-3447959	501(C)(3)	8,500.				SPONSORSHIP
(12) FIGHT FOR SIGHT, INC. 381 PARK AVENUE SOUTH NEW YORK, NY 10016	23-7085732	501(C)(3)	9,000.				SPONSORSHIP

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FRIENDS OF MT VERNON ARTS RECREATION YOUTH 1 ROOSEVELT SQUARE MOUNT VERNON, NY 10550	90-0910967	501(C)(3)	25,000.				SPONSORSHIP
(2) GREATER NYC AFFILIATE-SUSAN G KOMEN FR CURE 248 WEST 38TH STREET NEW YORK, NY 10018	91-2049420	501(C)(3)	20,000.				SPONSORSHIP
(3) HEALTHCARE INDUSTRY GRANT CORP 330 WEST 42ND STREET NEW YORK, NY 10036	13-4197609	501(C)(3)	35,000.				SPONSORSHIP
(4) HERBERT H LEHMAN COLLEGE FOUNDATION 250 BEDFORD PARK BLVD WEST BRONX, NY 10468	13-3150922	501(C)(3)	25,000.				SPONSORSHIP
(5) PHIPPS NEIGHBORHOODS 902 BROADWAY, 13TH FLOOR NEW YORK, NY 10010	13-2707665	501(C)(3)	50,000.				SPONSORSHIP
(6) RENEWAL OF LIFE, INC. 5904 13TH AVENUE BROOKLYN, NY 11219	90-0772898	501(C)(3)	10,400.				SPONSORSHP
(7) SOMOS EL FUTURO, INC. 90 SOUTH SWAN STREET ALBANY, NY 12210	22-3128393	501(C)(3)	50,000.				SPONSORSHIP
(8) THE COUNTY CHAMBER OF COMMERCE, INC. 800 WESTCHESTER AVENUW RYE BROOK, NY 10573	13-1701636	501(C)(6)	12,000.				SPONSORSHIP
(9) THE MENTAL HEALTH ASSOCIATION OF NYC 50 BROADWAY, 19TH FLOOR NEW YORK, NY 10004	13-2637308	501(C)(3)	7,500.				SPONSORSHIP
(10) WINGED FOOT GOLF CLUB FENIMORE ROAD MAMARONECK, NY 10543	13-1737538	501(C)(7)	25,000.				SPONSORSHIP
(11) UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	80,000.				GRANT SUBRECIPIENT
(12) MONTEFIORE NORTH AMBULATORY CARE CENTER INC 4234 BRONX BLVD BRONX, NY 10466	01-0796859	501(C)(3)	16,560,822.				FORGIVENESS OF DEBT

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

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Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WISCONSIN 1111 HIGHLAND AVENUE MADISON, WI 53705	39-1805963	501(C)(3)	20,000.				GRANT SUBRECEPIENT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 46.

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

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.

PART I, LINE 2

THE PROCEDURE FOR MONITORING SUBRECIPIENTS OF FEDERAL AWARDS FOR COMPLIANCE IS TO OBTAIN AND REVIEW THE SUBRECIPIENT'S AUDITED CIRCULAR A-133 SINGLE AUDIT REPORT WHICH INCLUDES THEIR RESPECTIVE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS BY MAJOR PROGRAM TOGETHER WITH THE REPORTS ON INTERNAL CONTROL AND COMPLIANCE.

THE MEDICAL CENTER ALSO PROVIDES SUPPORT TO VARIOUS ORGANIZATIONS AS PART OF ITS MANY LOCAL COMMUNITY HEALTH PROGRAM ENDEAVORS. CONTRIBUTIONS AND SPONSORSHIPS ARE MADE TO DESERVING ORGANIZATIONS TO SUPPORT MONTEFIORE

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.

MISSION OF ADVANCING THE HEALTH AND WELFARE OF THE COMMUNITIES THAT WE SERVE.

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.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I Questions Regarding Compensation

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

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	JOEL PERLMAN	(i)	0.	0.	0.	0.	0.	0.	0.
	EXEC VP & CFO(RESIGNED 1-6-16)	(ii)	748,920.	483,300.	222,034.	17,000.	34,654.	1,505,908.	0.
2	ROBERT MICHLER, M.D.	(i)	3,342,552.	11,073.	7,584.	17,000.	34,899.	3,413,108.	0.
	CHAIR-SURG/CARDIOTHORACIC SURG	(ii)	0.	0.	0.	0.	0.	0.	0.
3	RICHARD KRAUT, DDS	(i)	500,704.	1,370,776.	2,843.	17,000.	32,104.	1,923,427.	0.
	CHAIRMAN-DENTISTRY	(ii)	0.	0.	0.	0.	0.	0.	0.
4	SUSAN GREEN-LORENZEN, R	(i)	0.	0.	0.	0.	0.	0.	0.
	SYSTEM SENIOR VP-OPERATIONS	(ii)	789,754.	351,600.	22,034.	333,825.	33,054.	1,530,267.	0.
5	CHRISTOPHER PANCZNER	(i)	0.	0.	0.	0.	0.	0.	0.
	SENIOR VP & GENERAL COUNSEL	(ii)	700,000.	320,100.	21,554.	187,726.	0.	1,229,380.	0.
6	PHILIP O OZUAH, M.D., P	(i)	0.	0.	0.	0.	0.	0.	0.
	EXECUTIVE VP & COO	(ii)	1,549,814.	806,800.	136,022.	503,897.	34,195.	3,030,728.	0.
7	SHALOM KALNICKI, M.D.	(i)	1,102,473.	350,000.	3,048.	17,000.	34,281.	1,506,802.	0.
	CHAIRMAN-RADIATION ONCOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.
8	JOSEPH DE ROSE, M.D.	(i)	1,227,890.	326,035.	0.	17,000.	32,088.	1,603,013.	0.
	DIR MIN INVASIVE/ROBOTIC SURG	(ii)	0.	0.	0.	0.	0.	0.	0.
9	DANIEL GOLDSTEIN, M.D.	(i)	1,135,911.	123,644.	552.	17,000.	2,550.	1,279,657.	0.
	VICE CHAIR-CARDIOTHORACIC SURG	(ii)	0.	0.	0.	0.	0.	0.	0.
10	LYNN RICHMOND	(i)	0.	0.	0.	0.	0.	0.	0.
	EXECUTIVE VICE PRESIDENT	(ii)	884,855.	486,600.	21,554.	387,008.	33,060.	1,813,077.	0.
11	STEVEN SAFYER, M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
	PRESIDENT & CEO/EX-OFFICIO	(ii)	1,779,978.	1,231,200.	1,316,779.	17,000.	34,831.	4,379,788.	0.
12	COLLEEN M. BLYE	(i)	0.	0.	0.	0.	0.	0.	0.
	EXEC VP & CFO (ELECTED 1/6/16)	(ii)	938,840.	375,000.	0.	396,934.	32,098.	1,742,872.	0.
13		(i)							
		(ii)							
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.

PART I, LINE 1A

ONE OFFICER WAS PROVIDED SERVICES OF A DRIVER FOR BUSINESS PURPOSES AND INCIDENTAL TRANSPORTATION. A PORTION WAS INCLUDED IN TAXABLE INCOME.

A SECOND OFFICER WAS PROVIDED CAR SERVICE FOR BUSINESS PURPOSES AND INCIDENTAL TRANSPORTATION. THE CAR SERVICE COSTS WERE INCLUDED IN TAXABLE INCOME.

TWO OFFICERS AND ONE KEY EMPLOYEE TRAVELED FIRST CLASS AS PROVIDED FOR UNDER MEDICAL CENTER POLICY. ALL SUCH TRAVEL WAS FOR MEDICAL CENTER BUSINESS PURPOSES, ACCORDINGLY, THE COST OF SUCH TRAVEL WERE NOT INCLUDED IN TAXABLE INCOME.

PART I, LINES 3, 4B & PART II - COLUMNS (B)(I), (II) AND (III)

THE COMPENSATION COMMITTEE REVIEWS AND APPROVES ALL FORMS OF COMPENSATION AND BENEFITS PROVIDED TO EACH EXECUTIVE WITH THE ASSISTANCE OF A NATIONAL INDEPENDENT COMPENSATION CONSULTING FIRM. THE CONSULTING FIRM ASSISTS THE COMPENSATION COMMITTEE WITH ITS DECISION-MAKING PROCESS TO ENSURE EXECUTIVE COMPENSATION LEVELS ARE REASONABLE AND APPROPRIATE RELATIVE TO

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.

THOSE OF OTHER SIMILAR ORGANIZATIONS. BASE SALARIES IN COLUMN B(I) ARE DETERMINED BASED ON COMPETITIVE MARKET PRACTICES FOR COMPARABLE POSITIONS WITH SIMILAR SIZED ORGANIZATIONS AND SCOPE OF RESPONSIBILITIES. BONUS AND INCENTIVE COMPENSATION IN COLUMN B(II) IS BASED ON THE ACHIEVEMENT OF PERFORMANCE GOALS. THE EXECUTIVES' COMPENSATION PROGRAM HAS A SIGNIFICANT PAY-AT-RISK COMPONENT TO ENSURE THE ALIGNMENT OF PAY AND ORGANIZATIONAL PERFORMANCE. GOALS ARE SET IN ADVANCE IN AREAS SUCH AS QUALITY OF PATIENT CARE, PATIENT SATISFACTION, COMMUNITY SERVICES AND FINANCIAL PERFORMANCE. COMPENSATION IS AT RISK IF THE GOALS ESTABLISHED BY THE COMPENSATION COMMITTEE ARE NOT MET. OTHER REPORTABLE COMPENSATION IN COLUMN B(III) INCLUDES DISTRIBUTIONS FROM THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN.

IN A MANNER DESIGNED TO QUALIFY FOR THE "REBUTTABLE PRESUMPTION OF REASONABLENESS" THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES EXPRESSLY REVIEWED AND APPROVED THESE RETIREMENT BENEFIT ARRANGEMENTS FOR SENIOR EXECUTIVES IN A MANNER THAT QUALIFIED UNDER THE INTERMEDIATE SANCTIONS RULES OF THE FEDERAL TAX LAW, AND IN RECOGNITION OF (A) THE EXECUTIVES' YEARS OF SERVICE TO THE ORGANIZATION AND (B) THE SIGNIFICANT

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.

CONTRIBUTIONS TO ENHANCING THE ABILITY OF THE ORGANIZATION TO ACHIEVE ITS CHARITABLE MISSION IN A MANNER CONSISTENT WITH FINANCIAL SOLVENCY. ACCORDINGLY, THIS BENEFIT SHOULD BE VIEWED AS APPLYING TO YEARS OF SERVICE FOR THE ORGANIZATION.

STEVEN SAFYER, M.D. - POOLED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN DISTRIBUTION OF $1,309,525 BASED ON OVER 30 YEARS OF SERVICE AT MONTEFIORE.

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ACCRUED AND UNPAID SERVICE COSTS:

CHRISTOPHER PANCZNER - $170,726

PHILIP O. OZUAH, M.D., PH.D. - $486,897

SUSAN GREEN LORENZEN, RN - $316,825

LYNN RICHMOND - $370,008

COLLEEN BLYE - $396,934.

PART II - COMPENSATION FROM RELATED ORGANIZATION

ALL OFFICERS AND KEY EMPLOYEES OF MONTEFIORE MEDICAL CENTER ARE PAID BY EITHER MONTEFIORE MEDICINE ACADEMIC HELATH SYSTEM, INC., THE PARENT COMPANY OF MONTEFIORE HEALTH SYSTEM, INC. OR MONTEFIORE HEALTH SYSTEM,

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.

INC., THE PARENT OF MONTEFIORE MEDICAL CENTER. THE ORGANIZATION, IN TURN,

REIMBURSES THE HEALTH SYSTEMS FOR ITS EXPENSES THROUGH THE MEMBERSHIP

FEES THAT ARE ASSESSED FOR EACH OF THE BENEFITTING ENTITIES.

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649903ZD6	02/07/2008	134,395,945.	REFUND PRIOR ISSUE (5/11/95)		X		X		X
B	BUILD NYC RESOURCE CORPORATION	45-4040561	000000000	04/19/2013	93,000,000.	FACILITY IMPROVEMENTS		X		X		X
C	NEW YORK AUTHORITY OF THE STATE OF NEW YORK	14-6000293	649902V83	10/14/2010	627,406,515.	CONSTRUCTION PROJECT		X		X	X	
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12/29/2015	15,077,593.	EQUIPMENT LEASING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	53,145,000.	10,672,137.	200,195,000.	2,690,903.
2	Amount of bonds legally defeased				
3	Total proceeds of issue	134,602,903.	85,676,529.	627,406,515.	15,077,593.
4	Gross proceeds in reserve funds	34,997,429.	8,133,377.		
5	Capitalized interest from proceeds		754,676.		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,403,668.	592,418.	2,822,948.	82,911.
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	35,000.			
10	Capital expenditures from proceeds	4,372,719.	83,907,958.	619,016,469.	14,994,681.
11	Other spent proceeds	116,561,516.	421,477.	5,567,099.	
12	Other unspent proceeds				
13	Year of substantial completion	1998	2015	2010	2015
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	X /	/ X	/ X	/ X
15	Were the bonds issued as part of an advance refunding issue?	/ X	/ X	/ X	/ X
16	Has the final allocation of proceeds been made?	X /	/ X	X /	X /
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	X /	X /

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X			X		X		X

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pooled financing Yes	(i) Pooled financing No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12/19/2012	24,964,788.	EQUIPMENT LEASING		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	10/29/2014	32,639,702.	EQUIPMENT LEASING		X		X		X
C	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12/23/2014	17,899,520.	EQUIPMENT LEASING		X		X		X
D	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12/12/2013	24,980,927.	EQUIPMENT LEASING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	19,865,469.	7,417,712.	4,949,548.	14,829,671.
2	Amount of bonds legally defeased				
3	Total proceeds of issue	24,964,788.	32,639,702.	17,899,520.	24,980,927.
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	108,204.	73,500.	92,993.	80,992.
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	24,856,584.	32,566,202.	17,806,527.	24,899,935.
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2012	2014	2014	2013
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	No: X	No: X	No: X	No: X
15	Were the bonds issued as part of an advance refunding issue?	No: X	No: X	No: X	No: X
16	Has the final allocation of proceeds been made?	Yes: X	Yes: X	Yes: X	Yes: X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	Yes: X	Yes: X	Yes: X	Yes: X

Part III Private Business Use

		A	B	C	D
		Yes / No	Yes / No	Yes / No	Yes / No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	No: X	No: X	No: X	No: X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	No: X	No: X	No: X	No: X

SCHEDULE K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

▶ Attach to Form 990.

▶ Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	04/29/2015	59,972,839.	IT SYSTEM IMPLEMENTATION		X		X		X
B	DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	000000000	12/03/2015	50,095,000.	IT SYSTEM IMPLEMENTATION		X		X		X
C												
D												

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	59,972,839.	50,095,000.		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	101,220.	95,000.		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	59,871,619.	50,000,000.		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015	2015		
		Yes / No	Yes / No	Yes / No	Yes / No
14	Were the bonds issued as part of a current refunding issue?	/ X	/ X	/	/
15	Were the bonds issued as part of an advance refunding issue?	/ X	/ X	/	/
16	Has the final allocation of proceeds been made?	X /	X /	/	/
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X /	X /	/	/

Part III Private Business Use

		A	B	C	D
		Yes / No	Yes / No	Yes / No	Yes / No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	/ X	/ X	/	/
2	Are there any lease arrangements that may result in private business use of bond-financed property?	/ X	/ X	/	/

Part III Private Business Use *(Continued)*

MORTGAGES & FACILITY IMPROVEMENTS

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X			X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X				
c Are there any research agreements that may result in private business use of bond-financed property?	X			X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X						
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	.4870 %		.2400 %		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	.4870 %		.2400 %		%		%	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X	X			X		
b Exception to rebate?	X			X		X	X	
c No rebate due?	X			X	X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b Name of provider	MERRILL LYNCH							
c Term of hedge	15.500							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?	X							

Part III Private Business Use *(Continued)*

EQUPMENT LEASES - SCHEDULE #1

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part III Private Business Use *(Continued)*

EQUIPMENT LEASES - SCHEDULE #2

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	%		%		%		%	
6 Total of lines 4 and 5	%		%		%		%	
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b Name of provider	DEFFA BANK							
c Term of GIC	16.500							
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6 Were any gross proceeds invested beyond an available temporary period?		X		X				X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

PROCEEDS - PART II, COLUMN A, LINE 3

THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN(E)

DUE TO INVESTMENT EARNINGS.

PROCEEDS - PART II, COLUMN A, LINE 3

THE TOTAL PROCEEDS DO NOT EQUAL THE SUMMATION OF LINE 4-12 DUE TO

TRANSFERRED OR REPLACEMENT PROCEEDS IN LINE 4.

ARBITRAGE - PART IV, COLUMN A, LINE 2C

ISSUER NAME: DORMITORY AUTHORITY OF THE STATE OF NEW YORK

DATE THE REBATE COMPUTATION WAS PERFORMED:

COLUMN A: 01/31/2013

PROCEEDS - PART II, COLUMN B, LINE 3

THE TOTAL PROCEEDS DO NOT AGREE TO THE ISSUE PRICE IN PART I, COLUMN (E)

AS THIS DEBT WAS ISSUED ON A DRAW-DOWN BASIS AND THE TOTAL PRINCIPAL

AVAILABLE HAS NOT YET BEEN DRAWN.

PROCEEDS - PART II, COLUMN C, LINE 3

DASNY'S $562,510,000 STATE PERSONAL INCOME TAX REVENUE BOND (GENERAL

PURPOSE), SERIES 2010E, PROVIDED FINANCING FOR SEVERAL BORROWERS. OF THE

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) *(Continued)*

AMOUNT IN PART II, LINE 3, $19,400,000 REPRESENTS THE AMOUNT OF THE BOND ORIGINALLY ALLOCATED TO YESHIVA UNIVERSITY. IN 2015, MONTEFIORE MEDICAL CENTER ASSUMED THE REMAINING $16.4 MILLION OF THE DEBT FROM YESHIVA UNIVERSITY.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open To Public Inspection

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number
13-1740114

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	17.	4,703,752.	CURRENT MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )				
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	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.	2016 Open to Public Inspection

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FORM 990, PART VI, SECTION A, LINE 6:

MONTEFIORE HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF MONTEFIORE MEDICAL CENTER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF TRUSTEES OF MONTEFIORE HEALTH SYSTEM, INC., THE SOLE MEMBER OF MONTEFIORE MEDICAL CENTER, HAS THE AUTHORITY TO APPOINT THE BOARD OF TRUSTEES OF MONTEFIORE MEDICAL CENTER.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF TRUSTEES OF MONTEFIORE HEALTH SYSTEM, INC., THE SOLE MEMBER OF MONTEFIORE MEDICAL CENTER, HAS THE AUTHORITY TO APPROVE THE OPERATING AND CAPITAL BUDGETS OF MONTEFIORE MEDICAL CENTER.

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

THE FORM 990 WAS PREPARED BY THE MONTEFIORE'S FINANCE DEPARTMENT WITH THE ASSISTANCE OF VARIOUS DEPARTMENTS THROUGHOUT THE MEDICAL CENTER. THE FORM 990 WAS REVIEWED AND APPROVED BY THE VICE PRESIDENT-FINANCE AND THE MEDICAL CENTER'S SENIOR LEADERSHIP TEAM INCLUDING THE CHIEF FINANCIAL OFFICER. IN ADDITION, AN INDEPENDENT ACCOUNTING FIRM WAS ENGAGED TO REVIEW THE FORM 990. UPON COMPLETION OF THE VARIOUS REVIEWS, THE FORM 990 WAS PRESENTED TO THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND APPROVAL. ONCE APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES, THE FORM 990 WAS PROVIDED TO ALL MEMBERS OF MONTEFIORE

MEDICAL CENTER'S GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 12C:
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE DISCLOSURE POLICY BY MEANS OF A SURVEY DEVELOPED BY COUNSEL AND APPROVED BY THE LEGAL AND COMPLIANCE COMMITTEES OF THE BOARD OF TRUSTEES. THE SURVEY IS SENT TO ALL TRUSTEES, OFFICERS AND KEY EMPLOYEES FOR COMPLETION. ALL SURVEY RESPONSES ARE REVIEWED BY THE COMPLIANCE OFFICER. ANY POTENTIAL CONFLICTS IDENTIFIED IN THE RESPONSES ARE DISCUSSED WITH SENIOR MANAGEMENT AND/OR THE LEGAL AND COMPLIANCE COMMITTEES OF THE BOARD OF TRUSTEES. POTENTIAL ACTIONS TO BE TAKEN IN RESPONSE TO A CONFLICT IS ONE OR MORE OF THE FOLLOWING: 1)DISCLOSURE OF CONFLICT; 2)INDIVIDUAL RECUSAL FROM DECISIONS FOR TRANSACTIONS WHERE THAT INDIVIDUAL MAY HAVE A CONFLICT; 3)REQUEST THE INDIVIDUAL TO ALLEVIATE THE CONFLICT; OR 4)REMOVAL OF THE INDIVIDUAL FROM THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION B, LINE 15A & LINE 15B:
ALL OFFICERS AND KEY EMPLOYEES ARE EMPLOYED AND PAID BY EITHER MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM, INC. OR MONTEFIORE HEALTH SYSTEM, INC., THE PARENT COMPANY OF MONTEFIORE HEALTH SYSTEM, INC. AND MONTEFIORE MEDICAL CENTER, RESPECTIVELY.

MONTEFIORE IS COMMITTED TO ENSURING THAT ITS EXECUTIVE COMPENSATION PROGRAM ADHERES TO THE HIGHEST STANDARDS OF REGULATORY COMPLIANCE AND BEST CORPORATE GOVERNANCE. THE MONTEFIORE BOARD OF TRUSTEES HAS CHARGED THE COMPENSATION COMMITTEE OF THE BOARD (WHICH IS COMPRISED OF

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INDEPENDENT BOARD MEMBERS WITH NO CONFLICTS OF INTEREST IN REGARDS TO EXECUTIVE COMPENSATION) WITH MAKING ALL DECISIONS RELATED TO COMPENSATION FOR OFFICERS AND KEY EMPLOYEES. ALL DECISIONS MADE BY THE COMPENSATION COMMITTEE ARE APPROPRIATELY AND TIMELY DOCUMENTED IN MEETING MINUTES. THE COMPENSATION COMMITTEE'S REVIEW PROCESS FOLLOWS THE INTERMEDIATE SANCTIONS GUIDELINES FOR QUALIFYING FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS. THE COMMITTEE RETAINS AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IT WITH THIS PROCESS. COMPENSATION LEVELS ARE ESTABLISHED CONSIDERING DATA FOR COMPARABLE ORGANIZATIONS, AN ASSESSMENT OF MANAGEMENT PERFORMANCE (INCLUDING THE SERVICES PROVIDED TO THE COMMUNITY), AND OTHER BUSINESS JUDGMENT FACTORS, CONSISTENT WITH MONTEFIORE'S EXECUTIVE COMPENSATION PHILOSOPHY. THE COMMITTEE'S DECISIONS ARE MADE IN THE BEST INTEREST OF MONTEFIORE, AND ARE INTENDED TO ENSURE THE RECRUITMENT AND RETENTION OF KEY EXECUTIVE TALENT, CONSISTENT WITH THE MARKET PRACTICES OF OTHER NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS OF COMPARABLE SCOPE, MISSION AND COMPLEXITY. ON AN ANNUAL BASIS, THE COMMITTEE PROVIDES THE FULL BOARD OF TRUSTEES WITH A DESCRIPTION OF THE COMMITTEE'S REVIEW AND APPROVAL PROCESS AND ITS DECISIONS.

FORM 990, PART VI, SECTION C, LINE 19:
THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

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FORM 990, PART XI, LINE 9:

THE OTHER CHANGE IN NET ASSETS REDUCTION OF $53,185,988 WAS DUE TO THE FOLLOWING:

- AFFILIATE EQUITY TRANSFERS ($64,509,889)
- DECREASE IN DEFINED PENSION AND OTHER POSTRETIREMENT PLAN LIABILITIES TO BE RECOGNIZED IN FUTURE PERIODS $6,719,753
- GAIN ON REFINANCING OF FHA DEBT $4,604,148

ATTACHMENT 1

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

MISSION: TO HEAL, TO TEACH, TO DISCOVER AND TO ADVANCE THE HEALTH OF THE COMMUNITIES WE SERVE.

VISION: TO BE A PREMIER ACADEMIC MEDICAL CENTER THAT TRANSFORMS HEALTH AND ENRICHES LIVE.

VALUES: HUMANITY, INNOVATION, TEAMWORK, DIVERSITY AND EQUITY - OUR VALUES DEFINE OUR PHILOSOPHY OF CARE. THEY SHAPE OUR ACTIONS AND MOTIVATE AND INSPIRE US TO PURSUE EXCELLENCE AND ACHIEVE OUR GOALS.

SINCE 1884, MONTEFIORE HAS CARED FOR THE CHRONICALLY ILL AND HAS MADE IT A PRIORITY TO IMPROVE THE QUALITY OF LIFE FOR UNDERSERVED POPULATIONS. THIS FOUNDING BELIEF IS THE CORNERSTONE OF OUR MISSION, VISION AND VALUES. MONTEFIORE'S MISSION IS ROOTED IN OUR ENDURING COMMITMENT TO PROVIDE ONE STANDARD OF EXCELLENT CARE TO ALL PATIENTS - REGARDLESS OF THEIR BACKGROUNDS OR ABILITY TO PAY.

MONTEFIORE, THE UNIVERSITY HOSPITAL FOR ALBERT EINSTEIN COLLEGE OF

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ATTACHMENT 1 (CONT'D)

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

MEDICINE, COMBINES NATIONALLY-RENOWNED CLINICAL AND RESEARCH EXPERTISE WITH COMPASSIONATE, PATIENT-CENTERED CARE. BUILDING UPON OUR RICH HISTORY OF INNOVATION AND COMMUNITY SERVICE, MONTEFIORE SEEKS TO ADVANCE HEALTH IN OUR COMMUNITIES AND SERVE AS A NATIONAL MODEL FOR AN ACCOUNTABLE HEALTH SYSTEM.

ATTACHMENT 2

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

PATIENT CARE

ESTABLISHED IN 1884 AS A HOSPITAL FOR PATIENTS WITH CHRONIC ILLNESSES, MONTEFIORE IS A FULL-SERVICE INTEGRATED HEALTHCARE DELIVERY SYSTEM SERVING A LARGE AND COMPLEX URBAN POPULATION, A DISTINGUISHED ACADEMIC MEDICAL CENTER WITH RENOWNED FACULTY, AN INNOVATIVE RESEARCH CENTER PIONEERING SCIENTIFIC BREAKTHROUGHS AND MEDICAL "FIRSTS" AND AN EXCEPTIONALLY DEDICATED COMMUNITY PARTNER WITH AN UNPARALLELED ROSTER OF INNOVATIVE PROGRAMS AND SERVICES THAT ADDRESS NEEDS RANGING FAR BEYOND MEDICAL CARE.

MONTEFIORE'S MISSION IS TO HEAL, TO TEACH, TO DISCOVER AND TO ADVANCE THE HEALTH OF THE COMMUNITIES IT SERVES. TO THIS MISSION MONTEFIORE BRINGS A UNIQUE SYNERGY OF STRENGTHS AND RESOURCES. THE MONTEFIORE DELIVERY SYSTEM OFFERS A FULL RANGE OF HEALTHCARE SERVICES (PREVENTIVE, PRIMARY, SPECIALTY, ACUTE AND POST ACUTE) TO THE NEARLY 2 MILLION RESIDENTS OF THE BRONX, NEW YORK AND NEARBY WESTCHESTER COUNTY. MONTEFIORE ALSO SERVES AS A TERTIARY CARE

ATTACHMENT 2 (CONT'D)

REFERRAL CENTER FOR PATIENTS ACROSS THE METROPOLITAN AREA, THE NATION AND THE WORLD, AND IS KNOWN FOR ADVANCED CARE IN NUMEROUS SPECIALTIES, INCLUDING CARDIOLOGY AND CARDIAC SURGERY, CANCER CARE, CHILDREN'S HEALTH, TISSUE AND ORGAN TRANSPLANTATION, WOMEN'S HEALTH, SURGERY AND SURGICAL SUBSPECIALTIES.

MONTEFIORE COMBINES ITS DEEP COMMITMENT TO THE COMMUNITY WITH NATIONALLY-RENOWNED EXPERTISE TO REACH PEOPLE AT CONVENIENT LOCATIONS. THROUGH THE MONTEFIORE SCHOOL HEALTH PROGRAM (THE LARGEST AND MOST COMPREHENSIVE SCHOOL-BASED HEALTH PROGRAM IN THE COUNTRY), PRIMARY CARE AT HOME PROGRAMS, MOBILE MEDICAL AND DENTAL HEALTH VANS AND HEALTH EDUCATION INITIATIVES, MONTEFIORE PROVIDES PRIMARY CARE SERVICES IN NON-TRADITIONAL SETTINGS.

MONTEFIORE IS INCREASINGLY RECOGNIZED FOR SUCCESS IN DELIVERING HIGH-QUALITY CARE TO A LARGE URBAN COMMUNITY, HARNESSING THE POWER OF HEALTH INFORMATION TECHNOLOGY AND USING CARE MANAGEMENT TOOLS TO IMPROVE QUALITY, SAFETY AND OUTCOMES WHILE CONTROLLING COSTS. TO HELP PATIENTS, ESPECIALLY THOSE WITH CHRONIC DISEASES, ACHIEVE A BETTER QUALITY OF LIFE AND REDUCED HOSPITALIZATIONS, MONTEFIORE GOES BEYOND THE FRAGMENTED FEE-FOR-SERVICE PAYMENT SYSTEM, ASSUMING TOTAL RESPONSIBILITY FOR THE QUALITY AND COSTS OF CARE FOR SOME OF ITS SICKEST PATIENTS. THROUGH THE MONTEFIORE IPA, INC. (MIPA), THE CARE MANAGEMENT COMPANY, LLC (CMO) AND BRONX ACCOUNTABLE HEALTHCARE NETWORK IPA, INC., DBA MONTEFIORE

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ATTACHMENT 2 (CONT'D)

ACCOUNTABLE CARE ORGANIZATION IPA (ACO), A GLOBAL PREPAYMENT STRATEGY IS USED TO MANAGE CARE OVER THE CONTINUUM, INCLUDING HOSPITAL CARE, REHABILITATION, OUTPATIENT CARE, PROFESSIONAL SERVICES, REMOTE PATIENT MONITORING AND OTHER PROGRAMS.

THE CMO AND ACO TAKES A PROACTIVE APPROACH TO CARE MANAGEMENT BY DEVELOPING STRATEGIES THAT HELP IMPROVE INTEGRATED, ACCOUNTABLE AND AFFORDABLE CARE THROUGHOUT THE HEALTH SYSTEM WITH THE OBJECTIVE OF REDUCING EXPENSIVE HOSPITAL BASED CARE. OUR APPROACH TO CARE MANAGEMENT STRESSES THE IMPORTANCE OF EARLY IDENTIFICATION OF PATIENTS AT RISK WORKING WITH A COLLABORATIVE, INTERDISCIPLINARY TEAM TO DEVELOP AND OVERSEE INDIVIDUALIZED CARE PLANS AND PROMOTE PATIENT SELF-MONITORING AND EDUCATION. OUR STRATEGY EMPHASIZES THE INTERACTION AND COMMUNICATION AMONG PATIENTS, HEALTHCARE PROVIDERS, CASE MANAGERS, MENTAL HEALTH AGENCIES AND OTHER ALLIED HEALTH PROFESSIONALS ALONG WITH PROGRAMS PROVIDED TO REINFORCE HEALTH EDUCATION, PROMOTE COMPLIANCE WITH TREATMENT AND PREVENTATIVE CARE GUILDLINES, MONITOR HEALTH STATUS, AND PROMOTE TIMELY INTERVENTION WHEN NEEDED. OUR CARE MANAGEMENT PROGRAMS ARE DEVELOPED TO ANTICIPATE AN INDIVIDUAL'S HEALTHCARE NEEDS, TO PROVIDE AND COORDINATE THE SCOPE OF NECESSARY HEALTH SERVICES AND TO INVOLVE THE PATIENT IN ESTABLISHING GOALS AND INDIVIDUAL CARE PLANS.

AT THE CENTER OF THE MEDICAL SYSTEM ARE FIVE HOSPITALS WITH A

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ATTACHMENT 2 (CONT'D)

TOTAL OF 1,536 BEDS THAT PROVIDE OVER 94,000 INPATIENT DISCHARGES ANNUALLY, INCLUDING OVER 5,300 BIRTHS AND MULTIPLE AMBULATORY SERVICES:

- THE 658 BED HENRY AND LUCY MOSES DIVISION;
- THE 421 BED JACK D. WEILER HOSPITAL OF ALBERT EINSTEIN COLLEGE OF MEDICINE;
- THE 136 BED CHILDREN'S HOSPITAL AT MONTEFIORE, RECOGNIZED AS ONE OF "AMERICA'S BEST CHILDREN'S HOSPITALS" IN U.S. NEWS & WORLD REPORT'S RANKINGS;
- THE 321 BED WAKEFIELD DIVISION (FORMERLY THE NORTH DIVISION RENAMED TO REFLECT ITS ANCHOR ROLE IN THE COMMUNITY);
- MONTEFIORE WESTCHESTER SQUARE (THE FORMER NEW YORK WESTCHESTER SQUARE HOSPITAL) OPERATING AS A FREE STANDING EMERGENCY DEPARTMENT AND AMBULATORY SURGERY FACILITY;
- THE MONTEFIORE HUTCHINSON CAMPUS - THE INNOVATIVE "HOSPITAL WITHOUT BEDS" PROVIDING WORLD-CLASS TREATMENT WITH THE LATEST TECHNOLOGY AND THE BEST OF MULTIDISCIPLINARY APPROACH TO CARE, ENABLING PATIENTS TO BE TREATED EFFECTIVELY AND SAFELY WITHOUT BEING HOSPITALIZED.

MONTEFIORE ALSO OPERATES EXTENSIVE AMBULATORY CARE SERVICES CONNECTED BY A ROBUST HEALTH INFORMATION TECHNOLOGY SYSTEM THROUGH A NETWORK OF MORE THAN 150 LOCATIONS - FROM COMMUNITY-BASED AMBULATORY CARE CENTERS TO SCHOOL-BASED HEALTH CENTERS TO MOBILE CLINICS:

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ATTACHMENT 2 (CONT'D)

- MONTEFIORE'S EMERGENCY DEPARTMENTS, AMONG THE BUSIEST IN THE NATION, TREATS MORE THAN 328,000 PATIENTS ANNUALLY;

- THE HOSPITAL BASED CLINICS PROVIDES OVER 346,000 VISITS A YEAR;

- THE PHYSICIAN PRACTICES PROVIDES MORE THAN 1.1 MILLION OFFICE VISITS ANNUALLY;

- MONTEFIORE MEDICAL GROUP, A NETWORK WITH OVER 350 PRIMARY CARE PHYSICIANS AT 21 COMMUNITY BASED LOCATIONS THROUGHOUT THE BRONX AND WESTCHESTER, PROVIDES OVER 788,000 VISITS A YEAR;

- MONTEFIORE HOME CARE PROGRAM PROVIDES OVER 191,000 VISITS EACH YEAR TO HOMEBOUND PATIENTS;

- THE MONTEFIORE SCHOOL HEALTH PROGRAM, THE LARGEST IN THE NATION, WITH 23 SCHOOL-BASED HEALTH CENTERS SERVES MORE THAN 25,000 CHILDREN ANNUALLY;

- THE MONTEFIORE SUBSTANCE ABUSE AND TREATMENT PROGRAM OPERATING 11 SITE SUBSTANCE ABUSE TREATMENT PROGRAM OFFERS DRUG TREATMENT AND REHABILITATION SERVICES AND COMPREHENSIVE PRIMARY CARE TO A POPULATION OF 4,500 RECOVERING ABUSERS IN COMMUNITIES ACROSS THE BRONX;

- TARGETED OUTREACH SERVICES TO AT-RISK POPULATIONS INCLUDING PROGRAMS SERVING THE HOMELESS AND VICTIMS OF DOMESTIC VIOLENCE, MOTHERS AT RISK OF PREMATURE BIRTH, AS WELL AS SERVICES TO HOMEBOUND AND/OR FRAGILE SENIORS IN COMMUNITY-BASED SETTINGS THROUGHOUT THE BRONX.

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ATTACHMENT 2 (CONT'D)

AT THE INTERSECTION OF ALBERT EINSTEIN COLLEGE OF MEDICINE AND MONTEFIORE ARE CENTERS OF EXCELLENCE IN CANCER CARE, CARDIOVASCULAR SERVICES, THE CHILDREN'S HOSPITAL, TRANSPLANTATION AND NEUROSCIENCES. IN THESE CENTERS, RENOWNED INVESTIGATORS AND MULTIDISCIPLINARY CLINICAL TEAMS COLLABORATE TO DEVELOP AND DELIVER THE ADVANCED, INNOVATIVE CARE AVAILABLE ONLY AT PREMIER ACADEMIC MEDICAL CENTERS AND THE SEAMLESS CONTINUUM OF SERVICES THAT ENSURES AN IDEAL PATIENT EXPERIENCE.

MONTEFIORE MEDICAL CENTER IS GUIDED BY A MISSION TO PROVIDE HIGH QUALITY CARE FOR ALL ITS PATIENTS, INCLUDING THOSE IN OUR SERVICE AREA WHO LACK HEALTH INSURANCE COVERAGE AND WHO CANNOT PAY FOR ALL OR PART OF THE ESSENTIAL CARE THEY RECEIVE. THE MEDICAL CENTER IS COMMITTED TO MAINTAINING CHARITY CARE POLICIES THAT ARE CONSISTENT WITH ITS MISSION AND VALUES OF ADVANCING THE HEALTH OF THE COMMUNITIES THAT IT SERVES IN PROVIDING ONE STANDARD OF EXCELLENT CARE TO ALL PATIENTS REGARDLESS OF THEIR BACKGROUND OR ABILITY TO PAY.

FOR MORE THAN 100 YEARS, MONTEFIORE HAS BEEN A LEADER IN INNOVATIONS, NEW TREATMENTS, NEW PROCEDURES AND NEW APPROACHES TO PATIENT CARE THAT HAS PRODUCED STELLAR OUTCOMES AND HELPED TO RAISE THE BAR FOR MEDICAL CENTERS IN THE REGION AND NATIONALLY. AS MONTEFIORE BUILDS ON THIS MOMENTUM AND THESE ACCOMPLISHMENTS, WE CONTINUE TO STRIVE TO ADVANCE THE PRACTICE OF MEDICINE AND SET THE

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ATTACHMENT 2 (CONT'D)

STANDARDS FOR EXCELLENCE.

ATTACHMENT 3

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

MEDICAL EDUCATION & RESEARCH

MEDICAL EDUCATION

MONTEFIORE IS THE UNIVERSITY HOSPITAL FOR ALBERT EINSTEIN COLLEGE OF MEDICINE, ONE OF THE NATION'S PREMIER INSTITUTIONS FOR MEDICAL EDUCATION, BASIC RESEARCH AND CLINICAL INVESTIGATIONS. THIS STRONG ALIGNMENT ENABLES MONTEFIORE TO ADVANCE CLINICAL AND TRANSLATIONAL RESEARCH RESULTS MORE RAPIDLY TO THE BEDSIDE AND TO THE MEDICAL COMMUNITY, AND EDUCATE THE NEXT GENERATION OF PHYSICIANS, HEALTHCARE LEADERS AND INVESTIGATORS.

IN PLACE ARE EXTENSIVE TRAINING PROGRAMS FOR MEDICAL STUDENTS, RESIDENTS AND FELLOWS. ANNUALLY, OVER 1,400 RESIDENTS AND FELLOWS ARE TRAINED IN MORE THAN 150 ACCREDITED RESIDENCY AND FELLOWSHIP PROGRAMS MAKING MONTEFIORE THE SECOND LARGEST RESIDENCY PROGRAM IN THE COUNTRY. MONTEFIORE AND EINSTEIN'S PARTNERSHIP PROVIDES RESIDENTS AND FELLOWS WITH AN EXCEPTIONAL ENVIRONMENT FOR RESEARCH TRAINING AND PARTICIPATION IN BASIC, TRANSLATIONAL AND CLINICAL ACTIVITIES. MONTEFIORE PROVIDES THE DOCTORS OF TOMORROW A UNIQUE OPPORTUNITY FOR EDUCATION AND TRAINING IN ONE OF THE MOST DIVERSE URBAN AREAS IN THE COUNTRY CARING FOR A GLOBAL POPULATION WHERE THE DISEASE BURDEN IS HIGH AND THE NEED FOR QUALITY CARE IS GREAT.

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ATTACHMENT 3 (CONT'D)

MONTEFIORE IS DEDICATED TO CULTIVATING THE ETHICAL AND PROFESSIONAL DEVELOPMENT OF ALL OF ITS TRAINEES. MONTEFIORE'S PHYSICIANS ARE AT THE FOREFRONT OF THEIR FIELDS, ACTIVELY MENTORING AND CULTIVATING A NEW GENERATION OF PHYSICIANS AND SCIENTISTS COMMITTED TO OUR MISSION AND VALUES OF ADVANCING THE FRONT LINE OF HEALTH AND LEADING THE WAY IN TWENTY-FIRST CENTURY MEDICINE AND PATIENT CARE. MONTEFIORE TRAINING EXPERIENCE - CLINICALLY ADVANCED AND GROUNDED IN OUR ORGANIZATIONAL VALUES OF HUMANITY, INNOVATION, TEAMWORK AND EQUITY - EXTENDS TO ALL DISCIPLINES. IN 2016, OVER 1,600 UNDERGRADUATE AND GRADUATE NURSING STAFF TRAINED AT MONTEFIORE AS DID HUNDREDS OF SOCIAL WORKERS, NUTRITIONISTS AND PHARMACISTS.

MONTEFIORE TRAINING ALSO EXTENDS BEYOND THE GRADUATE LEVEL. THE CENTER FOR CONTINUING MEDICAL EDUCATION (CCME) AT MONTEFIORE MEDICAL CENTER AND ALBERT EINSTEIN COLLEGE OF MEDICINE, FOUNDED IN 1976, IS ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME). THE CENTER HAS PROVIDED HUNDREDS OF CME ACTIVITIES AND CME CREDITS TO THOUSANDS OF PRACTITIONERS.

RECOGNIZING THE VITAL IMPORTANCE OF DEVELOPING AND EMBRACING INNOVATIVE TECHNIQUES AND TREATMENTS, MONTEFIORE IS COMMITTED TO THE UTILIZATION OF RESOURCES FOR THE ADVANCEMENT OF PHYSICIANS' EDUCATION AND DELIVERY OF CARE.

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ATTACHMENT 3 (CONT'D)

RESEARCH

MONTEFIORE'S LARGE BIOMEDICAL AND CLINICAL RESEARCH INITIATIVES INCLUDE INQUIRY INTO A RANGE OF MEDICAL AND HEALTH CARE DELIVERY ISSUES, INCLUDING BASIC RESEARCH INTO THE FUNDAMENTAL PROCESS OF DISEASE AND ITS TREATMENT IN HUMANS, CLINICAL TRIALS AND RELATED CLINICAL RESEARCH AND RESEARCH INTO THE ORGANIZATION AND MANAGEMENT OF HEALTH CARE SERVICES. MONTEFIORE IS AMONG 60 ACADEMIC MEDICAL CENTERS NATIONWIDE TO BE AWARDED THE PRESTIGIOUS CLINICAL AND TRANSLATIONAL SCIENCE AWARD (CTSA) BY THE NATIONAL INSTITUTES OF HEALTH (NIH). THE NATIONAL INSTITUTES OF HEALTH, ALONG WITH OTHER FEDERAL, STATE AND OTHER FUNDING, SUPPORTS RESEARCH IN SUCH AREAS AS AIDS, ONCOLOGY, PEDIATRICS, ANESTHESIOLOGY, EMERGENCY MEDICINE, NEUROLOGY, PATHOLOGY, SOCIAL MEDICINE AND OTHER CLINICAL PROGRAMS. MONTEFIORE AND EINSTEIN ARE ALIGNED AROUND SHARED GOALS, WITH SPECIAL EMPHASIS ON ADVANCING CLINICAL AND TRANSLATIONAL RESEARCH TO ACCELERATE THE PACE AT WHICH NEW DISCOVERIES BECOME THE TREATMENTS AND THERAPIES OF TODAY.

SINCE 1963, MONTEFIORE HAS SERVED AS THE UNIVERSITY HOSPITAL OF EINSTEIN, A POWERFUL COLLABORATION BETWEEN TWO OF THE NATION'S PRE-EMINENT MEDICAL INSTITUTIONS THAT FOSTERS THE CREATION OF KNOWLEDGE BY ATTRACTING WORLD-RENOWNED LEADERS IN THEIR FIELDS AND PROMOTING OPPORTUNITIES FOR BASIC TRANSLATIONAL AND CLINICAL RESEARCH. THIS BOND WAS STRENGTHEN FURTHER BY THE SEPTEMBER 9, 2015 AGREEMENT WITH YESHIVA UNIVERSITY WHERE MONTEFIORE ASSUMED

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ATTACHMENT 3 (CONT'D)

OPERATIONAL AND FINANCIAL CONTROL OF THE ALBERT EINSTEIN COLLEGE OF MEDICINE. RECENTLY, MONTEFIORE AND EINSTEIN HAVE SUCCESSFULLY COLLABORATED TO SECURE A NATIONAL INSTITUTE OF HEALTH FUNDED $22.5 MILLION CLINICAL AND TRANSLATIONAL SCIENCE AWARD TO CREATE A RESEARCH INFRASTRUCTURE TO SUPPORT AND PROMOTE CLINICAL AND TRANSLATIONAL RESEARCH. MONTEFIORE RESEARCHERS ARE CURRENTLY INVOLVED IN MORE THAN 400 CLINICAL TRIALS AND RESEARCH STUDIES, HELPING TO TRANSLATE SCIENTIFIC BREAKTHROUGHS INTO CUTTING EDGE DIAGNOSTICS AND INNOVATIVE TREATMENTS.

ATTACHMENT 4

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

COMMUNITY SERVICES

SERVICES TO THE COMMUNITY ARE AN EXPLICIT AND ESSENTIAL COMPONENT OF MONTEFIORE'S MISSION AND ONE OF ITS MOST VALUED TRADITIONS. THE MEDICAL CENTER HAS A LONG HISTORY OF REACHING BEYOND THE WALLS OF ITS HOSPITALS TO IDENTIFY AND MEET THE NEEDS OF ITS COMMUNITY AND HAS BEEN A NATIONAL LEADER IN ORGANIZING AND EXPANDING COMMUNITY-BASED SERVICES. MONTEFIORE'S COMMITMENT TO THE COMMUNITY HAS REQUIRED A MULTIFACETED, CONTINUALLY EVOLVING RESPONSE, IN WHICH THE UNIQUE CAPACITIES OF THE ACADEMIC MEDICAL CENTER ARE MOBILIZED TO IMPROVE THE LIVES OF THE PEOPLE AND THE COMMUNITIES SERVED-NOT JUST MEDICALLY, BUT SOCIALLY, ECONOMICALLY AND ENVIRONMENTALLY, WHEREVER AND WHENEVER RESOURCES CAN MAKE A DIFFERENCE. THE MEDICAL CENTER HAS MAINTAINED AND EXPANDED ITS

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ATTACHMENT 4 (CONT'D)

RANGE OF COMMUNITY SERVICES, REACHING OUT TO AND SERVING UN-MET HEALTH NEEDS, INCLUDING THOSE WITH POOR ACCESS TO COMPREHENSIVE PRIMARY CARE, AT-RISK AND HARD TO REACH CHILDREN AND THEIR FAMILIES, UNDERSERVED AND AT-RISK SENIOR CITIZENS, THOSE AFFECTED BY CANCER, THOSE AFFECTED BY THE CONTINUING HIV EPIDEMIC IN THE BRONX, PERSONS WITH OR AT-RISK FOR TUBERCULOSIS INFECTION, PERSONS AFFECTED WITH PROBLEMS OF SUBSTANCE ABUSE, THE HOMELESS, ADULTS AND CHILDREN WITH LIMITED ACCESS TO PRIMARY DENTAL CARE AND THOSE AFFECTED BY CHRONIC HEALTH CARE DISEASES SUCH AS CONGESTIVE HEART FAILURE, DIABETES AND ASTHMA.

EMBRACING ITS SOCIAL RESPONSIBILITY TO THE COMMUNITY, MONTEFIORE IS NATIONALLY KNOWN AS A PIONEER IN PROGRAMS THAT ARE TAILORED TO THE SPECIFIC NEEDS OF THE COMMUNITY. MONTEFIORE HAS BEEN IN THE VANGUARD OF INTERVENTION TO COMBAT SUCH CONDITIONS AS HIV DISEASE, TUBERCULOSIS AND LEAD POISONING PREVENTION. MONTEFIORE HAS SHARPENED THE FOCUS ON SUCH ISSUES AS CHILDHOOD OBESITY, DIABETES, IMPROVING COMMUNITY ACCESS TO FRESH, HEALTHY FOODS AT GREEN MARKETS AND REDUCING HEALTHCARE DISPARITIES. MONTEFIORE IS ALIGNING COMPONENTS OF THE DELIVERY SYSTEM TO HELP IMPROVE PUBLIC OUTCOMES AND BUILDING BEHAVIORAL AND POPULATION-BASED RESEARCH TO IDENTIFY BEST PRACTICES.

THE COMMUNITY SERVED BY MONTEFIORE, BY SEVERAL MEASURES, FACES MANY CHALLENGES. IT IS RANKED THE POOREST URBAN COUNTY IN THE COUNTRY, LEADS THE NATION IN RATES OF DIABETES AND OBESITY AND

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Employer identification number: 13-1740114

ATTACHMENT 4 (CONT'D)

OTHER CHRONIC CONDITIONS AND LEADS NEW YORK CITY IN A HOST OF SIGNIFICANT MARKERS: PEOPLE IN "FAIR OR POOR HEALTH", LOW BIRTH WEIGHT, TEEN PREGNANCY, CHILDREN IN POVERTY, DISABLED INDIVIDUALS AND FAMILIES LIVING BELOW THE POVERTY LINE. MONTEFIORE IS CONTINUOUSLY WORKING TO HELP THE COMMUNITY MAINTAIN A SENSE OF SECURITY AND ECONOMIC STABILITY, AS WELL AS TO IMPROVE SUCH QUALITY-OF-LIFE FUNDAMENTALS AS EDUCATION AND AFFORDABLE HOUSING. MONTEFIORE SEEKS TO ADVANCE LIFE IN THE BRONX BEYOND THE TRADITIONAL BOUNDS OF HEALTHCARE, BY LEADING DEVELOPMENT EFFORTS, PROMOTING SAFE AND PRODUCTIVE NEIGHBORHOODS AND TAKING A LEADERSHIP ROLE IN COMMUNITY BUSINESS DEVELOPMENT. MONTEFIORE IS AN ADVOCATE AND PARTNER WITH OUR NEIGHBORS IN THE BRONX, HELPING TO SUSTAIN THE COMMUNITY THAT SUSTAINS US.

ATTACHMENT 5

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EPIC SYSTEMS CORPORATION P.O. BOX 88314 MILWAUKEE, WI 53288-0314	IT CLINICAL/BILL SYS	21,269,084.
OPTIMUM HEALTHCARE IT, LLC P.O. BOX 741383 ATLANTA, GA 30384-1383	IT CONSULTING	16,982,846.
FASTAFF, INC. P.O. BOX 911452 DENVER, CO 80291-1452	TEMPORARY NURSES	16,305,411.
CROSS COUNTRY STAFFING, INC. P.O. BOX 404674 ATLANTA, GA 30384	TEMPORARY NURSES	15,218,246.

Name of the organization
MONTEFIORE MEDICAL CENTER

Employer identification number
13-1740114

ATTACHMENT 5 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
QUEST DIAG NICHOLS INSTITUTE, INC. 12436 COLLECTION CENTER DRIVE CHICAGO, IL 60693-2436	OUTSIDE LAB SERVICES	5,835,861.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) MONTEFIORE PROTON ACQUISITION, L.L.C. 27-3994795 111 EAST 210TH ST. BRONX, NY 10467	PROTON THER	NY	0.	0.	MMC
(2) CMO THE CARE MANAGEMENT COMPANY, L.L.C. 13-3991307 111 EAST 210TH STREET BRONX, NY 10467	CARE MGMT SER	NY	65,693,474.	-38432436.	MMC
(3) MMC INITIATIVES, LLC 45-3962827 111 EAST 210TH STREET BRONX, NY 10467	HIV SERVICES	NY	0.	0.	MMC
(4) MONTEFIORE HUDSON VALLEY COLLABORATIVE, 47-3389736 111 EAST 210TH STREET BRONX, NY 10467	PERFORM PROV	NY	13,337,306.	13,826,507.	MMC
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MMC CORPORATION 13-3430322 111 EAST 210TH STREET BRONX, NY 10467	REAL ESTATE	NY	501(C)(3)	12A TYPE I	MMC	X	
(2) MMC RESIDENTIAL CORP. NO. 1, INC. 91-1943271 3411 WAYNE AVENUE BRONX, NY 10467	STAFF HOUSING	NY	501(C)(2)		MMC	X	
(3) MONTEFIORE HOSP HOUSING SECTION II, INC. 23-7160641 3450 WAYNE AVENUE BRONX, NY 10467	STAFF HOUSING	NY	501(C)(2)		MMC	X	
(4) MOSHOLU PRESERVATION CORPORATION 13-3109387 3400 RESERVOIR OVAL EAST BRONX, NY 10467	COMMUNITY SER	NY	501(C)(3)	12B TYPE II	MMC	X	
(5) GUN HILL MRI, P.C. 13-3734486 200 EAST GUNHILL ROAD BRONX, NY 10467	DIAG SERVICES	NY	501(C)(3)	12A TYPE I	MMC	X	
(6) MONTEFIORE HEALTH SYSTEM, INC. 20-1615393 555 SOUTH BROADWAY TARRYTOWN, NY 10591	SUPPORT SERV	NY	501(C)(3)	12B TYPE II	MMAHS	X	
(7) MONTEFIORE NORTH AMBULATORY CARE CENTER 01-0796859 4134 BRONX BLVD BRONX, NY 10466	AMB SERVICES	NY	501(C)(3)	3	MHS	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) MONTEFIORE NEW ROCHELLE HOSPITAL 46-2931956 16 GUION PLACE NEW ROCHELLE, NY 10801	HOSPITAL	NY	501(C)3	3	MHS	X	
(2) MONTEFIORE MOUNT VERNON HOSPITAL 46-2916938 12 NORTH SEVENTH AVENUE MOUNT VERNON, NY 10550	HOSPITAL	NY	501(C)3	3	MHS	X	
(3) SCHAFFER EXTENDED CARE CENTER 46-2929888 16 GUION PLACE NEW ROCHELLE, NY 10801	NURSING HOME	NY	501(C)3	3	MHS	X	
(4) MONTEFIORE FOUNDATION, INC. 47-1600439 111 EAST 210TH STREET BRONX, NY 10467	INACTIVE	NY	501(C)(3)	7	MHS	X	
(5) ALBERT EINSTEIN COLLEGE OF MEDICINE, INC 47-2209056 1300 MORRIS PARK AVENUE BRONX, NY 10461	MED SCHOOL	NY	501(C)(3)	2	MMAHS	X	
(6) MONTEFIORE MEDICINE ACAD. HLTH SYS., INC 47-1582973 555 SOUTH BROADWAY TARRYTOWN, NY 10591	SYS PARENT	NY	501(C)(3)	12B TYPE II	N/A	X	
(7) THE NYACK HOSPITAL 13-1740119 160 NORTH MIDLAND AVENUE NYACK, NY 10960	HOSPITAL	NY	501(C)(3)	3	MHS	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) WHITE PLAINS HOSPITAL MEDICAL CENTER 13-1740130 41 EAST POST ROAD WHITE PLAINS, NY 10601	HOSPITAL	NY	501(C)(3)	3	MHS	X	
(2) AECOM STAFF HOUSING CO, INC. 23-7075620 1300 MORRIS PARK AVENUE BRONX, NY 10461	STAFF HOUSING	NY	501(C)(2)		AECOM	X	
(3) MONTEFIORE CERC OPERATIONS, INC. 47-4853506 111 EAST 210TH STREET BRONX, NY 10467	REHAB CENTER	NY	501(C)(3)	3	MMC	X	
(4) WHITE PLAINS HOSPITAL FOUNDATION 13-3281507 41 EAST POST ROAD & DAVIS AVE WHITE PLAINS, NY 10601	FUNDRAISING	NY	501(C)(3)	12A TYPE I	WPHMC	X	
(5) NYACK HOSPITAL FOUNDATION 13-3245804 160 NORTH MIDLAND AVENUE NYACK, NY 10960	FUNDRAISING	NY	501(C)(3)	7	NYACK HOSP	X	
(6) THE WINIFRED MASTERSON BURKE REHAB HOSP 13-1739937 785 MAMARONECK AVENUE WHITE PLAINS, NY 10605	REHAB HOSP	NY	501(C)(3)	3	MHS	X	
(7) ST LUKE'S CORNWALL HOSPITAL 14-1340054 70 DUBOIS STREET NEWBURGH, NY 12550-4851	HOSPITAL	NY	501(C)(3)	3	MHS	X	

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) HUDSON VISTA MEDICAL, PC 45-2526738 70 DUBOIS STREET NEWBURGH, NY 12550-4851	HEALTHCARE	NY	501(C)(3)	12A TYPE I	SLCH	X	
(2) HUDSON VISTA PHYSICIAN SERVICES, PC 27-2020746 70 DUBOIS STREET NEWBURGH, NY 12550-4851	HEALTHCARE	NY	501(C)(3)	12A TYPE I	SLCH	X	
(3) ST LUKE'S CORNWALL HEALTH SYSTEM, INC. 22-3026261 70 DUBOIS STREET NEWBURGH, NY 12550-4851	HOLDING COMP	NY	501(C)(3)	12A TYPE I	MHS	X	
(4) ST LUKE'S CORNWALL HEALTH SYS FOUNDATION 22-3026263 70 DUBOIS STREET NEWBURGH, NY 12550-4851	FUNDRAISING	NY	501(C)(3)	7	SLCHS	X	
(5) AMOS AND SARAH HOLDEN HOME 14-1365995 70 DUBOIS STREET NEWBURGH, NY 12550-4851	ASST LIVING	NY	501(C)(3)	PF	SLCHS	X	
(6) GOLDSMITH D AND MARY B JOHNES HOME 14-1364666 70 DUBOIS STREET NEWBURGH, NY 12550-4851	HOME FOR AGED	NY	501(C)(3)	10	SLCHS	X	
(7)							

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) No
(1) THE MONTEFIORE IPA, INC. 13-4114915 111 EAST 210TH STREET BRONX, NY 10467	INTEG PROVR ASSOC	NY	N/A	C CORP				X	
(2) MMC GI HOLDINGS EAST, INC. 72-1610013 111 EAST 210TH STREET BRONX, NY 10467	HOLDING COMPANY	NY	N/A	C CORP				X	
(3) MMC GI HOLDINGS WEST, INC. 72-1610015 111 EAST 210TH STREET BRONX, NY 10467	HOLDING COMPANY	NY	N/A	C CORP				X	
(4) MONTEFIORE BEHAVIORAL CARE IPA NO 1, INC 13-3952750 111 EAST 210TH STREET BRONX, NY 10467	INTEG PROVR ASSOC	NY	N/A	C CORP				X	
(5) BRONX ACCOUNTABLE CARE NETWORK IPA, INC. 30-0689571 111 EAST 210TH STREET BRONX, NY 10467	INTEG PROVR ASSOC	NY	N/A	C CORP				X	
(6) MONTEFIORE CONSOLIDATED VENTURES, INC. 61-1728539 111 EAST 210TH STREET BRONX, NY 10467	HOLDING COMPANY	NY	MMC	C CORP	3,003.	1,887,820.	100.0000	X	
(7) MONTEFIORE INSURANCE COMPANY, INC. 32-0436594 111 EAST 210TH STREET BRONX, NY 10467	INACTIVE	NY	N/A	C CORP				X	

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) No
(1) HUDSON VALLEY IPA, INC. 38-3978087 111 EAST 210TH STREET BRONX, NY 10467	INACTIVE	NY	N/A	C CORP				X	
(2) MONTEFIORE INNOVATIONS, INC. 47-5106910 111 EAST 210TH STREET BRONX, NY 10467	INACTIVE	NY	N/A	C CORP				X	
(3) HIGHLAND MEDICAL, PC 13-4034481 160 NORTH MIDLAND NYACK, NY 10960	HEALTHCARE SERV	NY	N/A	C CORP				X	
(4) 8 LONGVIEW DEVELOPMENT CORP. 26-3321278 DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601	HOUSING	NY	N/A	C CORP				X	
(5) WHITE PLAINS MEDICAL DIAGNOSTIC SERV PC 45-3164626 41 EAST POST ROAD WHITE PLAINS, NY 10601	HEALTHCARE SERV	NY	N/A	C CORP				X	
(6) CANCER AND BLOOD MEDICAL SERVICES OF NY 46-2021804 41 EAST POST ROAD WHITE PLAINS, NY 10601	HEALTHCARE SERV	NY	N/A	C CORP				X	
(7) DAVIS AVENUE CORP. 13-3331643 DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601	INACTIVE	NY	N/A	C CORP				X	

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? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) No
(1) WHITE PLAINS MANAGEMENT CO, INC. 13-3331641 41 EAST POST ROAD WHITE PLAINS, NY 10601	INACTIVE	NY	N/A	C CORP				X	
(2) WPHC BUILDING CORP. 13-3676932 41 EAST POST ROAD WHITE PLAINS, NY 10601	INACTIVE	NY	N/A	C CORP				X	
(3) UNIVERSITY BEHAVIORAL ASSOCIATES, INC. 13-3877781 111 EAST 210TH STREET BRONX, NY 10467	MANAGEMENT SERV	NY	N/A	C CORP				X	
(4) WHITE PLAINS MEDICAL SERVICES 81-5369152 DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601	HEALTHCARE SERV	NY	N/A	C CORP				X	
(5) WHITE PLAINS PHYSICIAN SERVICES 81-5309615 DAVIS AVENUE AT EAST POST ROAD WHITE PLAINS, NY 10601	HEALTHCARE SERV	NY	N/A	C CORP				X	
(6) CHARITABLE REMAINDER TRUST (5)	CHAR REMR TRUST	NY	N/A	TRUST				X	
(7) SLCH CORPORATION 14-1765661 70 DUBOIS STREET NEWBURGH, NY 12250-4851	INACTIVE	NY	N/A	C CORP				X	

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	1a	X	
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
c	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d	X	
e	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	1o		X
p	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	1q	X	
r	Other transfer of cash or property to related organization(s)	1r	X	
s	Other transfer of cash or property from related organization(s)	1s	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)	THE MONTEFIORE IPA, INC.	L	241,544,446.	COST
(2)	MONTEFIORE BEHAVIORAL CARE IPA NO. 1, INC.	L	4,518,599.	COST
(3)	GUNHILL MRI, P.C.	L	5,017,119.	COST
(4)	MMC RESIDENTIAL CORP NO. 1, INC.	L	61,515.	COST
(5)	MONTEFIORE HOSPITAL HOUSING SECTION II, INC.	L	175,400.	COST
(6)	MONTEFIORE NORTH AMBULATORY CARE CENTER, INC.	L	1,265,899.	COST

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	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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)	MMC CORPORATION	K	7,650,000.	COST
(2)	MONTEFIORE HOSPITAL HOUSING SECTION II, INC.	K	110,595.	COST
(3)	MMC RESIDENTIAL CORP. NO. 1, INC.	K	2,489,000.	COST
(4)	MOSHOLU PRESERVATION CORPORATION	Q	582,126.	COST
(5)	GUNHILL MRI, P.C.	Q	2,193,793.	COST
(6)	MMC RESIDENTIAL CORP. NO. 1, INC.	Q	412,840.	COST

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

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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)	MONTEFIORE HOSPITAL HOUSING SECTION II, INC.	Q	883,848.	COST
(2)	MONTEFIORE NORTH AMBULATORY CARE CENTER, INC.	Q	6,517,389.	COST
(3)	MMC GI HOLDINGS EAST, INC.	Q	417,995.	COST
(4)	MMC GI HOLDINGS WEST, INC.	Q	467,857.	COST
(5)	UNIVERSITY BEHAVIORAL ASSOCIATES, INC.	Q	8,595,024.	COST
(6)	BRONX ACCOUNTABLE CARE NETWORK IPA, INC.	Q	11,812,200.	COST

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	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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)	MONTEFIORE NORTH AMBULATORY CARE CENTER, INC.	R	16,560,822.	COST
(2)	BRONX ACCOUNTABLE CARE NETWORK IPA, INC.	S	222,588.	COST
(3)	MONTEFIORE NEW ROCHELLE HOSPITAL	L	6,607,595.	COST
(4)	MONTEFIORE MOUNT VERNON HOSPITAL	L	2,684,523.	COST
(5)	SCHAFFER EXTENDED CARE CENTER	L	1,017,566.	COST
(6)	MONTEFIORE CERC OPERATIONS, INC.	Q	7,684,723.	COST

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	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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)	MONTEFIORE NEW ROCHELLE HOSPITAL	Q	383,463.	COST
(2)	MONTEFIORE MOUNT VERNON HOSPITAL	Q	535,768.	COST
(3)	WHITE PLAINS HOSPITAL MEDICAL CENTER	B	39,592,700.	COST
(4)	MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM	M	25,528,275.	COST
(5)	MONTEFIORE HEALTH SYSTEM, INC.	A	5,929,672.	COST
(6)	MONTEFIORE HEALTH SYSTEM, INC.	D	12,677,609.	COST

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	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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)	MONTEFIORE HEALTH SYSTEM, INC.	L	7,180,821.	COST
(2)	MONTEFIORE HEALTH SYSTEM, INC.	M	112,336,585.	COST
(3)	MONTEFIORE HEALTH SYSTEM, INC.	P	418,000.	COST
(4)	MONTEFIORE HEALTH SYSTEM, INC.	Q	4,440,457.	COST
(5)	MONTEFIORE HEALTH SYSTEM, INC.	R	9,396,127.	COST
(6)	MONTEFIORE HEALTH SYSTEM, INC.	S	6,290,016.	COST

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

		Yes	No
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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)	ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	B	8,356,366.	COST
(2)	ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	L	85,200.	COST
(3)	ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	Q	16,956,332.	COST
(4)	ALBERT EINSTEIN COLLEGE OF MEDICINE	R	4,553,496.	COST
(5)	MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM	Q	6,778,992.	COST
(6)	MONTEFIORE MEDICINE ACADEMIC HEALTH SYSTEM	R	22,697,428.	COST

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	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
g	Sale of assets to related organization(s)	1g	
h	Purchase of assets from related organization(s)	1h	
i	Exchange of assets with related organization(s)	1i	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o	Sharing of paid employees with related organization(s)	1o	
p	Reimbursement paid to related organization(s) for expenses	1p	
q	Reimbursement paid by related organization(s) for expenses	1q	
r	Other transfer of cash or property to related organization(s)	1r	
s	Other transfer of cash or property from related organization(s)	1s	

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)	AECOM STAFF HOUSING COMPANY, INC.	P	294,067.	COST
(2)	ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	M	2,300,004.	COST
(3)	ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	K	1,017,230.	COST
(4)	ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	P	25,388,199.	COST
(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? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

JSA
6E1310 1.000

Schedule R (Form 990) 2016

Part VII **Supplemental Information**

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

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning _____, 2016, and ending _____, 20____.

▶ Information about Form 990-T and its instructions is available at *www.irs.gov/form990t.*

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2016

Open to Public Inspection for 501(c)(3) Organizations Only

A ☐ Check box if address changed

B Exempt under section
☒ 501(C)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

C Book value of all assets at end of year
3212796276.

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
MONTEFIORE MEDICAL CENTER

Number, street, and room or suite no. If a P.O. box, see instructions.
111 EAST 210TH STREET

City or town, state or province, country, and ZIP or foreign postal code
BRONX, NY 10467-2401

D Employer identification number (Employees' trust, see instructions.)
13-1740114

E Unrelated business activity codes (See instructions.)
621990 621500

F Group exemption number (See instructions.) ▶

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Describe the organization's primary unrelated business activity. ▶ CARE MANAGEMENT & OTHER HEALTH RELATED SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ EVAN RESNICK Telephone number ▶ 914-349-8455

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 1,609,549. b Less returns and allowances c Balance ▶	1c	1,609,549.		
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit. Subtract line 2 from line 1c	3	1,609,549.		1,609,549.
4a Capital gain net income (attach Schedule D)	4a	-20.		-20.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from partnerships and S corporations (attach statement)	5	673,002.	ATCH 1	673,002.
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10 Exploited exempt activity income (Schedule I)	10			
11 Advertising income (Schedule J)	11			
12 Other income (See instructions; attach schedule)	12	24,493,148.	ATCH 2	24,493,148.
13 Total. Combine lines 3 through 12	13	26,775,679.		26,775,679.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)			14	
15 Salaries and wages			15	18,779,520.
16 Repairs and maintenance			16	887,037.
17 Bad debts			17	
18 Interest (attach schedule)			18	
19 Taxes and licenses			19	
20 Charitable contributions (See instructions for limitation rules)			20	
21 Depreciation (attach Form 4562)	21	897,166.	22b	897,166.
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		23	
23 Depletion			24	
24 Contributions to deferred compensation plans			25	5,773,269.
25 Employee benefit programs			26	
26 Excess exempt expenses (Schedule I)			27	
27 Excess readership costs (Schedule J)			28	9,705,582.
28 Other deductions (attach schedule) ATTACHMENT 3			29	36,042,574.
29 Total deductions. Add lines 14 through 28			30	-9,266,895.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			31	
31 Net operating loss deduction (limited to the amount on line 30)			32	-9,266,895.
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			33	
33 Specific deduction (Generally $1,000, but see line 33 instructions for exceptions)				
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			34	-9,266,895.

Part III Tax Computation

35	**Organizations Taxable as Corporations.** See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here ▶ ☐ **See instructions** and:		
a	Enter your share of the $50,000, $25,000, and $9,925,000 taxable income brackets (in that order): (1) $ (2) $ (3) $		
b	Enter organization's share of: (1) Additional 5% tax (not more than $11,750) $		
	(2) Additional 3% tax (not more than $100,000) $		
c	Income tax on the amount on line 34 ▶	35c	
36	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	36	
37	**Proxy tax.** See instructions ▶	37	
38	Alternative minimum tax	38	
39	**Tax on Non-Compliant Facility Income.** See instructions	39	
40	**Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	

Part IV Tax and Payments

41 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a			
b	Other credits (see instructions)	41b			
c	General business credit. Attach Form 3800 (see instructions)	41c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d			
e	**Total credits.** Add lines 41a through 41d			41e	
42	Subtract line 41e from line 40			42	
43	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)			43	
44	**Total tax.** Add lines 42 and 43			44	0.
45 a	Payments: A 2015 overpayment credited to 2016	45a			
b	2016 estimated tax payments	45b			
c	Tax deposited with Form 8868	45c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d			
e	Backup withholding (see instructions)	45e			
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f			
g	Other credits and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	45g			
46	**Total payments.** Add lines 45a through 45g			46	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐			47	
48	**Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed ▶			48	
49	**Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid ▶			49	
50	Enter the amount of line 49 you want: **Credited to 2017 estimated tax** ▶ **Refunded** ▶			50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ▶		X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ $		

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date 11/11/17 | Title EXEC V.P. & C.F.O.

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

Paid Preparer Use Only

Print/Type preparer's name CHRISTOPHER B BOGGS	Christopher B. Boggs	Date 11/11/17	Check ☐ if self-employed PTIN P00032493
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596
Firm's address ▶ 5 TIMES SQUARE, NEW YORK, NY 10036-6527			Phone no. 212-773-3000

Form **990-T** (2016)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes:	No: X
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)
(2)
(3)
(4)

	2. Rent received or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)			
(2)			
(3)			
(4)			
Total		Total	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

Schedule E - Unrelated Debt-Financed Income (see instructions)

	1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule)	3. Deductions directly connected with or allocable to debt-financed property (b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				

	4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals ▶					
Total dividends-received deductions included in column 8 ▶					

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Exempt Controlled Organizations

1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals ▶				

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
Totals ▶				

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals ▶						

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I. ▶						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14 ▶			

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ARCLIGHT ENERGY PARTNERS FUND V, LP	-3,830.
BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK, LLC	572,314.
GNYHA PURCHASING ALLIANCE	12,366.
MIDOCEAN PARTNERS III, LP	36,022.
EMINENCE PARTNERS, LP	-27,502.
NB CO-INVESTMENT PARTNERS, LP	2,395.
NB SECONDARY OPPORTUNITIES FUND, LP	82,515.
TRILANIC CAPITAL PARTNERS IV ONSHORE AIV(A),LP	-1,273.
CERBERUS INSTITUTIONAL PARTNERS V, LP	-5.
INCOME (LOSS) FROM PARTNERSHIPS	673,002.

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

CONTRACT MANAGEMENT ORGANIZATION SERVICES	24,493,148.
PART I - LINE 12 - OTHER INCOME	24,493,148.

ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

LABORATORY PROCESSING SUPPLIES & REAGENTS	853,452.
CONTRACT MANAGEMENT ORGANIZATION EXPENSES	8,852,130.
PART II - LINE 28 - OTHER DEDUCTIONS	9,705,582.

Montefiore Medical Center
EIN 13-1740114

2016 Form 990T
Schedule II

Form 990T, Line 31 - Net Operating Loss

Tax Year	Year End	NOL Created	Amount Used	Amount Expired	NOL Remainding
2000	$ -	$ (4,810,668)	$ -	$ -	$ (4,810,668)
2001	$ (4,810,668)	$ (5,145,176)	$ -	$ -	$ (9,955,844)
2002	$ (9,955,844)	$ (4,503,838)	$ -	$ -	$ (14,459,682)
2003	$ (14,459,682)	$ (959,744)	$ -	$ -	$ (15,419,426)
2004	$ (15,419,426)	$ (989,604)	$ -	$ -	$ (16,409,030)
2005	$ (16,409,030)	$ (606,369)	$ -	$ -	$ (17,015,399)
2006	$ (17,015,399)	$ (989,296)	$ -	$ -	$ (18,004,695)
2007	$ (18,004,695)	$ (805,707)	$ -	$ -	$ (18,810,402)
2008	$ (18,810,402)	$ (623,080)	$ -	$ -	$ (19,433,482)
2009 (Amended)	$ (19,433,482)	$ (384,084)	$ -	$ -	$ (19,817,566)
2010 (Amended)	$ (19,817,566)	$ -	$ 261,666	$ -	$ (19,555,900)
2011	$ (19,555,900)	$ (76,249)	$ -	$ -	$ (19,632,149)
2012	$ (19,632,149)	$ (820,811)	$ -	$ -	$ (20,452,960)
2013	$ (20,452,960)	$ (1,743,179)	$ -	$ -	$ (22,196,139)
2014	$ (22,196,139)	$ (2,484,285)	$ -	$ -	$ (24,680,424)
2015	$ (24,680,424)	$ (5,755,584)	$ -	$ -	$ (30,436,008)
2016	$ (30,436,008)	$ (9,266,895)	$ -	$ -	$ (39,702,903)

FEDERAL ELECTIONS

FORM & LINE/INSTRUCTION REFERENCE: FORM 990-T

REGULATION REFERENCE: REV. PROC. 2015-20 STATEMENT

STATEMENT ATTACHED TO AND MADE PART OF FORM 990-T

CHANGES IN METHOD OF ACCOUNTING PURSUANT TO REV. PROC. 2015-20 FOR THE TAX YEAR ENDED 2015

THE ABOVE REFERENCED TAXPAYER IS WITHIN THE SCOPE OF SECTION 4.01 OF REV. PROC. 2015-20 AND IS CHOOSING TO FOLLOW THE SIMPLIFIED PROCEDURES PROVIDED IN SECTION 5 OF REV. PROC. 2015-20 WHEN MAKING ACCOUNTING METHOD CHANGES TO COMPLY WITH THE TANGIBLE PROPERTY REGULATIONS FOR ITS TAX YEARS ENDED DECEMBER 31, 2014 AND LATER. SPECIFICALLY, THE TAXPAYER WILL MAKE THE APPLICABLE TANGIBLE PROPERTY ACCOUNTING METHOD CHANGES WITH AN ADJUSTMENT UNDER SECTION 481(A) THAT TAKES INTO ACCOUNT ONLY AMOUNTS PAID OR INCURRED, AND DISPOSITIONS, IN TAXABLE YEARS BEGINNING ON OR AFTER JANUARY 1, 2014. ACCORDINGLY, THE TAXPAYER WILL NOT FILE FORM 3115, APPLICATION FOR CHANGE IN ACOUNTING METHOD, FOR ANY OF THE APPLICABLE TPR METHOD CHANGES COVERED BY REV. PROC. 2015-20. SEE SECTION 5.01 OF REV. PROC. 2015-20.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.
▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172

2016

Attachment Sequence No. **179**

Name(s) shown on return

MONTEFIORE MEDICAL CENTER

Identifying number

13-1740114

Business or activity to which this form relates

GENERAL DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	897,166.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	897,166.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? | | Yes | X | No | 24b If "Yes," is the evidence written? | | Yes | X | No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):					
43 Amortization of costs that began before your 2016 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

SCHEDULE D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
▶ Information about Schedule D and its separate instructions is at *www.irs.gov/form1041*.

OMB No. 1545-0092

2016

Name of estate or trust

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Note: *Form 5227 filers need to complete only Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	
5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	47,157.
6 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2015 Capital Loss Carryover Worksheet	6	( )
7 **Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back ▶	7	47,157.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	
12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	12	-47,177.
13 Capital gain distributions	13	
14 Gain from Form 4797, Part I	14	
15 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2015 Capital Loss Carryover Worksheet	15	( )
16 **Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back ▶	16	-47,177.

Part III Summary of Parts I and II
Caution: *Read the instructions* ***before*** *completing this part.*

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
17 Net short-term gain or (loss)	17			47,157.
18 Net long-term gain or (loss):				
a Total for year	18a			-47,177.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	18b			
c 28% rate gain	18c			
19 **Total net gain or (loss).** Combine lines 17 and 18a ▶	19			-20.

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and* ***don't*** *complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet****, as necessary.*

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 19, column (3) **or** b $3,000 . . . . . 20 (20.)

Note: *If the loss on line 19, column (3), is more than $3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the* ***Schedule D Tax Worksheet*** *in the instructions if:*

- *Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)		21	
22	Enter the **smaller** of line 18a or 19 in column (2) but not less than zero	22		
23	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	23		
24	Add lines 22 and 23	24		
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25		
26	Subtract line 25 from line 24. If zero or less, enter -0-		26	
27	Subtract line 26 from line 21. If zero or less, enter -0-		27	
28	Enter the **smaller** of the amount on line 21 or $2,550		28	
29	Enter the **smaller** of the amount on line 27 or line 28		29	
30	Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% ▶			30
31	Enter the **smaller** of line 21 or line 26		31	
32	Subtract line 30 from line 26		32	
33	Enter the **smaller** of line 21 or $12,400		33	
34	Add lines 27 and 30		34	
35	Subtract line 34 from line 33. If zero or less, enter -0-		35	
36	Enter the **smaller** of line 32 or line 35		36	
37	Multiply line 36 by 15% (0.15) ▶			37
38	Enter the amount from line 31		38	
39	Add lines 30 and 36		39	
40	Subtract line 39 from line 38. If zero or less, enter -0-		40	
41	Multiply line 40 by 20% (0.20) ▶			41
42	Figure the tax on the amount on line 27. Use the 2016 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)		42	
43	Add lines 37, 41, and 42		43	
44	Figure the tax on the amount on line 21. Use the 2016 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)		44	
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶			45

Form **4626**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax—Corporations

▶ Attach to the corporation's tax return.
▶ Information about Form 4626 and its separate instructions is at *www.irs.gov/form4626.*

OMB No. 1545-0123

2016

Name

MONTEFIORE MEDICAL CENTER

Employer identification number

13-1740114

Note: *See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).*

1	Taxable income or (loss) before net operating loss deduction		1	-9,266,895
2	**Adjustments and preferences:**			
a	Depreciation of post-1986 property		2a	1,579
b	Amortization of certified pollution control facilities		2b	
c	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2d	
e	Adjusted gain or loss		2e	-11
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
l	Depletion		2l	
m	Tax-exempt interest income from specified private activity bonds		2m	
n	Intangible drilling costs		2n	
o	Other adjustments and preferences		2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o		3	-9,265,536
4	**Adjusted current earnings (ACE) adjustment:**			
a	ACE from line 10 of the ACE worksheet in the instructions	4a -9,265,536		
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	4b 0		
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount.	4c 0		
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. **Note:** *You* ***must*** *enter an amount on line 4d (even if line 4b is positive).*	4d 0		
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount		4e	0
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT		5	-9,265,536
6	Alternative tax net operating loss deduction. See instructions		6	
7	**Alternative minimum taxable income.** Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions		7	
8	**Exemption phase-out** (if line 7 is $310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):			
a	Subtract $150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a		
b	Multiply line 8a by 25% (0.25)	8b		
c	Exemption. Subtract line 8b from $40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-		8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	
10	Multiply line 9 by 20% (0.20)		10	
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
12	Tentative minimum tax. Subtract line 11 from line 10		12	
13	Regular tax liability before applying all credits except the foreign tax credit		13	
14	**Alternative minimum tax.** Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	

MONTEFIORE MEDICAL CENTER
AMT NET OPERATING LOSS SCHEDULE
FOR THE TAX YEAR 2016

Form 4626 Alternative Minimum Tax

Year	Federal 990T	Form 4626
2000	(4,810,668)	(4,810,668)
2001	(5,145,176)	(5,145,176)
2002	(4,503,838)	(4,503,838)
2003	(959,744)	(959,744)
2004	(989,604)	(989,604)
2005	(606,369)	(606,369)
2006	(989,296)	(989,296)
2007	(805,707)	(805,707)
2008	(623,080)	(623,080)
2009	(384,084)	(384,084)
2010	261,666	261,666
2011	(76,249)	(76,249)
2012	(820,811)	(820,811)
2013	(1,743,179)	(1,743,179)
2014	(2,484,285)	(2,477,205)
2015	(5,755,584)	(5,752,380)
2016	(9,266,895)	(9,265,536)
Net Operating loss to be carried forward to 2017	(39,702,903)	(39,691,260)

SCHEDULE O (Form 1120)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Consent Plan and Apportionment Schedule for a Controlled Group

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Information about Schedule O (Form 1120) and its instructions is available at www.irs.gov/form1120.

OMB No. 1545-0123

Name: MONTEFIORE MEDICAL CENTER

Employer identification number: 13-1740114

Part I Apportionment Plan Information

1 Type of controlled group:
- a [X] Parent-subsidiary group
- b [ ] Brother-sister group
- c [ ] Combined group
- d [ ] Life insurance companies only

2 This corporation has been a member of this group:
- a [X] For the entire year.
- b [ ] From _____ , until _____ .

3 This corporation consents and represents to:
- a [ ] Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____ , and for all succeeding tax years.
- b [ ] Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____ , and for all succeeding tax years.
- c [ ] Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d [ ] Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____ , and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:
- a [ ] Elected by the component members of the group.
- b [ ] Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).
- a [X] No apportionment plan is in effect and none is being adopted.
- b [ ] An apportionment plan is already in effect. It was adopted for the tax year ending _____ , and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.
- a [ ] Yes.
  - (i) [ ] The statute of limitations for this year will expire on _____ .
  - (ii) [ ] On _____ , this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____ .
- b [ ] No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).
- a [X] The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b [ ] The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c [ ] The corporation has a short tax year that does not include December 31.

Part II Taxable Income Apportionment (See instructions)

Caution: *Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.*

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket (c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
1 MONTEFIORE MEDICAL CENTER	13-1740114	2016-12	NONE	NONE	NONE	NONE	NONE
2 MONTEFIORE INNOVATIONS INC	47-5106910	2016-12	NONE	NONE	NONE	NONE	NONE
3 MONTEFIORE CONSOLIDATED VENTURES IN C & SUBS	61-1728539	2016-12	NONE	NONE	NONE	NONE	NONE
4 8 LONGVIEW DEVELOPMENT CORPORATION	26-3321278	2016-12	NONE	NONE	NONE	NONE	NONE
5 CANCER AND BLOOD MEDICAL SERVICES O F NEW YORK	46-2021804	2016-12	NONE	NONE	NONE	NONE	NONE
6 WHITE PLAINS MEDICAL DIAGNOSTIC SER VICES PC	45-3164626	2016-12	NONE	NONE	NONE	NONE	NONE
7 WHITE PLAINS MANAGEMENT CO INC	13-3331643	2016-12	NONE	NONE	NONE	NONE	NONE
8 WHITE PLAINS MEDICAL SERVICES PC	81-5369152	2016-12	NONE	NONE	NONE	NONE	NONE
9 WHITE PLAINS PHYSICIAN SERVICES PC	81-5309615	2016-12	NONE	NONE	NONE	NONE	NONE
10 HIGHLAND MEDICAL PC	13-4034481	2016-12	NONE	NONE	NONE	NONE	NONE
Total			NONE	NONE	4,046,134.	NONE	4,046,134.

Part II Taxable Income Apportionment (See instructions)

Caution: *Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.*

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
1 SLCH CORPORATION	14-1765661	2016-12	NONE	NONE	NONE	NONE	NONE
2 THE WINIFRED MASTERSON BURKE REHABILITATION HOSPITAL	13-1739937	2016-12	NONE	NONE	NONE	NONE	NONE
3 MONTEFIORE HEALTH SYSTEM, INC.	20-1615393	2016-12	NONE	NONE	NONE	NONE	NONE
4 MOSHOLU PRESERVATION CORPORATION	13-3109387	2016-12	NONE	NONE	NONE	NONE	NONE
5 MMC CORPORATION	13-3430322	2016-12	NONE	NONE	3,985,120.	NONE	3,985,120.
6 ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	47-2209056	2016-12	NONE	NONE	51,271.	NONE	51,271.
7 WHITE PLAINS HOSPITAL MEDICAL CENTER	13-1740130	2016-12	NONE	NONE	9,743.	NONE	9,743.
8 MONTEFIORE INSURANCE COMPANY INC	32-0436594	2016-12	NONE	NONE	NONE	NONE	NONE
9 WPHC BUILDING CORP	13-3676932	2016-12	NONE	NONE	NONE	NONE	NONE
10 NH MANAGEMENT SERVICES INC	13-4026486	2016-12	NONE	NONE	NONE	NONE	NONE
Total							

Part II Taxable Income Apportionment (See instructions)

Caution: *Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.*

	(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				
				(c) 15%	(d) 25%	(e) 34%	(f) 35%	(g) Total (add columns (c) through (f))
1	QUANTUM BIOTHERAPEUTICS LLC	61-1793667	2016-12	NONE	NONE	NONE	NONE	NONE
2	DAVIS AVENUE CORP	13-3331643	2016-12	NONE	NONE	NONE	NONE	NONE
3								
4								
5								
6								
7								
8								
9								
10								
Total								

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment (b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 MONTEFIORE MEDICAL CENTER	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 MONTEFIORE INNOVATIONS INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 MONTEFIORE CONSOLIDATED VENTURES IN C & SUBS	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 8 LONGVIEW DEVELOPMENT CORPORATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 CANCER AND BLOOD MEDICAL SERVICES O F NEW YORK	NONE	NONE	NONE	NONE	NONE	NONE	NONE
6 WHITE PLAINS MEDICAL DIAGNOSTIC SER VICES PC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 WHITE PLAINS MANAGEMENT CO INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
8 WHITE PLAINS MEDICAL SERVICES PC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 WHITE PLAINS PHYSICIAN SERVICES PC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 HIGHLAND MEDICAL PC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Total	NONE	NONE	1,375,686.	NONE	NONE	NONE	1,375,686.

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment (b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 SLCH CORPORATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 THE WINIFRED MASTERSON BURKE REHABILITATION HOSPITAL	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 MONTEFIORE HEALTH SYSTEM, INC.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 MOSHOLU PRESERVATION CORPORATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 MMC CORPORATION	NONE	NONE	1,354,941.	NONE	NONE	NONE	1,354,941.
6 ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	NONE	NONE	17,432.	NONE	NONE	NONE	17,432.
7 WHITE PLAINS HOSPITAL MEDICAL CENTER	NONE	NONE	3,313.	NONE	NONE	NONE	3,313.
8 MONTEFIORE INSURANCE COMPANY INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
9 WPHC BUILDING CORP	NONE	NONE	NONE	NONE	NONE	NONE	NONE
10 NH MANAGEMENT SERVICES INC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
Total							

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment (b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	(h) Total income tax (combine lines (b) through (g))
1 QUANTUM BIOTHERAPEUTICS LLC	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 DAVIS AVENUE CORP	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3							
4							
5							
6							
7							
8							
9							
10							
Total							

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 MONTEFIORE MEDICAL CENTER	NONE	NONE	NONE	NONE	NONE
2 MONTEFIORE INNOVATIONS INC	NONE	NONE	NONE	NONE	NONE
3 MONTEFIORE CONSOLIDATED VENTURES IN C & SUBS	NONE	NONE	NONE	NONE	NONE
4 8 LONGVIEW DEVELOPMENT CORPORATION	NONE	NONE	NONE	NONE	NONE
5 CANCER AND BLOOD MEDICAL SERVICES O F NEW YORK	NONE	NONE	NONE	NONE	NONE
6 WHITE PLAINS MEDICAL DIAGNOSTIC SER VICES PC	NONE	NONE	NONE	NONE	NONE
7 WHITE PLAINS MANAGEMENT CO INC	NONE	NONE	NONE	NONE	NONE
8 WHITE PLAINS MEDICAL SERVICES PC	NONE	NONE	NONE	NONE	NONE
9 WHITE PLAINS PHYSICIAN SERVICES PC	NONE	NONE	NONE	NONE	NONE
10 HIGHLAND MEDICAL PC	NONE	NONE	NONE	NONE	NONE
Total	NONE	40,000.	150,000.	NONE	NONE

Part IV Other Apportionments (See instructions)

	Other Apportionments				
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 SLCH CORPORATION	NONE	NONE	NONE	NONE	NONE
2 THE WINIFRED MASTERSON BURKE REHABILITATION HOSPITAL	NONE	NONE	NONE	NONE	NONE
3 MONTEFIORE HEALTH SYSTEM, INC.	NONE	40,000.	150,000.	NONE	NONE
4 MOSHOLU PRESERVATION CORPORATION	NONE	NONE	NONE	NONE	NONE
5 MMC CORPORATION	NONE	NONE	NONE	NONE	NONE
6 ALBERT EINSTEIN COLLEGE OF MEDICINE, INC.	NONE	NONE	NONE	NONE	NONE
7 WHITE PLAINS HOSPITAL MEDICAL CENTER	NONE	NONE	NONE	NONE	NONE
8 MONTEFIORE INSURANCE COMPANY INC	NONE	NONE	NONE	NONE	NONE
9 WPHC BUILDING CORP	NONE	NONE	NONE	NONE	NONE
10 NH MANAGEMENT SERVICES INC	NONE	NONE	NONE	NONE	NONE
Total					

Part IV Other Apportionments (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 QUANTUM BIOTHERAPEUTICS LLC	NONE	NONE	NONE	NONE	NONE
2 DAVIS AVENUE CORP	NONE	NONE	NONE	NONE	NONE
3					
4					
5					
6					
7					
8					
9					
10					
Total					

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ Attach to your tax return.
▶ Information about Form 8865 and its separate instructions is at *www.irs.gov/form8865*.
Information furnished for the foreign partnership's tax year beginning JANUARY 1, 2016, and ending DECEMBER 31, 20 16

OMB No. 1545-1668

2016

Attachment Sequence No. **118**

Name of person filing this return
MONTEFIORE MEDICAL CENTER

Filer's identifying number
13-1740114

Filer's address (if you are not filing this form with your tax return)

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☑ 4 ☐

B Filer's tax year beginning . 20 . and ending . 20

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form (see instructions) ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

CIP5 AIV, L.P.
190 ELGIN AVENUE, GEORGE ISLANDS
KY1-9005

2(a) EIN (if any) 98-1189484

2(b) Reference ID number (see instr.)

3 Country under whose laws organized CAYMAN ISLAND

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instr.)
01/01/2014	NEW YORK	523900	INVESTMENTS	U.S. DOLLAR	1.00

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States

N/A

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☑ Form 1065 or 1065-B
Service Center where Form 1065 or 1065-B is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

N/A

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

CERBERUS CAPITAL MANAGEMENT, L.P.

5 Were any special allocations made by the foreign partnership? ▶ ☑ Yes ☐ No

6 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions) ▶

7 How is this partnership classified under the law of the country in which it is organized? ▶ EXEMPTED LIMITED PARTNERSHIP

8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. ▶ ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? ▶ ☐ Yes ☐ No

9 Does this partnership meet **both** of the following requirements?
- The partnership's total receipts for the tax year were less than $250,000 and
- The value of the partnership's total assets at the end of the tax year was less than $1 million.

If "Yes," **do not** complete Schedules L, M-1, and M-2. ▶ ☐ Yes ☐ No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member ▶ Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶
Firm's address ▶ Phone no.

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest b ☐ Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? . . . . . ☐ Yes ☐ No

Schedule A-2 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
NONE				

Schedule B **Income Statement—Trade or Business Income**

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a		
	b	Less returns and allowances	1b		1c
	2	Cost of goods sold			2
	3	Gross profit. Subtract line 2 from line 1c			3
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement)			7
	8	**Total income (loss).** Combine lines 3 through 7			8
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9
	10	Guaranteed payments to partners			10
	11	Repairs and maintenance			11
	12	Bad debts			12
	13	Rent			13
	14	Taxes and licenses			14
	15	Interest			15
	16a	Depreciation (if required, attach Form 4562)	16a		
	b	Less depreciation reported elsewhere on return	16b		16c
	17	Depletion (**Do not** deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18
	19	Employee benefit programs			19
	20	Other deductions (attach statement)			20
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21
	22	**Ordinary business income (loss)** from trade or business activities. Subtract line 21 from line 8			22

SCHEDULE O (Form 8865)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (under section 6038B)

▶ Attach to Form 8865. See Instructions for Form 8865.
▶ Information about Schedule O (Form 8865) and its separate instructions is at *www.irs.gov/form8865.*

OMB No. 1545-1668

2016

Name of transferor		Filer's identifying number
MONTEFIORE MEDICAL CENTER		13-1740114
Name of foreign partnership	EIN (if any)	Reference ID number (see instructions)
CIP5 AIV, L.P.	98-1189484	

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VARIOUS		2,704,875				.00439087
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
N/A							

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . . . ▶ ☐ Yes ☑ No

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ Attach to your tax return.
▶ Information about Form 8865 and its separate instructions is at *www.irs.gov/form8865.*
Information furnished for the foreign partnership's tax year beginning January 1, 2016, and ending December 31, 20 16

OMB No. 1545-1668

2016

Attachment Sequence No. **118**

Name of person filing this return

MONTEFIORE MEDICAL CENTER

Filer's identifying number

13-1740114

Filer's address (if you are not filing this form with your tax return)

A Category of filer (see **Categories of Filers** in the instructions and check applicable box(es)):
1 ☐ 2 ☐ 3 ☑ 4 ☐

B Filer's tax year beginning , 20 , and ending , 20

C Filer's share of liabilities: Nonrecourse $ Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form (see instructions) ☐

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es) Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

CIP4 AIV, L.P.
C/O CEREBUS CAPITAL MANAGEMENT, L.P.
190 ELGIN AVENUE
GEORGE TOWN, GRAND CAYMAN KY1-9005

2(a) EIN (if any) 98-1189556

2(b) Reference ID number (see instr.)

3 Country under whose laws organized CAYMAN ISLANDS

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instr.)
09/01/2014	NEW YORK	523900	INVESTMENTS	U.S. DOLLAR	1.00

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States

N/A

2 Check if the foreign partnership must file:
☐ Form 1042 ☐ Form 8804 ☑ Form 1065 or 1065-B
Service Center where Form 1065 or 1065-B is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

N/A

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different

CEREBUS CAPITAL MANAGEMENT, L.P.

5 Were any special allocations made by the foreign partnership? ▶ ☑ Yes ☐ No

6 Enter the number of Forms 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return (see instructions) ▶

7 How is this partnership classified under the law of the country in which it is organized? ▶ EXEMPTED LIMITED PARTNERSHIP

8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. ▶ ☐ Yes ☐ No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? ▶ ☐ Yes ☐ No

9 Does this partnership meet **both** of the following requirements?
- The partnership's total receipts for the tax year were less than $250,000 and
- The value of the partnership's total assets at the end of the tax year was less than $1 million.

If "Yes," **do not** complete Schedules L, M-1, and M-2. ▶ ☐ Yes ☐ No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member ▶ Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN

Firm's name ▶ Firm's EIN ▶
Firm's address ▶ Phone no.

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b,** enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a ☐ Owns a direct interest b ☐ Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? . . . . . ☐ Yes ☐ No

Schedule A-2 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership
None				

Schedule B **Income Statement—Trade or Business Income**

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a		
	b	Less returns and allowances	1b		1c
	2	Cost of goods sold			2
	3	Gross profit. Subtract line 2 from line 1c			3
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6
	7	Other income (loss) (attach statement)			7
	8	**Total income (loss).** Combine lines 3 through 7			8
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9
	10	Guaranteed payments to partners			10
	11	Repairs and maintenance			11
	12	Bad debts			12
	13	Rent			13
	14	Taxes and licenses			14
	15	Interest			15
	16a	Depreciation (if required, attach Form 4562)	16a		
	b	Less depreciation reported elsewhere on return	16b		16c
	17	Depletion (**Do not** deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18
	19	Employee benefit programs			19
	20	Other deductions (attach statement)			20
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21
	22	**Ordinary business income (loss)** from trade or business activities. Subtract line 21 from line 8			22

SCHEDULE O (Form 8865)

Department of the Treasury
Internal Revenue Service

Transfer of Property to a Foreign Partnership (under section 6038B)

▶ Attach to Form 8865. See Instructions for Form 8865.
▶ Information about Schedule O (Form 8865) and its separate instructions is at *www.irs.gov/form8865.*

OMB No. 1545-1668

2016

Name of transferor	Filer's Identifying number
MONTEFIORE MEDICAL CENTER	13-1740114
Name of foreign partnership	**EIN (if any)** / **Reference ID number (see instructions)**
CIP4 AIV, L.P.	98-1189556

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VARIOUS		142,344				.00025225
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
N/A							

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? ▶ ☐ Yes ☑ No

Form **5471**
(Rev. December 2015)
Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ For more information about Form 5471, see *www.irs.gov/form5471*

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2016 , and ending 12/31/2016

OMB No. 1545-0704

Attachment Sequence No. **121**

Name of person filing this return
MANTEFIORE MEDICAL CENTER

A Identifying number
13-1740114

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)
111 EAST 210TH STREET

B Category of filer (See instructions. Check applicable box(es)):
1 (repealed) 2 ☐ 3 ☐ 4 ☐ 5 ☒

City or town, state, and ZIP code
BRONX, NY 10467

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 25 %

Filer's tax year beginning 01/01/2016 , and ending 12/31/2016

D Check if any excepted specified foreign financial assets are reported on this form (see instructions) . . . . . ☐

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: *Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.*

1a Name and address of foreign corporation
FFH INSURANCE COMPANY LIMITED
P.O. BOX 1760, CHEVRON HOUSE CHURCH STREET
HAMILTON, HM11 BD

b(1) Employer identification number, if any
FOREIGNUS

b(2) Reference ID number (see instructions)
FFH COMPANY

c Country under whose laws incorporated
BD

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
08/11/1982	BD	524140	INSURANCE	USD

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation
DYNA MANAGEMENT SERVICES LTD.
141 FRONT STREET, 3RD FLOOR
HAMILTON, BD HM 19

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different
DYNA MANAGEMENT SERVICES LTD.
141 FRONT STREET, 3RD FLOOR,
HAMILTON
BD, HM 19

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	*(ii)* End of annual accounting period

Schedule B U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: *This description should match the corresponding description entered in Schedule A, column (a).*	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)

Schedule C Income Statement (see instructions)

Important: *Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.*

			Functional Currency	U.S. Dollars
Income	1a	Gross receipts or sales	1a	
	b	Returns and allowances	1b	
	c	Subtract line 1b from line 1a	1c	
	2	Cost of goods sold	2	
	3	Gross profit (subtract line 2 from line 1c)	3	
	4	Dividends	4	801,000
	5	Interest	5	
	6a	Gross rents	6a	
	b	Gross royalties and license fees	6b	
	7	Net gain or (loss) on sale of capital assets	7	
	8	Other income (attach statement) STATENMENT 1	8	622,310
	9	Total income (add lines 3 through 8)	9	1,423,310
Deductions	10	Compensation not deducted elsewhere	10	
	11a	Rents	11a	
	b	Royalties and license fees	11b	
	12	Interest	12	
	13	Depreciation not deducted elsewhere	13	
	14	Depletion	14	
	15	Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16	Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) STATEMENT 1	16	813,585
	17	Total deductions (add lines 10 through 16)	17	813,585
Net Income	18	Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	609,725
	19	Extraordinary items and prior period adjustments (see instructions)	19	
	20	Provision for income, war profits, and excess profits taxes (see instructions)	20	
	21	Current year net income or (loss) per books (combine lines 18 through 20)	21	609,725

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

	(a) Name of country or U.S. possession	Amount of tax (b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total ▶			

Schedule F Balance Sheet

Important: *Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.*

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	300,556	523,921
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	( )	( )
3	Inventories	3		
4	Other current assets (attach statement)	4		
5	Loans to shareholders and other related persons	5	5,106,256	5,512,212
6	Investment in subsidiaries (attach statement) STATEMENT 2	6	13,121,077	13,684,777
7	Other investments (attach statement) STATEMENT 2	7	14,825,000	14,825,000
8a	Buildings and other depreciable assets	8a		
b	Less accumulated depreciation	8b	( )	( )
9a	Depletable assets	9a		
b	Less accumulated depletion	9b	( )	( )
10	Land (net of any amortization)	10		
11	Intangible assets:			
a	Goodwill	11a		
b	Organization costs	11b		
c	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	( )	( )
12	Other assets (attach statement) STATEMENT 2	12		119,624
13	Total assets	13	33,352,889	34,665,534
	Liabilities and Shareholders' Equity			
14	Accounts payable	14	155,818	125,757
15	Other current liabilities (attach statement)	15		
16	Loans from shareholders and other related persons	16	2,632,838	3,572,063
17	Other liabilities (attach statement) STATEMENT 2	17	187,200	
18	Capital stock:			
a	Preferred stock	18a		
b	Common stock	18b	6,405,000	6,405,000
19	Paid-in or capital surplus (attach reconciliation)	19		
20	Retained earnings	20	23,972,033	24,562,714
21	Less cost of treasury stock	21	( )	( )
22	Total liabilities and shareholders' equity	22	33,352,889	34,665,534

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	☐	☒
2	During the tax year, did the foreign corporation own an interest in any trust?	☐	☒
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	☐	☒
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	☐	☒
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	☐	☒
6	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	☐	☒
7	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	☐	☒
8	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	☐	☒

Schedule H Current Earnings and Profits (see instructions)

Important: *Enter the amounts on lines 1 through 5c in* ***functional*** *currency.*

1	Current year net income or (loss) per foreign books of account		1	609,725
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	**Net Additions**	**Net Subtractions**	
a	Capital gains or losses			
b	Depreciation and amortization			
c	Depletion			
d	Investment or incentive allowance			
e	Charges to statutory reserves			
f	Inventory adjustments			
g	Taxes			
h	Other (attach statement) STMT 3		1,120,154	
3	Total net additions			
4	Total net subtractions		1,120,154	
5a	Current earnings and profits (line 1 plus line 3 minus line 4)		5a	-510,429
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)		5b	
c	Combine lines 5a and 5b		5c	-510,429
d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))		5d	-510,429

Enter exchange rate used for line 5d ▶ 1.0000000

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ MANTEFIORE MEDICAL CENTER Identifying number ▶ 13-1740114

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

	Yes	No
• Was any income of the foreign corporation blocked?	☐	☒
• Did any such income become unblocked during the tax year (see section 964(b))?	☐	☒

If the answer to either question is "Yes," attach an explanation.

SCHEDULE J
(Form 5471)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

▶ Information about Schedule J (Form 5471) and its instructions is at *www.irs.gov/form5471.*
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471	Identifying number
MANTEFIORE MEDICAL CENTER	13-1740114

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
FFH INSURANCE COMPANY LIMITED	FOREIGNUS	FFH COMPANY

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	-3,706,882				311,000	-3,395,882
2a Current year E&P						
b Current year deficit in E&P	510,429					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-4,217,311					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)					311,000	
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-4,217,311					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-4,217,311				311,000	-3,906,311

SCHEDULE M (Form 5471)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Information about Schedule M (Form 5471) and its instructions is at *www.irs.gov/form5471.*
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471: MONTEFIORE MEDICAL CENTER

Identifying number: 13-1740114

Name of foreign corporation: FFH INSURANCE COMPANY LIMITED

EIN (if any): FOREIGNUS

Reference ID number (see instructions): FFH COMPANY

Important: *Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.*

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ USD 1.0000

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions				3,572,063.00	
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions					5,512,212.00

FFH INSURANCE COMPANY LIMITED

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 8 - OTHER INCOME

OTHER INCOME	622,310.
TOTAL	622,310.

SCH C, LINE 16 - OTHER DEDUCTIONS

FULTON - SHARE OF LOSS	-121,844.
LEGAL EXPENSES	4,519.
MANAGEMENT FEES	478,796.
SECRETARIAL FEES	14,218.
GOVERNMENT FEES	11,160.
ACTUARIAL FEES	161,904.
AUDIT FEES	150,228.
TRAVEL	1,409.
COURIER CHARGES	116.
MISCELLANEOUS EXPENSES	113,079.
TOTAL	813,585.

FFH INSURANCE COMPANY LIMITED

FORM 5471, PAGE 3 DETAIL

SCH F, LINE 6 - INVESTMENT IN SUBSIDIARIES	BEGINNING	ENDING
INVESTMENT IN AFFLIATED COMPANIES	13,121,077.	13,684,777.
TOTAL	13,121,077.	13,684,777.

SCH F, LINE 7 - OTHER INVESTMENTS		
OTHER INVESTMENTS	14,825,000.	14,825,000.
TOTAL	14,825,000.	14,825,000.

SCH F, LINE 12 - OTHER ASSETS		
PREPAID EXPENSES	NONE	119,624.
TOTAL	NONE	119,624.

SCH F, LINE 17 - OTHER LIABILITIES		
OUTSTANDING LOSS RESERVE	187,200.	NONE.
TOTAL	187,200.	NONE.

FFH INSURANCE COMPANY LIMITED

FORM 5471, PAGE 4 DETAIL

SCH H, LINE 2H - OTHER RECONCILING ITEMS	NET ADDITIONS	NET SUBTRACTS
INVESTMENT LOSS		622,310.
REVERSE LOSS & LOSS EXPENSES		121,844.
RETURN OF CAPITAL DISTRIBUTION		376,000.
TOTAL		1,120,154.

Form **5471**

(Rev. December 2015)

Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ For more information about Form 5471, see *www.irs.gov/form5471*

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2016 , and ending 12/31/2016

OMB No. 1545-0704

Attachment Sequence No. **121**

Name of person filing this return MONTEFIORE MEDICAL CENTER	A Identifying number 13-1740114
Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) 111 EAST 210TH STREET	B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 ☐ 3 ☐ 4 ☐ 5 ☒
City or town, state, and ZIP code BRONX, NY 10467	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 25 %
Filer's tax year beginning 01/01/2016 , and ending 12/31/2016	
D Check if any excepted specified foreign financial assets are reported on this form (see instructions) . . . . . ☐	

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: *Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.*

1a Name and address of foreign corporation
FFH INSURANCE CORPORATION
MARS HOUSE, 13 PINE ROAD
BELLEVILLE, BB

b(1) Employer identification number, if any: FOREIGNUS

b(2) Reference ID number (see instructions): FFH CORPORATION

c Country under whose laws incorporated: BB

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
12/24/1986	BB	524140	INSURANCE	USD

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation
USA RISK GROUP BARBADOS LTD
FIRST FLOOR
GOLDEN ANCHORAGE COMPLEX
SUNSET CREST, ST. JAMES BB BB24014

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different
DAVID KING & CO.
1ST FLOOR, UNITED INSURANCE CENTRE
LOWER BROAD ST., BRIDGETOWN
BB

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

Schedule B U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. Note: *This description should match the corresponding description entered in Schedule A, column (a).*	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)

Schedule C Income Statement (see instructions)

Important: *Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.*

			Functional Currency	U.S. Dollars
Income	1a	Gross receipts or sales	1a	126,782,000
	b	Returns and allowances	1b	
	c	Subtract line 1b from line 1a	1c	126,782,000
	2	Cost of goods sold	2	
	3	Gross profit (subtract line 2 from line 1c)	3	126,782,000
	4	Dividends	4	
	5	Interest	5	283,000
	6a	Gross rents	6a	
	b	Gross royalties and license fees	6b	
	7	Net gain or (loss) on sale of capital assets	7	
	8	Other income (attach statement) STATEMENT 1	8	52,653,000
	9	Total income (add lines 3 through 8)	9	179,718,000
Deductions	10	Compensation not deducted elsewhere	10	
	11a	Rents	11a	
	b	Royalties and license fees	11b	
	12	Interest	12	
	13	Depreciation not deducted elsewhere	13	
	14	Depletion	14	
	15	Taxes (exclude provision for income, war profits, and excess profits taxes)	15	
	16	Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) STATEMENT 1	16	165,146,000
	17	Total deductions (add lines 10 through 16)	17	165,146,000
Net Income	18	Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18	14,572,000
	19	Extraordinary items and prior period adjustments (see instructions)	19	
	20	Provision for income, war profits, and excess profits taxes (see instructions)	20	
	21	Current year net income or (loss) per books (combine lines 18 through 20)	21	14,572,000

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

	(a) Name of country or U.S. possession	Amount of tax (b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total ▶			

Schedule F Balance Sheet

Important: *Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.*

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	26,372,000	8,412,000
2a	Trade notes and accounts receivable	2a	151,891,000	158,082,000
b	Less allowance for bad debts	2b	( )	( )
3	Inventories	3		
4	Other current assets (attach statement), STATEMENT 2	4	143,347,000	119,889,000
5	Loans to shareholders and other related persons STATEMENT 2	5	9,334,000	9,421,000
6	Investment in subsidiaries (attach statement)	6	1,147,217,000	1,222,137,000
7	Other investments (attach statement)	7		
8a	Buildings and other depreciable assets	8a		
b	Less accumulated depreciation	8b	( )	( )
9a	Depletable assets	9a		
b	Less accumulated depletion	9b	( )	( )
10	Land (net of any amortization)	10		
11	Intangible assets:			
a	Goodwill	11a		
b	Organization costs	11b		
c	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	( )	( )
12	Other assets (attach statement) STATEMENT 2	12	3,720,000	5,126,000
13	Total assets	13	1,481,881,000	1,523,067,000
	Liabilities and Shareholders' Equity			
14	Accounts payable	14	54,000	57,000
15	Other current liabilities (attach statement)	15		
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach statement) STATEMENT 2	17	1,388,934,000	1,415,921,000
18	Capital stock:			
a	Preferred stock	18a		
b	Common stock	18b	9,825,000	9,825,000
19	Paid-in or capital surplus (attach reconciliation)	19		
20	Retained earnings	20	83,068,000	97,264,000
21	Less cost of treasury stock	21	( )	( )
22	Total liabilities and shareholders' equity	22	1,481,881,000	1,523,067,000

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.	☐	X
2	During the tax year, did the foreign corporation own an interest in any trust?	☐	X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).	☐	X
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?	☐	X
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?	☐	X
6	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).	☐	X
7	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?	☐	X
8	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?	☐	X

Schedule H Current Earnings and Profits (see instructions)

Important: *Enter the amounts on lines 1 through 5c in* ***functional*** *currency.*

1	Current year net income or (loss) per foreign books of account			1	14,572,000
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	**Net Additions**	**Net Subtractions**		
a	Capital gains or losses				
b	Depreciation and amortization				
c	Depletion				
d	Investment or incentive allowance				
e	Charges to statutory reserves				
f	Inventory adjustments				
g	Taxes				
h	Other (attach statement) STMT 3	175,610,000	200,193,000		
3	Total net additions	175,610,000			
4	Total net subtractions		200,193,000		
5a	Current earnings and profits (line 1 plus line 3 minus line 4)			5a	-10,011,000
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)			5b	
c	Combine lines 5a and 5b			5c	-10,011,000
d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))			5d	-10,011,000

Enter exchange rate used for line 5d ▶ 1.0000000

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ MONTEFIORE MEDICAL CENTER Identifying number ▶ 13-1740114

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

	Yes	No
• Was any income of the foreign corporation blocked?	☐	X
• Did any such income become unblocked during the tax year (see section 964(b))?	☐	X

If the answer to either question is "Yes," attach an explanation.

SCHEDULE J
(Form 5471)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

▶ Information about Schedule J (Form 5471) and its instructions is at *www.irs.gov/form5471.*
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471: MONTEFIORE MEDICAL CENTER

Identifying number: 13-1740114

Name of foreign corporation: FFH INSURANCE CORPORATION

EIN (if any): FOREIGNUS

Reference ID number (see instructions): FFH CORPORATION

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	*(ii)* Earnings Invested in Excess Passive Assets	*(iii)* Subpart F Income	
1 Balance at beginning of year	-68,653,000					-68,653,000
2a Current year E&P						
b Current year deficit in E&P	10,011,000					
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	-78,664,000					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	-78,664,000					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	-78,664,000					-78,664,000

SCHEDULE M (Form 5471)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Information about Schedule M (Form 5471) and its instructions is at www.irs.gov/form5471.
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471: MONTEFIORE MEDICAL CENTER

Identifying number: 13-1740114

Name of foreign corporation: FFH INSURANCE CORPORATION

EIN (if any): FOREIGNUS

Reference ID number (see instructions): FFH CORPORATION

Important: *Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.*

Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ USD 1.0000000

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instructions					
26 Amounts loaned (enter the maximum loan balance during the year) - see instructions				9,421,000.00	

FFH INSURANCE CORPORATION

FORM 5471, PAGE 2 DETAIL

SCH C, LINE 8 - OTHER INCOME

OTHER INVESTMENT INCOME	52,653,000.
TOTAL	52,653,000.

SCH C, LINE 16 - OTHER DEDUCTIONS

LOSSES AND LOSS EXPENSES INCURRED	167,978,000.
REINSURANCE RECOVERIES	-13,126,000.
OTHER DEDUCTIONS	10,182,000.
MANAGEMENT FEES	47,996.
AUDIT FEES	11,550.
SECRETARIAL FEES	1,647.
GOVERNMENT FEES	10,050.
LEGAL FEES	-4,290.
TRAVEL	14,722.
COURIER CHARGES	910.
MISCELLANEOUS EXPENSES	29,415.
TOTAL	165,146,000.

FFH INSURANCE CORPORATION

FORM 5471, PAGE 3 DETAIL

	BEGINNING	ENDING
SCH F, LINE 4 - OTHER CURRENT ASSETS		
RECOVERABLE LOSSES	143,347,000.	119,889,000.
TOTAL	143,347,000.	119,889,000.
SCH F, LINE 6 - INVESTMENT IN SUBSIDIARIES		
INVESTMENT IN AFFILIATED COMPANIES	1,147,217,000.	1,222,137,000.
TOTAL	1,147,217,000.	1,222,137,000.
SCH F, LINE 12 - OTHER ASSETS		
OTHER ASSETS	3,720,000.	5,126,000.
TOTAL	3,720,000.	5,126,000.
SCH F, LINE 17 - OTHER LIABILITIES		
OTHER LIABILITIES	1,388,934,000.	1,415,921,000.
TOTAL	1,388,934,000.	1,415,921,000.

FFH INSURANCE CORPORATION

FORM 5471, PAGE 4 DETAIL

SCH H, LINE 2H - OTHER RECONCILING ITEMS	NET ADDITIONS	NET SUBTRACTS
PREMIUM INCOME		134,414,000.
OTHER INVESTMENT LOSS		52,653,000.
REINSURANCE PREMIMUM CEDED	7,632,000.	
LOSSES AND LOSS EXPENSES INCURRED	167,978,000.	
REINSURANCE PREMIUM		13,126,000.
TOTAL	175,610,000.	200,193,000.

Form **5471**

(Rev December 2015)

Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ For more information about Form 5471, see *www.irs.gov/form5471*

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning 01/01/2016 , and ending 12/31/2016

OMB No. 1545-0704

Attachment Sequence No. 121

Name of person filing this return MONTEFIORE MEDICAL CENTER	A Identifying number 13-1740114
Number, street, and room or suite no (or P.O box number if mail is not delivered to street address) 111 EAST 210TH STREET	B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 [ ] 3 [ ] 4 [ ] 5 [X]
City or town, state, and ZIP code BRONX, NY 10467	C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period 20.0%
Filer's tax year beginning 01/01/2016 and ending 12/31/2016	
D Check if any excepted specified foreign financial assets are reported on this form (see instructions)	[ ]

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: *Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.*

1a Name and address of foreign corporation	b(1) Employer identification number, if any	b(2) Reference ID number (see instructions)	c Country under whose laws incorporated
OMEGA SERVICES LIMITED C/O DYNA MANAGEMENT SERVICES LTD. P.O. BOX HM 1024, HAMILTON BD HM DX	NONE	1998	BERMUDA

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
05/12/1998	BERMUDA	523900	INVESTMENT MANAGEMENT	USD

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States	b If a U.S. income tax return was filed, enter: (i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)
N/A	N/A	N/A

c Name and address of foreign corporation's statutory or resident agent in country of incorporation	d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different
DYNA MANAGEMENT SERVICES LTD. P.O. BOX HM 1024 HAMILTON BD HM DX	SAME AS ITEM 2C

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

Schedule B U.S. Shareholders of Foreign Corporation (see instructions)

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder Note: *This description should match the corresponding description entered in Schedule A, column (a).*	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)

Schedule C Income Statement (see instructions)

Important: *Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.*

				Functional Currency	U.S. Dollars
Income	1a	Gross receipts or sales	1a		
	b	Returns and allowances	1b		
	c	Subtract line 1b from line 1a	1c		
	2	Cost of goods sold	2		
	3	Gross profit (subtract line 2 from line 1c)	3		
	4	Dividends	4		
	5	Interest	5		
	6a	Gross rents	6a		
	b	Gross royalties and license fees	6b		
	7	Net gain or (loss) on sale of capital assets	7		
	8	Other income (attach statement)	8		
	9	Total income (add lines 3 through 8)	9		
Deductions	10	Compensation not deducted elsewhere	10		
	11a	Rents	11a		
	b	Royalties and license fees	11b		
	12	Interest	12		
	13	Depreciation not deducted elsewhere	13		
	14	Depletion	14		
	15	Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16	Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes)	16		
	17	Total deductions (add lines 10 through 16)	17		
Net Income	18	Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18		
	19	Extraordinary items and prior period adjustments (see instructions)	19		
	20	Provision for income, war profits, and excess profits taxes (see instructions)	20		
	21	Current year net income or (loss) per books (combine lines 18 through 20)	21		

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued (see instructions)

	(a) Name of country or U.S. possession	Amount of tax (b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total ▶			

Schedule F Balance Sheet

Important: *Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.*

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1		
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	( )	( )
3	Inventories	3		
4	Other current assets (attach statement)	4		
5	Loans to shareholders and other related persons	5		
6	Investment in subsidiaries (attach statement)	6		
7	Other investments (attach statement)	7		
8a	Buildings and other depreciable assets	8a		
b	Less accumulated depreciation	8b	( )	( )
9a	Depletable assets	9a		
b	Less accumulated depletion	9b	( )	( )
10	Land (net of any amortization)	10		
11	Intangible assets:			
a	Goodwill	11a		
b	Organization costs	11b		
c	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	( )	( )
12	Other assets (attach statement)	12		
13	Total assets	13		
	Liabilities and Shareholders' Equity			
14	Accounts payable	14		
15	Other current liabilities (attach statement)	15		
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach statement)	17		
18	Capital stock:			
a	Preferred stock	18a		
b	Common stock	18b		
19	Paid-in or capital surplus (attach reconciliation)	19		
20	Retained earnings	20		
21	Less cost of treasury stock	21	( )	( )
22	Total liabilities and shareholders' equity	22		

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2	During the tax year, did the foreign corporation own an interest in any trust?		X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3 (see instructions)? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		X
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		X
6	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
7	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
8	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule H Current Earnings and Profits (see instructions)

Important: *Enter the amounts on lines 1 through 5c in functional currency.*

1	Current year net income or (loss) per foreign books of account			1	67,461
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	**Net Additions**	**Net Subtractions**		
a	Capital gains or losses				
b	Depreciation and amortization				
c	Depletion				
d	Investment or incentive allowance				
e	Charges to statutory reserves				
f	Inventory adjustments				
g	Taxes				
h	Other (attach statement)				
3	Total net additions				
4	Total net subtractions				
5a	Current earnings and profits (line 1 plus line 3 minus line 4)			5a	67,461
b	DASTM gain or (loss) for foreign corporations that use DASTM (see instructions)			5b	
c	Combine lines 5a and 5b			5c	67,461
d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations (see instructions))			5d	67,461

Enter exchange rate used for line 5d ▶ 1.00

Schedule I Summary of Shareholder's Income From Foreign Corporation (see instructions)

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ MONTEFIORE MEDICAL CENTER Identifying number ▶ 13-1740114

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	13,492
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	NONE
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	NONE
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	NONE
5	Factoring income	5	NONE
6	Total of lines 1 through 5. Enter here and on your income tax return. See instructions	6	13,492
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	NONE
8	Exchange gain or (loss) on a distribution of previously taxed income	8	NONE

	Yes	No
• Was any income of the foreign corporation blocked?		X
• Did any such income become unblocked during the tax year (see section 964(b))?		X

If the answer to either question is "Yes," attach an explanation.

SCHEDULE J
(Form 5471)
(Rev December 2012)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

▶ Information about Schedule J (Form 5471) and its instructions is at *www.irs.gov/form5471.*
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471	Identifying number
MONTEFIORE MEDICAL CENTER	13-1740114

Name of foreign corporation	EIN (if any)	Reference ID number (see instructions)
OMEGA SERVICES LIMITED	NONE	1998

Important: Enter amounts in functional currency.	(a) Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	(b) Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	(c) Previously Taxed E&P (see instructions) (sections 959(c)(1) and (2) balances)			(d) Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	(ii) Earnings Invested in Excess Passive Assets	(iii) Subpart F Income	
1 Balance at beginning of year	(258,663)				670,406	411,743
2a Current year E&P	67,461					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	(191,202)					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year	67,461				67,461	
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P						
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)					737,867	
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)	(258,663)					
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)	(258,663)				737,867	479,204

Form **926**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▸ Information about Form 926 and its separate instructions is at *www.irs.gov/form926*.
▸ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
MONTEFIORE MEDICAL CENTER	13-1740114

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☐ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
CIPS AIV, L.P.	98-1189484

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its entire interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

PROMONTORIA HOLDING 143 BV

4a Identifying number, if any

N/A

5 Address (including country)

OUDE UTRECHTSEWEG 32, BAARN 3743 KN

4b Reference ID number (see instructions)

001

6 Country code of country of incorporation or organization (see instructions)

NL

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? ☐ Yes ☒ No

Part III **Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		1,777,684		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV **Additional Information Regarding Transfer of Property** (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0447 % (b) After 0.0405 %

10 Type of nonrecognition transaction (see instructions) ▸ IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3)	☐ Yes	☒ No
b Gain recognition under section 904(f)(5)(F)	☐ Yes	☒ No
c Recapture under section 1503(d)	☐ Yes	☒ No
d Exchange gain under section 987	☐ Yes	☒ No
12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	☐ Yes	☒ No
13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:		
a Tainted property	☐ Yes	☒ No
b Depreciation recapture	☐ Yes	☒ No
c Branch loss recapture	☐ Yes	☒ No
d Any other income recognition provision contained in the above-referenced regulations	☐ Yes	☒ No
14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	☐ Yes	☒ No
15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	☐ Yes	☒ No
b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▸ $		
16 Was cash the only property transferred?	☒ Yes	☐ No
17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction?	☐ Yes	☒ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▸ Information about Form 926 and its separate instructions is at *www.irs.gov/form926*.
▸ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
MONTEFIORE MEDICAL CENTER	13-1740114

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☐ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
CIP5 AIV, L.P.	98-1189484

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its entire interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

CIP FIVE MORTGAGE SECURITIES, LTD.

4a Identifying number, if any

N/A

5 Address (including country)

190 ELGIN AVENUE, GEORGE TOWN, KY1-9005, CJ

4b Reference ID number (see instructions)

002

6 Country code of country of incorporation or organization (see instructions)

CJ

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

Part III **Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		1,183,185		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV **Additional Information Regarding Transfer of Property** (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.4441 % (b) After 0.4391 %

10 Type of nonrecognition transaction (see instructions) ▸ IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3) . . . ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) . . . ☐ Yes ☒ No

c Recapture under section 1503(d) . . . ☐ Yes ☒ No

d Exchange gain under section 987 . . . ☐ Yes ☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property . . . ☐ Yes ☒ No

b Depreciation recapture . . . ☐ Yes ☒ No

c Branch loss recapture . . . ☐ Yes ☒ No

d Any other income recognition provision contained in the above-referenced regulations . . . ☐ Yes ☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? . . . ☐ Yes ☒ No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▸ $

16 Was cash the only property transferred? . . . ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? . . . ☐ Yes ☒ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▸ Information about Form 926 and its separate instructions is at *www.irs.gov/form926*.
▸ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
MONTEFIORE MEDICAL CENTER	13-1740114

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? ☐ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership
CIP5 AIV, L.P.	98-1189484

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? ☐ Yes ☒ No

c Is the partner disposing of its entire interest in the partnership? ☐ Yes ☒ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? ☐ Yes ☒ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)
BANC OF AMERICA FUNDING 2012-R5 LTD

4a Identifying number, if any
N/A

5 Address (including country)
P.O. BOX 1093, BOUNDARY HALL, GEORGE TOWN, KY1-1102 CJ

4b Reference ID number (see instructions)
0033

6 Country code of country of incorporation or organization (see instructions)
CJ

7 Foreign law characterization (see instructions)
CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? ☒ Yes ☐ No

Part III **Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		200,716		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV **Additional Information Regarding Transfer of Property** (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before 0.0000 % (b) After 0.1402 %

10 Type of nonrecognition transaction (see instructions) ▸ IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a Gain recognition under section 904(f)(3) . . . . . ☐ Yes ☒ No

b Gain recognition under section 904(f)(5)(F) . . . . . ☐ Yes ☒ No

c Recapture under section 1503(d) . . . . . ☐ Yes ☒ No

d Exchange gain under section 987 . . . . . ☐ Yes ☒ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☒ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a Tainted property . . . . . ☐ Yes ☒ No

b Depreciation recapture . . . . . ☐ Yes ☒ No

c Branch loss recapture . . . . . ☐ Yes ☒ No

d Any other income recognition provision contained in the above-referenced regulations . . . . . ☐ Yes ☒ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☒ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? . . . . . ☐ Yes ☒ No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▸ $

16 Was cash the only property transferred? . . . . . ☒ Yes ☐ No

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? . . . . . ☐ Yes ☒ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Form **926**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

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▶ Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026
Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)

Name of transferor	Identifying number (see instructions)
MONTEFIORE MEDICAL CENTER	13-1740114

1 If the transferor was a corporation, complete questions 1a through 1d.

a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? . . . . . ☐ Yes ☐ No

b Did the transferor remain in existence after the transfer? . . . . . ☐ Yes ☐ No

If not, list the controlling shareholder(s) and their identifying number(s):

Controlling shareholder	Identifying number

c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? . . . . . ☐ Yes ☐ No

If not, list the name and employer identification number (EIN) of the parent corporation:

Name of parent corporation	EIN of parent corporation

d Have basis adjustments under section 367(a)(5) been made? . . . . . ☐ Yes ☐ No

2 If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d.

a List the name and EIN of the transferor's partnership:

Name of partnership	EIN of partnership

b Did the partner pick up its pro rata share of gain on the transfer of partnership assets? . . . . . ☐ Yes ☐ No

c Is the partner disposing of its **entire** interest in the partnership? . . . . . ☐ Yes ☐ No

d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? . . . . . ☐ Yes ☐ No

Part II Transferee Foreign Corporation Information (see instructions)

3 Name of transferee (foreign corporation)

FFH INSURANCE COMPANY LIMITED

4a Identifying number, if any

5 Address (including country)

44 CHURCH STREET, HAMILTON HM 12, BERMUDA

4b Reference ID number (see instructions)
004

6 Country code of country of incorporation or organization (see instructions)

BD

7 Foreign law characterization (see instructions)

CORPORATION

8 Is the transferee foreign corporation a controlled foreign corporation? . . . . . ☐ Yes ☑ No

Part III **Information Regarding Transfer of Property** (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VARIOUS		93,752,292		
Stock and securities					
Installment obligations, account receivables or similar property					
Foreign currency or other property denominated in foreign currency					
Inventory					
Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b))					
Tangible property used in trade or business not listed under another category					
Intangible property					
Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))					
Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))					
Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))					
Other property					

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions)

9 Enter the transferor's interest in the foreign transferee corporation before and after the transfer:

(a) Before _____% (b) After _____%

10 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351

11 Indicate whether any transfer reported in Part III is subject to any of the following:

a	Gain recognition under section 904(f)(3)	☐ Yes ☑ No
b	Gain recognition under section 904(f)(5)(F)	☐ Yes ☑ No
c	Recapture under section 1503(d)	☐ Yes ☑ No
d	Exchange gain under section 987	☐ Yes ☑ No

12 Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? ☐ Yes ☑ No

13 Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:

a	Tainted property	☐ Yes ☑ No
b	Depreciation recapture	☐ Yes ☑ No
c	Branch loss recapture	☐ Yes ☑ No
d	Any other income recognition provision contained in the above-referenced regulations	☐ Yes ☑ No

14 Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? ☐ Yes ☑ No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? ☐ Yes ☑ No

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ $

16 Was cash the only property transferred? ☑ Yes ☐ No

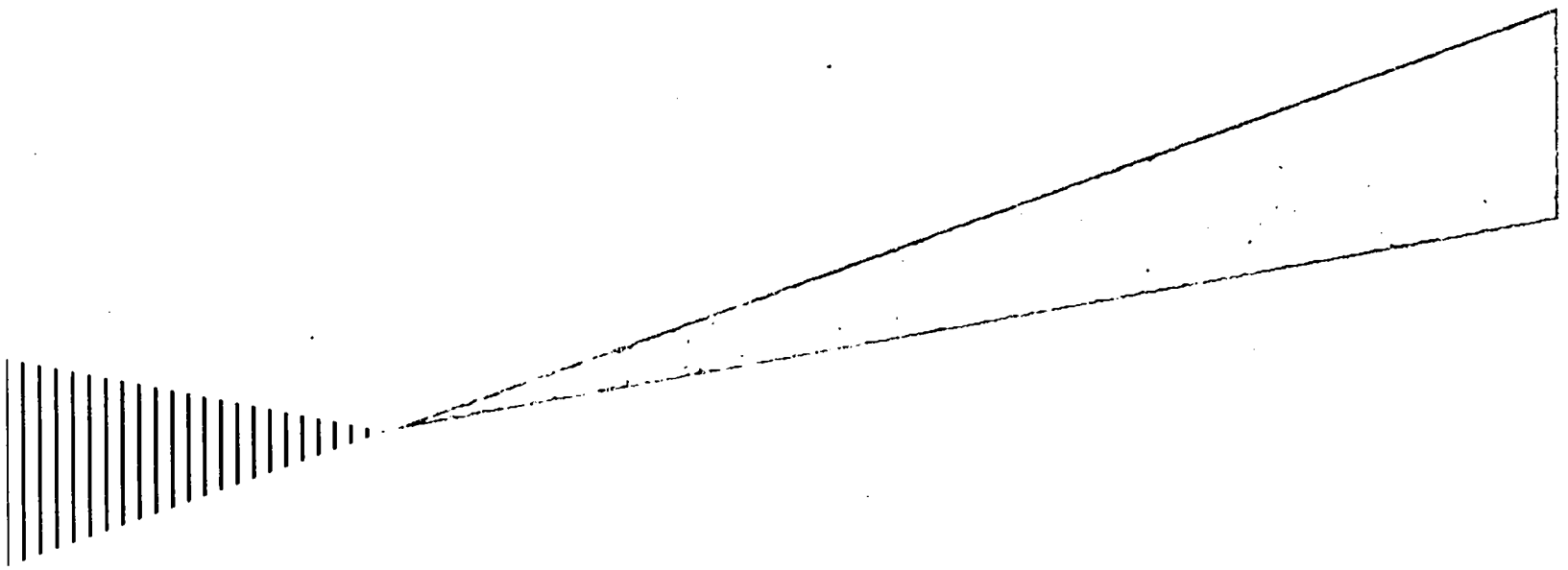
17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? ☐ Yes ☑ No

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

Consolidated Financial Statements

Montefiore Medical Center
Years Ended December 31, 2016 and 2015
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

Montefiore Medical Center

Consolidated Financial Statements

Years Ended December 31, 2016 and 2015

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Ernst & Young LLP
5 Times Square
New York, NY 10036-6530

Tel: +1 212 773 3000
Fax: +1 212 773 6350
ey.com

Building a better working world

Report of Independent Auditors

The Board of Trustees
Montefiore Medical Center

We have audited the accompanying consolidated financial statements of Montefiore Medical Center and its controlled organizations, which comprise the consolidated statements of financial position as of December 31, 2016 and 2015, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

A member firm of Ernst & Young Global Limited

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Montefiore Medical Center and its controlled organizations at December 31, 2016 and 2015, and the consolidated results of their operations, changes in their net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

April 21, 2017

A member firm of Ernst & Young Global Limited

Montefiore Medical Center

Consolidated Statements of Financial Position

	December 31	
	2016	2015
	(In Thousands)	
Assets		
Current assets:		
Cash and cash equivalents	$ 138,720	$ 99,615
Marketable and other securities	633,928	713,828
Assets limited as to use, current portion	52,159	96,258
Receivables for patient care, less allowances for doubtful accounts (2016 – $27,431; 2015 – $20,639)	224,771	221,763
Other receivables	81,747	87,219
Estimated insurance claims receivable, current portion	74,963	71,220
Other current assets	51,749	45,944
Due from members, current portion	52,007	72,938
Total current assets	1,310,044	1,408,785
Assets limited as to use, net of current portion	194,269	192,719
Property, buildings and equipment, net	1,122,239	1,159,040
Estimated insurance claims receivable, net of current portion	424,793	403,582
Other noncurrent assets	259,112	226,507
Due from members, net of current portion	86,878	80,589
Total assets	$ 3,397,335	$ 3,471,222
Liabilities and net assets		
Current liabilities:		
Accounts payable and accrued expenses	$ 289,838	$ 295,607
Accrued salaries, wages and related items	269,138	248,951
Malpractice insurance premiums payable, current portion	50,848	65,776
Estimated insurance claims liabilities, current portion	74,963	71,220
Long-term debt, current portion	65,786	59,901
Due to members	28,928	16,239
Total current liabilities	779,501	757,694
Long-term debt, net of current portion	753,021	801,864
Noncurrent defined benefit and postretirement health plan liabilities	167,051	161,255
Professional and other insured liabilities	136,512	134,099
Employee deferred compensation	37,789	31,616
Estimated insurance claims liabilities, net of current portion	424,793	403,582
Estimated third-party payer liabilities	215,066	292,718
Other noncurrent liabilities	84,320	70,802
Total liabilities	2,598,053	2,653,630
Commitments and contingencies		
Net assets:		
Unrestricted	689,397	711,692
Temporarily restricted	78,181	74,510
Permanently restricted	31,704	31,390
Total net assets	799,282	817,592
Total liabilities and net assets	$ 3,397,335	$ 3,471,222

See accompanying notes.

Montefiore Medical Center

Consolidated Statements of Operations

	Year Ended December 31	
	2016	**2015**
	(In Thousands)	
Operating revenue		
Net patient service revenue before bad debt expense	**$ 3,681,067**	$ 3,475,823
Bad debt expense	**(49,307)**	(46,391)
Net patient service revenue	**3,631,760**	3,429,432
Grants and contracts	**89,151**	77,204
Contributions	**6,584**	6,376
Other revenue	**177,839**	159,427
Total operating revenue	**3,905,334**	3,672,439
Operating expenses		
Salaries and wages	**1,728,174**	1,666,288
Employee benefits	**526,615**	492,282
Supplies and other expenses	**1,449,018**	1,335,731
Depreciation and amortization	**148,955**	141,238
Interest	**34,589**	35,489
Total operating expenses	**3,887,351**	3,671,028
Excess of operating revenues over operating expenses before other items	**17,983**	1,411
Net realized and changes in net unrealized gains and losses on marketable and other securities	**14,009**	7,060
Malpractice insurance program adjustments associated with investment earnings shortfall	**(1,209)**	(20,259)
Gain on debt refinancing	**4,604**	–
Excess (deficiency) of revenues over expenses	**35,387**	(11,788)
Change in defined benefit pension and other postretirement plan liabilities to be recognized in future periods	**6,720**	23,348
Net assets released from restrictions used for purchases of property, buildings and equipment	**109**	71
Transfers to members, net	**(64,511)**	(107,305)
Decrease in unrestricted net assets	**$ (22,295)**	$ (95,674)

See accompanying notes.

Montefiore Medical Center

Consolidated Statements of Changes in Net Assets

Years Ended December 31, 2016 and 2015

	Unrestricted Net Assets	Temporarily Restricted Net Assets	Permanently Restricted Net Assets	Total Net Assets
		(In Thousands)		
Net assets at January 1, 2015	$ 807,366	$ 72,995	$ 25,350	$ 905,711
Decrease in unrestricted net assets	(95,674)	–	–	(95,674)
Restricted gifts, bequests, and similar items	–	5,446	6,040	11,486
Restricted investment income	–	938	–	938
Net assets released from restrictions	–	(4,869)	–	(4,869)
Total changes in net assets	(95,674)	1,515	6,040	(88,119)
Net assets at December 31, 2015	711,692	74,510	31,390	817,592
Decrease in unrestricted net assets	**(22,295)**	–	–	**(22,295)**
Restricted gifts, bequests, and similar items	–	**5,717**	**314**	**6,031**
Restricted investment income	–	**1,220**	–	**1,220**
Net assets released from restrictions	–	**(3,266)**	–	**(3,266)**
Total changes in net assets	**(22,295)**	**3,671**	**314**	**(18,310)**
Net assets at December 31, 2016	**$ 689,397**	**$ 78,181**	**$ 31,704**	**$ 799,282**

See accompanying notes.

Montefiore Medical Center

Consolidated Statements of Cash Flows

	Year Ended December 31	
	2016	2015
	(In Thousands)	
Operating activities		
Decrease in net assets	$ (18,310)	$ (88,119)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation and amortization	148,955	141,238
Bad debt expense	49,307	46,391
Change in defined benefit pension and other postretirement plan liabilities to be recognized in future periods	(6,720)	(23,348)
Transfers to members, net	64,511	107,305
Net realized gains and losses	(4,614)	(18,094)
Change in net unrealized gains and losses	(9,395)	11,034
Equity earnings from investments	(27,672)	(7,741)
Write-off of long-term mortgage premium and deferred financing costs as a result of debt refinancing	1,284	–
Amortization of long-term mortgage premium	(502)	(822)
Amortization of deferred financing costs	1,171	1,419
Changes in operating assets and liabilities:		
Receivables for patient care	(52,315)	(87,672)
Accounts payable and accrued expenses	(5,769)	39,485
Accrued salaries, wages and related items	20,187	32,970
Noncurrent defined benefit and postretirement health plan liabilities	12,516	(4,212)
Net change in all other operating assets and liabilities	(57,146)	(28,807)
Net cash provided by operating activities	115,488	121,027
Investing activities		
Acquisition of property, buildings and equipment, net	(112,154)	(212,190)
Advances to Montefiore Health System, Inc. on MHS Note and other	(8,336)	(14,214)
Payments from Montefiore Health System, Inc. on MHS Note	1,948	1,702
Decrease in marketable and other securities, net	93,909	196,838
Decrease (increase) in assets limited to use, net	42,549	(30,656)
Net cash provided by (used in) investing activities	17,916	(58,520)
Financing activities		
Payments of long-term debt	(68,529)	(52,418)
Extinguishment of long-term debt	(224,964)	–
Proceeds from long-term debt	252,090	119,680
Payments of deferred financing costs	(3,508)	(306)
Payments to members, net	(49,388)	(76,318)
Net cash used in financing activities	(94,299)	(9,362)
Net increase in cash and cash equivalents	39,105	53,145
Cash and cash equivalents at beginning of year	99,615	46,470
Cash and cash equivalents at end of year	$ 138,720	$ 99,615

See accompanying notes.

Montefiore Medical Center

Notes to Consolidated Financial Statements

December 31, 2016

1. Organization and Significant Accounting Policies

Organization

Montefiore Medical Center (the Medical Center) and its controlled organizations comprise an integrated health care delivery system. The majority of the facilities are located in the Bronx, New York. The Medical Center is incorporated under New York State Not-for-Profit Corporation law and provides health care and related services, primarily to residents of the Metropolitan New York area. The Medical Center is a not-for-profit membership organization whose sole member is Montefiore Health System, Inc. (MHS). In addition, MHS is the sole member of several other health care related entities (members). Effective January 1, 2015, Montefiore Medicine Academic Health System, Inc. (MMAHS) became the sole member of MHS.

The Medical Center, together with its members, comprise an integrated health care delivery system that provides patient care, teaching, research, community services and care management. The Medical Center operates many community benefit programs, including wellness programs, community education programs and health screenings, as well as a variety of community support services, health professionals' education, school health programs and subsidized health services.

The accompanying consolidated financial statements include the accounts of the Medical Center and its controlled tax-exempt and taxable organizations.

- MMC Corporation (MCORP)
- Gunhill MRI P.C. (Gunhill)
- Mosholu Preservation Corporation (MPC)
- CMO The Care Management Company, LLC (CMO)
- Montefiore Proton Acquisition, LLC (MPRO)
- MMC Residential Corp. I, Inc. (Housing I)
- Montefiore Hospital Housing Section II, Inc. (Housing II)
- Montefiore Hudson Valley Collaborative LLC (MHVC)
- Montefiore CERC Operations, Inc. (CERC)
- Montefiore Consolidated Ventures, Inc. (MCV), which is the parent to the following organizations:
  - The Montefiore IPA, Inc. (MIPA)
  - Bronx Accountable Healthcare Network IPA, Inc. (ACO-IPA)
  - University Behavioral Associates, Inc. (UBA)
  - Montefiore Behavioral Care IPA No. 1, Inc. (MBCIPA)
  - MMC GI Holdings East, Inc. (GI East)
  - MMC GI Holdings West, Inc. (GI West)

For financial statement presentation, the entities described above are collectively termed the Medical Center, except as explicitly specified. All intercompany accounts and activities have been eliminated in consolidation.

1. Organization and Significant Accounting Policies (continued)

Captive insurance companies in which the Medical Center has an equity interest of more than 20%, but less than 50%, are accounted for under the equity method of accounting. In addition, investments in limited liability companies not wholly owned are recorded under the equity method.

Tax Status: The Medical Center, a section 501(c)(3) organization, is exempt from Federal, New York State and local income taxes under Section 501(a) of the Internal Revenue Code, as are all of the organizations consolidated in these financial statements, except for MCV and its subsidiaries, which are taxable entities and CMO, MPRO and MHVC which are disregarded entities for tax purposes. Disregarded entity status provides that the Medical Center is subject to unrelated business income taxation on income derived from activities not specific to the Medical Center. Deferred tax assets in the amount of $35.4 million are fully reserved in the accompanying consolidated financial statements as it was determined to be more likely than not that these assets will not be realized in the near term. Provisions for income taxes related to the taxable entities are not material to the consolidated financial statements.

Temporarily and Permanently Restricted Net Assets: Temporarily restricted net assets are those whose use has been limited by donors to a specific time frame or purpose. Permanently restricted net assets have been restricted by the donors to be maintained by the Medical Center in perpetuity. The Medical Center records contributions as temporarily restricted if they are received with donor stipulations that limit their use either through purpose or time restrictions.

When donor restrictions expire, that is, when a time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are classified as unrestricted contributions. Other revenue for the years ended December 31, 2016 and 2015 includes approximately $3.2 million and $4.8 million, respectively, of net assets released from restrictions used for operations.

Cash and Cash Equivalents: Cash equivalents include investments in highly liquid debt instruments with a maturity of three months or less at the time of purchase which are not deemed to be assets limited as to use or part of the marketable securities portfolio. The Medical Center maintains cash on deposit with major banks and invests in highly rated commercial paper on an overnight basis or securities issued by either the United States Government or its agencies with a maturity of three months or less at the time of purchase. The Medical Center does not hold any money market funds with significant liquidity restrictions that would be required to be excluded from cash equivalents.

1. Organization and Significant Accounting Policies (continued)

At December 31, 2016 and 2015, the Medical Center invested excess cash in deposits with major banks and in money market funds with high credit quality financial institutions.

Revenue and Receivables for Patient Care: Patient accounts receivable for which the Medical Center receives payment under various formulae or negotiated rates, which cover the majority of patient services, are stated at the estimated net amount receivable from such payers, which is generally less than the established billing rates of the Medical Center. Fees for patient services not covered by payer reimbursement and insurance programs are recorded on a sliding scale dependent on the individual's ability to pay. For purposes of presentation in the accompanying consolidated statements of financial position, receivables for patient care are net of advances from third-party payers which are directly related to receivables for patient care.

The amount of the allowance for doubtful accounts is based upon management's assessment of historical and expected net collections, business and economic conditions and other collection indicators.

Inventories: Inventories, included in other current assets, consist primarily of drugs and supplies, and are valued at the lower of cost (first-in, first-out method) or market.

Marketable and Other Securities: All marketable and other securities are classified as trading securities. Marketable securities (excluding alternative investments) are carried at fair value and generally consist of fixed income securities issued or guaranteed by government entities, money market funds, mutual funds, fixed income securities issued by corporations, collective trust funds and equity securities. Marketable securities received as a gift are initially recorded at fair value at the date of the gift. The carrying amount of alternative investments (nontraditional, not readily marketable asset classes), some of which are structured such that the Medical Center holds limited partnership interests, are determined by Medical Center management for each investment, based upon net asset values derived from the application of the equity method of accounting.

Individual investment holdings within the alternative investments include both non-marketable and market-traded securities. Valuations of the non-marketable securities are determined by the investment manager or general partner. These values may be based on historical cost, appraisals, or other estimates that require varying degrees of judgment. Generally, the carrying amount reflects net contributions to the investee and an ownership share of realized and unrealized investment income and expenses. The investments may indirectly expose the Medical Center to securities lending, short sales of securities, and trading in futures and forwards contracts, options

1. Organization and Significant Accounting Policies (continued)

and other derivative products. The Medical Center's risk is limited to its carrying value, in addition to any unfunded commitment. At December 31, 2016, the Medical Center had approximately $8.2 million of future commitments to invest in alternative investments. Certain investments are subject to notification periods or restrictions in order to divest. The financial statements of the investees are audited annually by independent auditors, although the timing for reporting the results of such audits does not coincide with the Medical Center's annual consolidated financial statement reporting.

There is uncertainty in the accounting for alternative investments arising from factors such as lack of active markets (primary or secondary), lack of transparency into underlying holdings and time lags associated with reporting by the investee companies. As a result, there is at least a reasonable possibility that estimates will change in the near term.

Investment Gains, Losses and Income: Net realized and unrealized gains and losses on marketable and other securities and equity in earnings or losses of alternative investments are recorded in unrestricted net assets unless their use is temporarily or permanently restricted by explicit donor stipulations or by law. Investment income limited by donor-imposed restrictions is recorded as an increase in temporarily restricted net assets. Realized gains and losses on sales of marketable and other securities are based on the average cost method.

Assets Limited as to Use: Assets so classified represent assets whose use is restricted for specific purposes under terms of agreements, donor restrictions, or employee deferred compensation plans.

Property, Buildings and Equipment: Property, buildings and equipment purchased are carried at cost and those acquired by gifts and bequests are carried at fair value established at the date received. Annual provisions for depreciation are made based upon the straight-line method over the estimated useful lives of the assets. The carrying amounts of assets and the related accumulated depreciation are removed from the accounts when such assets are disposed of and any resulting gain or loss is included in operations in the year of disposal.

Deferred Financing Costs: Deferred financing costs represent costs incurred to obtain financing for various construction and renovation projects. Amortization of these costs is determined by the effective interest method extending over the terms of the related indebtedness. Deferred financing costs are included in long-term debt in the accompanying consolidated statements of financial position.

1. Organization and Significant Accounting Policies (continued)

Employee Deferred Compensation Plan: Pursuant to various deferred compensation plans in which certain Medical Center employees or former employees participate, the Medical Center deposited employee contributions with trustees on behalf of the participating employees. The Medical Center is not responsible for investment gains or losses incurred. The assets, which are carried at fair value with a corresponding liability, are restricted for payments under the plans and may only revert to the Medical Center under certain specified circumstances. The assets are included in assets limited as to use in the accompanying consolidated statements of financial position.

Deferred Revenue: Deferred revenue included with other noncurrent liabilities represents amounts the Medical Center has received for which all obligations have not yet been fulfilled. Accordingly, such amounts are included within deferred revenue until earned.

Vacation Benefits: These benefits are accrued as earned, except for individuals employed under certain research grants and contracts.

Premium Revenue and Health Care Service Cost Recognition: Under certain managed care contracts, the Medical Center receives from the insurer a monthly premium per enrollee during the term of enrollment. The premium revenue, which is based on individual contracts, is recognized in the period earned. Under such arrangements, the Medical Center manages and, directly and through arrangements with other health care providers, delivers health care services to enrollees in accordance with the terms of the subscriber agreements. The Medical Center reimburses these providers on either a capitated or negotiated fee-for-service basis. The cost of health care services is accrued based on processed and unprocessed claims and estimates for medical services, which have been incurred but not reported. Although it is not possible to measure with certainty the degree of variability inherent in such an estimate, such estimates are continually monitored and reviewed by management and independent actuaries, and any adjustments deemed necessary are reflected in current operations. Health care service costs included in supplies and other expenses were decreased by approximately $5.0 million for the year ended December 31, 2016 and increased by approximately $200,000 for the year ended December 31, 2015, reflecting the difference between claims paid and the liability originally estimated. Premium revenue included within net patient service revenue in the accompanying consolidated statements of operations aggregated approximately $546.4 million and $543.1 million for the years ended December 31, 2016 and 2015, respectively.

1. Organization and Significant Accounting Policies (continued)

Performance Indicator: The consolidated statements of operations include excess (deficiency) of revenues over expenses as the performance indicator. Items excluded from excess (deficiency) of revenues over expenses are change in defined benefit pension and other postretirement plan liabilities to be recognized in future periods; net assets released from restrictions used for purchases of property, buildings and equipment; and transfers to members, net.

Transactions deemed by management to be ongoing, major or central to the provision of health care services are reported as operating revenue and operating expenses and are included in excess of operating revenues over operating expenses before other items. Peripheral transactions or transactions of an infrequent nature are excluded from excess of operating revenues over expenses before other items.

Research and Contract Revenue Recognition: The Medical Center is the recipient of various research awards from various governmental and commercial sources and has various contracts with governmental agencies. Revenue is recognized only to the extent of expenditures under the specific contracts or awards. The accompanying consolidated financial statements do not include amounts related to grants (or portions thereof) that have been awarded to the Medical Center for which expenditures have not been incurred. Such grant awards approximated $25.2 million and $33.2 million at December 31, 2016 and 2015, respectively.

Charity Care and Other Community Benefit Programs: The Medical Center is guided by its mission and charitable purpose to provide charity care and other community benefit programs. These activities include access to medically necessary treatment for individuals unable to pay for services, care provided under means-tested government insurance programs that reimburse the Medical Center at less than the cost of the services provided, education for future health providers, research to advance knowledge and other programs designed to meet local community needs.

The Medical Center is committed to serving all patients in need of health care services. Consistent with its mission and values, and taking into account an individual's ability to pay for medically necessary health care services, the Medical Center provides charity care, including free or discounted care, to all patients not covered by insurance. A key aspect of the policy includes assisting patients in obtaining insurance they are eligible to receive. Care provided under the charity care policy is not reported as revenue in the accompanying consolidated statements of operations. The cost of charity care is estimated based on charges associated with the care provided, applied to the ratio of total patient care expenses to total charges for all services rendered.

1. Organization and Significant Accounting Policies (continued)

Care provided to patients identified as having the means to pay, but for which payment is not received, is classified as bad debt expense. The Medical Center uses information from patients and other sources who are unable to provide financial information, to determine eligibility for charity care to classify activity between charity care and bad debt expense. Bad debt expense is included as a deduction from net patient service revenue in the accompanying consolidated statements of operations.

Medicaid and other means-tested programs comprise approximately one-third of the Medical Center's patient service revenue. The costs are estimated based on charges for services provided under the means-tested programs, applied to the ratio of total patient care expenses to total charges for all services rendered. The unpaid cost presented in the table below is based on estimated total costs, less reimbursement received for the services provided.

The Medical Center operates one of the largest medical residency and health professions training programs in the United States. The costs of the training programs are included in operating expenses in the accompanying consolidated statements of operations. The costs presented below are net of graduate medical education funding from the Medicare and Medicaid programs.

Research and other community benefit program costs include expenses incurred to advance medical care and clinical knowledge. In addition, the Medical Center fosters community participation through advisory boards and linkages with community-based groups. It responds to identified community health related needs by offering specific services including, among others, wellness programs, community education programs, health screenings, community support services and subsidized health services. The research and other community benefit program costs presented below are included in operating expenses in the accompanying consolidated statements of operations.

1. Organization and Significant Accounting Policies (continued)

A summary of the costs associated with the provision of charity care and other community benefit programs is as follows:

	Year Ended December 31	
	2016	**2015**
	(In Thousands)	
Charity care, at cost and net of subsidies	**$ 50,064**	$ 48,305
Unpaid cost of means-tested government-sponsored insurance programs	**288,128**	266,263
Health professions training, at cost	**38,571**	32,897
Community benefit programs	**92,299**	89,302
Research	**15,574**	15,068
	$ 484,636	$ 451,835

The New York State Department of Health (NYSDOH) Hospital Indigent Care Pool (the Pool) was established to provide funds to hospitals for the provision of uncompensated care and is funded, in part, by a 1% assessment on hospital net inpatient service revenue. For the years ended December 31, 2016 and 2015, the Medical Center received approximately $8.1 million and $15.3 million, respectively, in Pool distributions related to charity care. The Medical Center made payments into the Pool of approximately $19.0 million and $17.7 million for the years ended December 31, 2016 and 2015, respectively, for the 1% assessment.

Program Services: The Medical Center provides health care and related services primarily within its geographic area. Expenses related to providing these services for the years ended December 31, 2016 and 2015 are as follows:

	2016	**2015**
	(In Thousands)	
Health care and related services	**$ 3,529,604**	$ 3,353,244
Program support and general services	**357,747**	317,784
	$ 3,887,351	$ 3,671,028

1. Organization and Significant Accounting Policies (continued)

Use of Estimates: The preparation of the consolidated financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets, such as estimated uncollectibles for accounts receivable for services to patients and estimated insurance recoveries receivable, and liabilities, such as estimated third-party payer liabilities, estimated insurance claims liabilities and the disclosure of contingent assets and liabilities, at the date of the consolidated financial statements. Estimates also affect the amounts of revenue and expenses reported during the period. Actual results could differ from those estimates. During 2016 and 2015, the Medical Center recorded net changes in estimates of $46.5 million and $24.9 million, respectively, which primarily related to changes in previously estimated third-party payer settlements and changes to estimated liabilities.

Recent Accounting Pronouncements: In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update No. (ASU) 2014-09, *Revenue from Contracts with Customers*. The core principle of ASU 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The guidance in ASU 2014-09 supersedes the FASB's current revenue recognition requirements and most industry-specific guidance. The provisions of ASU 2014-09, as amended by ASU 2015-04, will be effective for fiscal years beginning after December 15, 2017, and interim periods within that fiscal year, with early adoption permitted but not prior to annual periods beginning after December 15, 2016. The Medical Center is in the process of evaluating the impact of ASU 2014-09 on its consolidated financial statements.

In August 2014, the FASB issued ASU 2014-15, *Presentation of Financial Statements – Going Concern,* that requires management of public and nonpublic companies to evaluate and disclose where there is substantial doubt about an entity's ability to continue as a going concern. The Medical Center adopted ASU 2014-15 as of December 31, 2016. The Medical Center's adoption of ASU 2014-15 did not impact the Medical Center's 2016 consolidated financial statements.

In April 2015, the FASB issued ASU 2015-05, *Customer's Accounting for Fees Paid in a Cloud Computing Arrangement.* ASU 2015-05 provides guidance to customers about whether a cloud computing arrangement includes a software license. If certain criteria are met, an entity may account for such an arrangement under the internal use software guidance included in Accounting Standards Codification (ASC) 350-40, *Internal Use Software*, whereby amounts are capitalized. If such criteria are not met, the cloud computing arrangement is considered a service contract and

1. Organization and Significant Accounting Policies (continued)

the related costs are expensed as incurred. ASU 2015-05 is effective for public business entities for fiscal years beginning after December 15, 2015 with the option to apply the guidance prospectively to all arrangements entered into or materially modified after the effective date or retrospectively. The Medical Center adopted ASU 2015-05 prospectively as of January 1, 2016 with no impact to the 2016 consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases*, which will require lessees to report most leases on their balance sheet, but recognize expenses on their income statement in a manner similar to current accounting. The guidance also eliminates current real estate-specific provisions. For lessors, the guidance modifies the classification criteria and the accounting for sales-type and direct financing leases. The provisions of ASU 2016-02 are effective for the Medical Center for annual periods beginning after December 15, 2018, and interim periods within those years. Early adoption is permitted. The Medical Center is in the process of evaluating the impact of ASU 2016-02 on its consolidated financial statements.

In August 2016, the FASB issued ASU 2016-14, *Not-for-Profit Financial Statement Presentation*, which eliminates the requirement for not-for profits (NFPs) to classify net assets as unrestricted, temporarily restricted and permanently restricted. Instead, NFPs will be required to classify net assets as net assets with donor restrictions or without donor restrictions. Entities that use the direct method of presenting operating cash flows will no longer be required to provide a reconciliation of the change in net assets to operating cash flows. The guidance also modifies required disclosures and reporting related to net assets, investment expenses and qualitative information regarding liquidity. NFPs will also be required to report all expenses by both functional and natural classification in one location. The provisions of ASU 2016-14 are effective for the Medical Center for annual periods beginning after December 15, 2017, and interim periods thereafter. Early adoption is permitted. The Medical Center is in the process of evaluating the impact of ASU 2016-14 on its consolidated financial statements.

In August 2016, the FASB issued ASU 2016-15, *Statement of Cash Flows – Classification of Certain Cash Receipts and Cash Payments*, which addresses the following eight specific cash flow issues in order to limit diversity in practice: debt prepayment or debt extinguishment costs; settlement of zero-coupon debt instruments or other debt instruments with coupon interest rates that are insignificant in relation to the effective interest rate of the borrowing; contingent consideration payments made after a business combination; proceeds from the settlement of insurance claims; proceeds from the settlement of corporate-owned life insurance policies, including bank-owned life insurance policies; distributions received from equity method investees;

1. Organization and Significant Accounting Policies (continued)

beneficial interests in securitization transactions; and separately identifiable cash flows and application of the predominance principle. The provisions of ASU 2016-15 are effective for the Medical Center for annual periods beginning after December 15, 2018 and interim periods thereafter. Early adoption is permitted. The Medical Center is in the process of evaluating the impact of ASU 2016-15 on its consolidated financial statements.

In November 2016, the FASB issued ASU 2016-18, *Statement of Cash Flows – Restricted Cash*, which requires that the statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The provisions of ASU 2016-18 are effective for the Medical Center for annual periods beginning after December 15, 2018 and interim periods thereafter. Early adoption is permitted. The Medical Center is in the process of evaluating the impact of ASU 2016-18 on its consolidated financial statements.

In January 2017, the FASB issued ASU 2017-07, *Compensation – Retirement Benefits: Improving the Presentation of Net Periodic Pension Cost and Net Periodic Postretirement Benefit Cost*. ASU 2017-07 addresses how employers that sponsor defined benefit pension and/or other postretirement benefit plans present the net periodic benefit cost in the income statement. Employers will be required to present the service cost component of net periodic benefit cost in the same income statement line item as other employee compensation costs arising from services rendered during the period. Employers will present the other components of the net periodic benefit cost separately from the line item that includes the service cost and outside of any subtotal of operating income, if one is presented. The standard is effective for the Medical Center for fiscal years beginning after December 15, 2018, and interim periods within annual periods beginning after December 15, 2019. Early adoption is permitted. Adoption of ASU 2017-07 will require the Medical Center to include the service cost component of net periodic benefit cost related to its cash balance defined benefit plan and other postretirement benefit plan (aggregate of approximately $15.1 million for 2016) within salaries and wages on the consolidated statements of operations and to present all other components (aggregate of approximately $8.8 million for 2016) as a separate line item outside of the excess of operating revenue over operating expenses before other items. Total net periodic benefit cost is recorded currently as a component of employee benefits on the consolidated statements of operations.

1. Organization and Significant Accounting Policies (continued)

Reclassifications: For purposes of comparison, certain reclassifications have been made to the accompanying 2015 consolidated financial statements to conform to the 2016 presentation. These reclassifications have no effect on net assets previously reported.

Subsequent Events: Subsequent events have been evaluated through April 21, 2017, which is the date the consolidated financial statements were issued. No subsequent events have occurred that require disclosure in or adjustment to the consolidated financial statements.

2. Net Patient Service Revenue

The Medical Center has agreements with third-party payers that provide for payments to the Medical Center at amounts different from its established rates. Net patient service revenue is reported at estimated net realizable amounts due from third-party payers, patients, and others for services rendered and includes estimated retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period that related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations.

Non-Medicare Reimbursement: In New York State, hospitals and all non-Medicare payers, except Medicaid, workers' compensation and no-fault insurance programs, negotiate hospitals' payment rates. If negotiated rates are not established, payers are billed at hospitals' established charges. Medicaid, workers' compensation and no-fault payers pay hospital rates promulgated by the New York State Department of Health. Payments to hospitals for Medicaid, workers' compensation and no-fault inpatient services are based on a statewide prospective payment system, with retroactive adjustments.

Outpatient services also are paid based on a statewide prospective system. Medicaid rate methodologies are subject to approval at the Federal level by the Centers for Medicare and Medicaid Services (CMS), which may routinely request information about such methodologies prior to approval. Revenue related to specific rate components that have not been approved by CMS is not recognized until the Medical Center is reasonably assured that such amounts are realizable. Adjustments to the current and prior years' payment rates for those payers will continue to be made in future years.

2. Net Patient Service Revenue (continued)

Medicare Reimbursement: Hospitals are paid for most Medicare inpatient and outpatient services under the national prospective payment system and other methodologies of the Medicare program for certain other services. Federal regulations provide for certain adjustments to current and prior years' payment rates, based on industry-wide and hospital-specific data. The Medical Center is paid for services rendered to Medicare beneficiaries on a Periodic Interim Payment (PIP) basis, plus certain add-ons and other items that are tentatively settled after submission of an annual cost report by the Medical Center and final settled after audits thereof by the Medicare Administrative Contractor (MAC) of the submitted cost report. The Medicare cost reports of the Medical Center have been final settled by the MAC through the year ended December 31, 2001.

Medicare and Medicaid regulations require annual retroactive settlements for cost-based reimbursements through cost reports filed by the Medical Center. These retroactive settlements are estimated and recorded in the consolidated financial statements in the year in which they occur. The estimated settlements recorded at December 31, 2016 and 2015 could differ from actual settlements based on the results of cost report audits.

Laws and regulations governing health care programs are extremely complex and are subject to interpretation. Noncompliance with such laws and regulations could result in repayment of amounts improperly reimbursed, fines, penalties and exclusion from such programs. In addition, the classification of patients of the Medical Center and the appropriateness of their admission are subject to an independent review by a peer review organization. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. The Medical Center is not aware of any allegations of noncompliance that could have a material adverse effect on the accompanying consolidated financial statements and believes that it is in compliance, in all material respects, with all applicable laws and regulations.

There are various proposals at the federal and state levels that could, among other things, significantly reduce payment rates or modify payment methods. The ultimate outcome of these proposals and other market changes, including the potential effects of health care reform that has been enacted by the Federal and State governments, cannot presently be determined. Future changes in the Medicare and Medicaid programs and any reduction of funding could have an adverse effect on the Medical Center.

2. Net Patient Service Revenue (continued)

Bad Debt Expense: The collection of patient service revenue due from patients, including copayments and deductibles, from those who are ineligible for charity care, is subject to uncertainty. The Medical Center records bad debt expense in the period services are rendered based on past experience, to account for amounts that patients may ultimately be unable or unwilling to pay. For self-pay patients, which includes both patients without insurance and patients with copayments and deductibles after third-party coverage, the Medical Center records an estimate for bad debt expense in the current period based on past experience. Amounts ultimately written off as uncollectible and recoveries of such amounts are deducted from, or added to, the allowance for doubtful accounts.

Net patient service revenue, net of contractual allowances and discounts, for the years ended December 31, 2016 and 2015, by major payer source, is as follows:

	2016	2015
	(In Thousands)	
Patient service revenue (net of contractual allowances and discounts):		
Medicaid and Medicaid managed care	$ 1,170,216	$ 1,145,863
Medicare and Medicare managed care	1,187,785	1,116,346
Commercial and managed care	1,283,001	1,169,991
Self-pay and other	40,065	43,623
	3,681,067	3,475,823
Bad debt expense	(49,307)	(46,391)
Net patient service revenue	$ 3,631,760	$ 3,429,432

3. Marketable and Other Securities and Assets Limited as to Use

The composition of marketable and other securities and assets limited as to use follows:

	December 31 2016	2015
	(In Thousands)	
Marketable and other securities	$ 633,928	$ 713,828
Assets limited as to use	246,428	288,977
	$ 880,356	$ 1,002,805
Managed cash and cash equivalents held for investment	$ 67,871	$ 160,698
Corporate debt	217,303	285,964
U.S. Treasury securities	109,401	84,748
U.S. Government agency mortgage-backed securities	51,848	61,015
U.S. Government agency-backed securities	40,167	20,808
Equity securities	60,659	60,751
Non-equity mutual funds	155,762	83,555
Equity mutual funds	27,163	24,949
Limited partnerships and other alternative investments	115,307	157,776
Collective trust funds	28,984	49,065
Interest and other receivables	5,891	13,476
	$ 880,356	$ 1,002,805

The composition of assets limited as to use follows:

	December 31 2016	2015
	(In Thousands)	
Debt-related sinking funds	$ 77,628	$ 80,787
Donor restricted funds	70,719	68,614
Managed care cash reserves required by contracts	47,139	59,551
Lease escrow deposits	13,153	44,884
Employee deferred compensation plan assets	37,789	31,616
Marketable securities held as collateral	–	3,525
Total assets limited as to use	246,428	288,977
Less: current portion of assets limited as to use	(52,159)	(96,258)
Assets limited as to use, net of current portion	$ 194,269	$ 192,719

3. Marketable and Other Securities and Assets Limited as to Use (continued)

Investment returns for the years ended December 31, 2016 and 2015 are comprised as follows:

	Year Ended December 31	
	2016	**2015**
	(In Thousands)	
Interest and dividend income	**$ 12,912**	$ 14,793
Net realized gains and losses	**4,614**	18,094
Change in net unrealized gains and losses	**9,395**	(11,034)
	$ 26,921	$ 21,853

4. Property, Buildings and Equipment

A summary of property, buildings and equipment follows:

	December 31	
	2016	**2015**
	(In Thousands)	
Land and land improvements	**$ 40,214**	$ 40,042
Buildings, fixed equipment and improvements	**1,629,277**	1,591,587
Movable equipment	**1,281,401**	1,100,258
	2,950,892	2,731,887
Less accumulated depreciation and amortization	**(1,880,709)**	(1,734,099)
	1,070,183	997,788
Construction-in-progress	**52,056**	161,252
	$ 1,122,239	$ 1,159,040

Substantially all property, buildings, and equipment are pledged as collateral under various debt agreements.

5. Operating Leases

Total rental expense included in supplies and other expenses aggregated approximately $51.5 million and $45.8 million for the years ended December 31, 2016 and 2015, respectively.

Future minimum payments, by year and in the aggregate, under non-cancelable operating leases with initial or remaining terms of one year or more at December 31, 2016 consisted of the following (in thousands):

2017	$ 33,388
2018	29,038
2019	23,629
2020	20,497
2021	20,131
2022 and thereafter[1]	819,075
Total minimum lease payments	$ 945,758

[1] In September 2015, the Medical Center and Yeshiva University (YU) amended and restated a lease agreement for the Weiler Hospital campus. Terms of the agreement include approximately $2.5 million in annual rent, with a 2% increase, compounded annually through 2114.

6. Long-Term Debt

A summary of long-term debt follows:

	December 31	
	2016	**2015**
	(In Thousands)	
FHA Section 242 insured mortgage loan[a]	**$ 87,840**	$ 93,868
FHA Section 241 insured mortgage loan[b]	**60,975**	69,098
FHA Section 241 insured mortgage loan[c]	**59,163**	63,550
FHA Section 241 insured mortgage loan[d]	**9,708**	10,428
FHA Section 241 insured mortgage loan[e]	**131,209**	136,110
HDC residential revenue bonds payable[f]	**5,900**	6,200
Bank loans payable[g]	**79,470**	81,887
Housing II mortgages payable[h]	**18,421**	18,580
Housing I mortgage payable[i]	**1,160**	1,239
MCORP bonds payable[j]	**18,190**	18,720
NYC IDA bonds payable[j]	**12,755**	13,110
Build NYC bonds payable[k]	**73,718**	76,705
Equipment leasing programs[l]	**190,692**	199,885
Ambulatory care center financing[m]	**57,143**	57,604
Dormitory Authority mortgage [n]	**15,675**	16,444
Other	**1,931**	1,925
	823,950	865,353
Add long-term mortgage premiums[b, e, j]	**1,268**	5,297
Less deferred financing costs	**(6,411)**	(8,885)
Less current portion	**(65,786)**	(59,901)
	$ 753,021	$ 801,864

6. Long-Term Debt (continued)

In May 2016, the Medical Center issued Montefiore Medical Center GNMA Collateralized Taxable Revenue Bonds, Series 2016 (2016 Bonds) in order to refinance two of its FHA insured mortgage loans (see sections a and e below). As a result of the refinancing, the Medical Center recorded a gain on refinancing of approximately $4.6 million during 2016.

[a]The Medical Center has a mortgage agreement insured under the provisions of the Federal Housing Administration (FHA) 242 Program to finance certain construction and renovation projects. This insured mortgage loan is secured by a first mortgage on substantially all of the Medical Center's real property and unrestricted assets. Prior to May 2016, the mortgage agreement was with the Dormitory Authority of the State of New York (the Dormitory Authority) and the interest rate was 4.57% per annum. In May 2016, the Medical Center issued the 2016 Bonds in order to refinance the mortgage loan and reduce the interest rate to 2.47%. The 2016 Bonds are secured by fully modified pass-through mortgage-backed securities guaranteed by the Government National Mortgage Association (GNMA). Mortgage principal and interest payments are due monthly through October 1, 2026, at which time any remaining principal and interest is due. With the exception of certain limited circumstances, the mortgage loan may not be prepaid prior to March 31, 2026, after which the mortgage may be prepaid without penalty.

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2016, the balance of approximately $19.8 million of the mortgage reserve fund met the funding requirements and minimum required mortgage reserve fund balances related to the FHA 242 Program insured mortgage loan. The funding requirements and the required minimum mortgage reserve fund balances for the next five years are:

	December 31	
	Funding Requirement	Minimum Balance
	(In Thousands)	
2017	$ –	$ 19,845
2018	–	19,845
2019	–	19,845
2020	–	19,845
2021	(2,315)	17,530

6. Long-Term Debt (continued)

[b]The Medical Center has a mortgage agreement with the Dormitory Authority, insured under the provisions of the FHA 241 Program, to finance a construction and renovation project. The interest rate on the mortgage is 4.55% per annum and principal and interest payments are due monthly through April 2023, at which time any remaining principal and interest is due. With the exception of certain limited circumstances, the loan may not be prepaid prior to February 1, 2018. Subsequent to February 1, 2018, the loan may be prepaid without penalty.

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2016, the balance of approximately $20.9 million of the mortgage reserve fund met the funding requirements and minimum mortgage reserve fund balances related to the FHA 241 Program insured mortgage loan. The funding requirements and the required minimum mortgage reserve fund balances for the next five years are:

	December 31	
	Funding Requirement	Minimum Balance
	(In Thousands)	
2017	$ (3,237)	$ 17,667
2018	(3,145)	14,522
2019	(3,145)	11,377
2020	(3,145)	8,232
2021	(3,237)	4,995

In connection with this financing, the Medical Center recorded a mortgage premium as a component of long-term debt related to the termination of a forward starting interest rate swap agreement. The balance outstanding was approximately $1.1 million and $1.5 million at December 31, 2016 and 2015, respectively. The mortgage premium is being amortized over the life of the mortgage using the effective interest method.

6. Long-Term Debt (continued)

[c]The Medical Center has a mortgage agreement insured under the provisions of the FHA 241 Program to finance a construction and renovation project. The interest rate is 4.22% per annum. Monthly payments of principal and interest will be made through May 1, 2027, at which time any remaining principal and interest is due. With the exception of certain limited circumstances, the mortgage loan may not be prepaid prior to April 30, 2021, after which the mortgage may be prepaid without penalty.

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2016, the balance of approximately $14.0 million of the mortgage reserve fund met the funding requirements and minimum mortgage reserve fund balances related to the FHA 241 Program insured mortgage loan. The funding requirements and the required minimum mortgage reserve fund balances for the next five years are:

	December 31	
	Funding Requirement	**Minimum Balance**
	(In Thousands)	
2017	$ –	$ 13,969
2018	–	13,969
2019	–	13,969
2020	(1,164)	12,805
2021	(1,996)	10,809

[d]The Medical Center has a mortgage agreement insured under the provisions of the FHA 241 Program to finance a construction and renovation project. The interest rate is 4.22% per annum. Monthly payments of principal and interest will be made through May 1, 2027, at which time any remaining principal and interest is due. With the exception of certain limited circumstances, the mortgage loan may not be prepaid prior to April 30, 2021, after which the mortgage may be prepaid without penalty.

6. Long-Term Debt (continued)

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2016, the balance of approximately $2.3 million of the mortgage reserve fund met the funding requirements and minimum mortgage reserve fund balances related to the FHA 241 Program insured mortgage loan. The funding requirements and the required minimum mortgage reserve fund balances for the next five years are:

	December 31	
	Funding Requirement	**Minimum Balance**
	(In Thousands)	
2017	$ –	$ 2,292
2018	–	2,292
2019	–	2,292
2020	(191)	2,101
2021	(327)	1,774

[e]The Medical Center has a mortgage agreement insured under the provisions of the FHA 241 Program, to finance a construction and renovation project that was completed in 2007. Prior to May 2016, the mortgage agreement was with the Dormitory Authority and the interest rate was 5.37% per annum. In May 2016, the Medical Center issued the 2016 Bonds in order to refinance the mortgage loan and reduce the interest rate to 3.21%. The 2016 Bonds are secured by fully modified pass-through mortgage-backed securities guaranteed by GNMA. Mortgage principal and interest payments are due monthly through April 1, 2032, at which time any remaining principal and interest is due.

With the exception of certain limited circumstances, the mortgage loan may not be prepaid prior to March 31, 2026, after which the mortgage may be prepaid without penalty.

6. Long-Term Debt (continued)

In connection with the mortgage agreement, the Medical Center had a bank letter of credit which was terminated in May 2016. At December 31, 2015, the approximate $3.2 million letter of credit was secured by approximately $3.5 million of marketable securities included in assets limited as to use in the accompanying consolidated statements of financial position. There were no drawdowns under the letter of credit during the year ended December 31, 2015.

In connection with this financing, the Medical Center recorded approximately $7.6 million of mortgage premium as a component of long-term debt related to the termination of a forward starting interest rate swap agreement. The balance outstanding was approximately $3.7 million at December 31, 2015. The remaining balance was written off in May 2016 in connection with the refinancing of this debt.

The Medical Center is required to place specified amounts into mortgage reserve funds and maintain the mortgage reserve funds at specified minimum balances for the FHA insured mortgage loans. At December 31, 2016, the Medical Center met the funding requirements and minimum required mortgage reserve fund balance of $20.6 million related to the FHA 241 Program insured mortgage loan. The funding requirements and the required minimum mortgage reserve fund balances for the next five years are:

	December 31	
	Funding Requirement	Minimum Balance
	(In Thousands)	
2017	$ 896	$ 21,512
2018	–	21,512
2019	–	21,512
2020	–	21,512
2021	–	21,512

6. Long-Term Debt (continued)

(f) The proceeds of New York City Housing Development Corporation (HDC) revenue bonds were used by the Medical Center for a staff housing project. Interest is payable monthly at a variable rate (2.09% and 1.39% at December 31, 2016 and 2015, respectively). Principal is payable annually through May 1, 2030, at increasing annual amounts ranging from approximately $200,000 to $600,000. The amounts due are secured by a mortgage and a revenue pledge on the underlying property financed and an irrevocable direct pay letter of credit issued by a bank in the amount of approximately $6.0 million, which expires in September 2018. No unreimbursed draws were made under the direct pay letter of credit during the years ended December 31, 2016 and 2015. The revenue bonds can be prepaid without penalty at the option of the Medical Center.

(g) The Medical Center has a bank loan, of which approximately $7.9 million was outstanding at December 31, 2016. Interest is payable monthly at a fixed rate of 3.43%. Monthly principal payments of approximately $56,000 are due through the final maturity date in November 2021, at which time the remaining principal is due.

The Medical Center has a bank loan, of which approximately $4.0 million and $4.4 million was outstanding at December 31, 2016 and 2015, respectively. Interest is payable monthly at a variable rate (3.41% and 3.30% at December 31, 2016 and 2015, respectively). Annual principal payments of approximately $364,000 are due through the final maturity date in February 2019, at which time the remaining principal is due.

The Medical Center has a bank loan agreement, of which approximately $1.6 million and $1.9 million was outstanding at December 31, 2016 and 2015, respectively. Interest is payable monthly at a variable rate (2.95% and 2.96% at December 31, 2016 and 2015, respectively). Annual principal payments of approximately $267,000 are due through the final maturity date in February 2019, at which time the remaining principal is due.

During 2012, MCORP entered into a loan agreement with a bank to finance certain leasehold improvements. The balance outstanding at December 31, 2015 was $800,000 and was fully paid during 2016.

6. Long-Term Debt (continued)

During 2013, MCORP entered into a mortgage loan agreement with a bank for approximately $38.5 million in order to finance the purchase and renovation of real estate. At December 31, 2016 and 2015, approximately $35.9 million and $36.9 million was outstanding, respectively. Interest is payable monthly at a rate of approximately 2.49%. Monthly principal payments of approximately $78,000 commenced April 2014 and extend through March 2020, at which time the remaining principal is due. The mortgage loan may be prepaid prior to maturity, but may be subject to a prepayment penalty.

During 2013, the Medical Center entered into a mortgage loan agreement with a bank to borrow up to $30.0 million in order to finance real estate acquisitions and renovations. At December 31, 2016 and 2015, approximately $30.0 million was outstanding. Interest is payable monthly at a rate of 1.67% through February 2018, at which time the outstanding principal is due. The mortgage loan may be prepaid prior to maturity, but may be subject to a prepayment penalty.

At December 31, 2015, the Medical Center had a line of credit with a bank aggregating approximately $8.5 million, which was increased to $30.0 million during 2016. At December 31, 2016, no amounts were outstanding under this line. At December 31, 2015, the outstanding balance was $8.0 million and is included in long-term debt in the accompanying consolidated statement of financial position. Interest on the line is payable monthly at a variable rate (2.92% at December 31, 2015). The line of credit expires in June 2017.

[(h)]Housing II has primary and subordinate mortgage agreements with HDC. At December 31, 2016 and 2015, the primary mortgage amount outstanding was approximately $5.6 million and $5.8 million, respectively. The interest rate is 6.5%, and principal and interest payments of $44,300 are due monthly through January 1, 2035. After December 29, 2019, the primary mortgage may be prepaid without penalty if the subordinate mortgage is no longer outstanding. At December 31, 2016 and 2015, the subordinate mortgage amount outstanding was approximately $12.8 million and bears no interest.

6. Long-Term Debt (continued)

The subordinate mortgage is payable in full on April 30, 2035. After December 29, 2019, the subordinate mortgage may be prepaid without penalty. The effective interest rate of the combined obligation is 2.3%, assuming the obligation is prepaid in 2019. If the mortgages remain outstanding through 2035, the effective interest rate is 1.8%. Housing II has used 1.8% as the interest rate for the purpose of recognizing interest expense under the assumption that the mortgages will remain outstanding through 2035.

Substantially all of Housing II's property and equipment rents and profits are collateral for the mortgages. In addition, any requests for rental increases must be approved by HDC. During the years ended December 31, 2016 and 2015, Housing II maintained the reserve for replacement account in accordance with HDC requirements. Monthly deposits aggregating approximately $5,000 are required to be made into this account.

(i) Housing I has a mortgage loan agreement with a lender. At December 31, 2016 and 2015, the principal balance outstanding was approximately $1.2 million. The interest rate is 7.6%. Principal and interest payments are due monthly through July 2026. The mortgage loan may be prepaid upon 30-day notice subject to payment of a prepayment penalty of at least 1%. The mortgage loan is secured by a mortgage on the building and underlying property.

(j) MCORP financed the acquisition of certain real estate with the proceeds of two financings: New York City Industrial Development Agency (NYC IDA) revenue bonds and MCORP taxable bonds. Interest on the NYC IDA bonds has an average coupon rate of 4.96%, and payments of interest and principal are payable monthly through October 1, 2035. The NYC IDA bonds may be prepaid without penalty. The bonds were sold at a premium, of which approximately $148,000 and $160,000 was recorded as a component of the related long-term debt as of December 31, 2016 and 2015, respectively, and is being amortized using the effective interest method over the term of the NYC IDA bonds. Interest on the MCORP bonds is payable monthly at a variable rate (2.38% and 1.36% at December 31, 2016 and 2015, respectively). Principal is payable monthly through October 1, 2035. The MCORP bonds are subject to prepayment without penalty. Both bond issues are secured by direct pay letters of credit from a bank in the amounts of approximately $13.3 million and $18.6 million at December 31, 2016, and approximately $13.6 million and $19.1 million at December 31, 2015. The letters of credit are secured by a mortgage on the properties financed. The letters of credit expire September 25, 2018.

6. Long-Term Debt (continued)

No unreimbursed draws were made under the direct pay letters of credit during the years ended December 31, 2016 and 2015.

(k) During 2013, the Medical Center issued Build NYC Resource Corporation Revenue Bonds, Series 2013A and Series 2013B (2013 Bonds) of approximately $93.0 million through Build NYC Resource Corporation, to finance a leasehold renovation project secured by a leasehold mortgage. At December 31, 2016 and 2015, a total of approximately $73.7 million and $76.7 million was drawn and outstanding, respectively. Interest on the 2013 Bonds is payable monthly at variable rates (1.83% and 1.58% at December 31, 2016 and 2015, respectively). Monthly payments of principal of approximately $508,000 commenced in April 2015 and extend through the final maturity date in June 2030. The 2013 Bonds are subject to prepayment without penalty, upon satisfaction of certain notice provisions.

(l) In addition to amounts previously borrowed, the Medical Center borrowed approximately $14.8 million and $85.0 million during the years ended December 31, 2016 and 2015, respectively, under equipment leases to finance certain capital projects. The interest rates associated with the Medical Center's various equipment lease borrowings range from 1.06% to 2.20%.

(m) During 2014, the Medical Center entered into a real estate lease for an ambulatory care center. The lease was accounted for as a financing transaction; accordingly, an obligation of approximately $57.1 million and $57.6 million was outstanding at December 31, 2016 and 2015, respectively. Payments of principal and interest commenced in September 2015 and extend through September 2030.

(n) During 2015, the Medical Center entered into a loan agreement with the Dormitory Authority in the amount of approximately $16.4 million in connection with the transfer of a substance abuse treatment facility from Einstein to the Medical Center. The loan is secured by a mortgage on the facility. Interest payments are due semiannually at rates ranging from approximately 4.4% to 4.5% and principal payments are due annually, through February 15, 2030. To the extent that the Medical Center continues to meet certain conditions, its obligations to make interest and principal payments will be funded by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) under a state aid grant lien. During 2016 and 2015, OASAS funded approximately $770,000 and $390,000, respectively, of principal, interest and fees associated with this loan.

6. Long-Term Debt (continued)

The aggregate amount of principal payments required under all long-term indebtedness, including capital leases and amortization of long-term mortgage premium and deferred financing costs, exclusive of sinking funds requirements, at December 31, 2016 are as follows (in thousands):

2017	$ 65,786
2018	101,353
2019	72,831
2020	101,892
2021	67,206
2022 and thereafter	409,739
	$ 818,807

Substantially all of the Medical Center's property, buildings and equipment and other assets serve as collateral under the various debt arrangements. In addition, the Medical Center must maintain certain financial ratios and, among other things, obtain approval to incur additional debt above specified amounts. The Medical Center was in compliance with such covenants at December 31, 2016 and 2015.

Interest paid during the years ended December 31, 2016 and 2015 amounted to approximately $32.9 million and $34.1 million, respectively.

7. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	December 31	
	2016	**2015**
	(In Thousands)	
Collateralizing bank financing, teaching and research	**$ 37,224**	$ 37,224
Health care related services	**22,732**	17,994
Construction and renovation projects	**8,763**	10,482
Research	**8,449**	8,371
Other	**1,013**	439
	$ 78,181	$ 74,510

7. Temporarily and Permanently Restricted Net Assets (continued)

The Medical Center follows the requirements of the New York Prudent Management of Institutional Funds Act (NYPMIFA) as it relates to its permanently restricted endowments.

The Medical Center's endowments consist of donor-restricted funds established for a variety of purposes. As required by U.S. generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Medical Center requires the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. The Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) if applicable, any accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted funds that are not classified in permanently restricted net assets is classified as temporarily restricted net assets until the purpose or time restriction expires. Endowment assets include those assets of donor-restricted funds that the Medical Center must hold in perpetuity or for a donor-specified term.

The Medical Center's investment and spending policies for endowment assets seek to provide a predictable stream of funding to programs supported by its endowment, while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Medical Center must hold in perpetuity or for a donor-specified term.

7. Temporarily and Permanently Restricted Net Assets (continued)

For the years ended December 31, 2016 and 2015, the Medical Center had the following endowment-related activities:

	2016			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
	(In Thousands)			
Endowment balance, beginning of year	$ –	$ 1,836	$ 31,390	$ 33,226
Additions	–	–	314	314
Investment income	138	98	–	236
Amounts appropriated for expenditure	(138)	(66)	–	(204)
Net change in endowment funds	–	32	314	346
Endowment balance, end of year	$ –	$ 1,868	$ 31,704	$ 33,572

	2015			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
	(In Thousands)			
Endowment balance, beginning of year	$ –	$ 1,764	$ 25,350	$ 27,114
Additions	–	–	6,040	6,040
Investment income	149	122	–	271
Amounts appropriated for expenditure	(149)	(50)	–	(199)
Net change in endowment funds	–	72	6,040	6,112
Endowment balance, end of year	$ –	$ 1,836	$ 31,390	$ 33,226

Permanently restricted net assets amounted to approximately $31.7 million and $31.4 million at December 31, 2016 and 2015, respectively. At December 31, 2016 and 2015, the fair value of marketable securities (including reinvested earnings over the life of endowments) exceeded the amount of permanently restricted net assets at such dates.

8. Benefit Plans

The Medical Center is a contributing employer to two union multiemployer pension plans. In addition, the Medical Center also maintains two tax deferred annuity plans under Section 403(b) of the Internal Revenue Code, as well as two noncontributory defined benefit pension plans.

Contributions to union multiemployer pension plans are made in accordance with contractual agreements under which contributions are based on a percentage of salaries or a negotiated amount. Contributions to the non-contributory tax deferred annuity plan are based on percentages of salary. Contributions to the noncontributory defined benefit plans are based on actuarial valuations. Benefits under the noncontributory defined benefit plans are based on years of service and salary levels. The Medical Center's policy is to contribute amounts sufficient to meet funding requirements in accordance with the Employee Retirement Income Security Act of 1974 and the Pension Protection Act of 2006.

Total expense, included in employee benefits expense in the accompanying consolidated statements of operations for the various pension plans aggregated approximately $137.2 million and $129.5 million for the years ended December 31, 2016 and 2015, respectively. Cash payments relative to the various pension plans aggregated approximately $136.7 million and $129.8 million for the years ended December 31, 2016 and 2015, respectively.

The Medical Center also sponsors two unfunded defined benefit postretirement health and welfare plans that cover certain full-time and part-time employees and eligible dependents.

Multiemployer Plans

The Medical Center contributes to two multiemployer defined benefit pension plans under the terms of collective-bargaining agreements that cover its union-represented employees: New York State Nurses Association Pension Plan (NYSNA) and the 1199SEIU Healthcare Employees Pension Fund (1199SEIU). The risks of participating in these multiemployer plans are different from single-employer plans in the following respects:

- Assets contributed to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.

- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

8. Benefit Plans (continued)

- If an entity of the multiemployer defined benefit pension plan chooses to stop participating in some of its multiemployer plans, the entity may be required to pay those plans an amount based on the underfunded status of the plan, referred to as a withdrawal liability.

The Medical Center's participation in these plans for the years ended December 31, 2016 and 2015 is outlined in the following table. The "EIN/Pension Plan Number" column provides the Employee Identification Number (EIN) and the three-digit plan numbers. Unless otherwise noted, the most recent Pension Protection Act zone status available in 2016 and 2015 is for the plan's year end at December 31, 2015 and 2014, respectively. The zone status is based on information that the Medical Center received from the plans and is certified by the plans' actuaries. Among other factors, plans in the red zone are generally less than 65% funded, plans in the yellow zone are less than 80% funded, and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The last column lists the expiration dates of the collective-bargaining agreements to which the plans are subject.

Pension Fund	EIN/ Pension Plan Number	Pension Protection Act Zone Status January 1, 2016	Pension Protection Act Zone Status January 1, 2015	FIP/RP Status Pending Implemented	Contributions from the Medical Center 2016	Contributions from the Medical Center 2015	Surcharge Imposed	Expiration Date of Collective-Bargaining Agreement
					(In Thousands)			
NYSNA	13-6604799/001	Green	Green	N/A	$ 24,562	$ 23,092	No	12/31/2018
1199SEIU	13-3604862/001	Green	Green	N/A	$ 55,289	$ 52,348	No	9/30/2018

The Medical Center was listed in the plans' Forms 5500 as providing more than 5% of the total contributions for the following plan years:

Pension Fund	Year Contributions to Plan Exceeded More Than 5% of Total Contributions (as of December 31 of the Plan's Year End)
NYSNA	2015 and 2014
1199SEIU	2015 and 2014

At the date the Medical Center's consolidated financial statements were issued, Forms 5500 were not available for the plans' year ended in 2016.

8. Benefit Plans (continued)

Defined Benefit Plans

The Medical Center recognizes the funded status (i.e., the difference between the fair value of plan assets and the projected benefit obligations) of the defined benefit plans in its consolidated statements of financial position. Net unrecognized actuarial losses and net unrecognized prior service costs at the reporting date will be subsequently recognized in the future as net periodic benefit cost pursuant to the Medical Center's accounting policy for amortizing such amounts.

Further, actuarial gains and losses that arise in subsequent periods and are not recognized as net periodic benefit cost in the same periods will be recognized as a component of unrestricted net assets.

Included in unrestricted net assets at December 31, 2016 and 2015 are the following amounts that have not yet been recognized in net periodic benefit cost:

	Pension		Postretirement	
	2016	**2015**	**2016**	**2015**
	(In Thousands)			
Unrecognized actuarial loss	**$ 15,208**	$ 16,777	**$ 29,414**	$ 36,138
Unrecognized prior service cost (credit)	**206**	412	**(3,835)**	(5,614)
	$ 15,414	$ 17,189	**$ 25,579**	$ 30,524

The unrecognized net prior service cost (credit) and actuarial loss included in unrestricted net assets expected to be recognized as net periodic benefit (credit) cost during the year ending December 31, 2017 are approximately ($1.5) million and $2.9 million, respectively.

8. Benefit Plans (continued)

The following tables provide a reconciliation of the changes in the defined benefit pension plans' benefit obligations and fair value of plan assets (where applicable) and postretirement benefit plan for the years ended December 31, 2016 and 2015 and the funded status of the defined benefit plans as of December 31, 2016 and 2015:

	Pension		Postretirement	
	2016	2015	2016	2015
	(In Thousands)			
Changes in benefit obligation				
Benefit obligation at January 1	$ 42,242	$ 41,797	$ 149,519	$ 155,764
Service cost	3,548	3,398	11,527	11,859
Interest cost	1,714	1,559	6,390	6,121
Actuarial gain	(1,268)	(2,502)	(3,861)	(18,520)
Benefit payments, net	(2,617)	(2,726)	(6,965)	(5,705)
Plan amendments	–	716	–	–
Benefit obligation at December 31	$ 43,619	$ 42,242	$ 156,610	$ 149,519
Change in plan assets				
Fair value of plan assets at January 1	$ 24,213	$ 25,468	$ –	$ –
Actual return on plan assets	855	(1,342)	–	–
Employer contributions	2,822	2,813	6,965	5,705
Benefit payments, net	(2,617)	(2,726)	(6,965)	(5,705)
Fair value of plan assets at December 31	$ 25,273	$ 24,213	$ –	$ –
Funded status				
Amounts recognized in the consolidated statements of financial position	$ (18,346)	$ (18,029)	$ (156,610)	$ (149,519)

At December 31, 2016 and 2015, approximately $7.9 million and $6.3 million, respectively, was included in accrued salaries, wages and related items in the accompanying consolidated statements of financial position.

The actuarial gains in 2016 and 2015 are due to an increase in the discount rates.

8. Benefit Plans (continued)

The accumulated benefit obligation for the Medical Center's defined benefit plans as of December 31, 2016 and 2015 was approximately $28.4 million and $29.0 million, respectively.

The following table provides the components of the net periodic benefit cost for the defined benefit pension plans and postretirement benefit plan for the years ended December 31, 2016 and 2015:

	Pension		Postretirement	
	2016	**2015**	**2016**	**2015**
	(In Thousands)			
Service cost	**$ 3,548**	$ 3,398	**$ 11,527**	$ 11,859
Interest cost	**1,714**	1,559	**6,390**	6,121
Expected return on plan assets	**(1,722)**	(1,667)	**–**	–
Amortization of prior service cost (benefit)	**206**	485	**(1,779)**	(1,779)
Amortization of net loss	**1,168**	1,386	**2,863**	5,958
Net periodic benefit cost	**$ 4,914**	$ 5,161	**$ 19,001**	$ 22,159
Weighted-average assumptions used to determine benefit obligations as of December 31				
Discount rate	**4.17%–4.52%**	3.92%–4.45%	**4.50%**	4.35%
Rate of compensation increase	**3.00%–4.00%**	3.00%–4.00%	**3.00%**	3.00%
Weighted-average assumptions used to determine net periodic benefit cost for the years ended December 31				
Discount rate	**3.92%–4.45%**	3.31%–4.06%	**4.35%**	4.00%
Expected long-term rate of return on plan assets	**6.50%**	6.50%	**–**	–
Rate of compensation increase	**3.00%–4.00%**	3.00%–4.00%	**–**	–

The overall expected long-term rate of return on plan assets is based on the historical returns of each asset class weighted by the target asset allocation. The target asset allocation has been selected consistent with the plan's desired risk and return characteristics. The Medical Center's independent consulting actuaries review the expected long-term rate periodically and based on the building block approach, updated the rate for changes in the marketplace.

8. Benefit Plans (continued)

The Medical Center's defined benefit pension plan weighted-average asset allocations, by asset category, are as follows:

	December 31	
	2016	**2015**
Equity securities	**–%**	6%
Fixed income mutual funds	**23**	6
Alternative investments	**–**	9
Equity mutual/common trust funds	**53**	7
Cash and cash equivalents	**24**	72
	100%	100%

During 2016, the Medical Center's defined benefit plan assets were transferred from the Health Services Retirement Plan (which terminated during 2016) to Principal Financial Group.

Defined benefit pension plan assets are carried at fair value and generally consist of fixed income securities issued or guaranteed by government entities, money market funds, mutual funds, fixed income securities issued by corporations, equity securities, and alternative investments. Alternative investments are stated at fair value based upon, as a practical expedient, net asset values derived from the application of the equity method of accounting. Refer to Note 10 for additional fair value measurement information related to the defined benefit plan asset categories noted in the table above.

The target allocations for the defined benefit pension plan's assets are as follows:

U.S. stocks	17–27%
Non-U.S. stocks	10–20%
Global stocks	6–9%
Bonds	19–30%
Hedge funds	12–22%
Private equity funds	0–10%

8. Benefit Plans (continued)

Assumed health care cost trend rates at December 31 are as follows:

	2016	2015
Health care cost trend rate	**6.95%**	7.45%
Rate to which the cost trend rate is assumed to decline (the ultimate trend rate)	**5.00%**	5.00%
Years that the rate reaches the ultimate trend rate	**2022-2023**	2022-2023

The measurement dates used to determine defined benefit pension and postretirement plan costs were December 31, 2016 and 2015.

During the year ending December 31, 2017, the Medical Center expects to contribute approximately $4.1 million and $5.7 million to the defined benefit pension and postretirement plans, respectively.

Expected benefit payments by year as of December 31, 2016 follow:

	Pension	Postretirement
	(In Thousands)	
2017	$ 4,052	$ 5,671
2018	5,095	6,064
2019	10,337	6,464
2020	10,046	6,870
2021	7,294	7,400
2022-2026	24,334	47,105

8. Benefit Plans (continued)

Assumed health care cost trend rates have a significant effect on the amounts reported for the defined benefit postretirement plans. A 1% change in assumed health care cost trend rates would have the following effects relating to the postretirement plans:

	2016		2015	
	1% Increase	1% Decrease	1% Increase	1% Decrease
	(In Thousands)			
Effect on total of service and interest cost components of net periodic postretirement health care benefit cost	**$ 3,464**	**$ (2,761)**	$ 3,700	$ (2,900)
Effect on the health care component of the accumulated postretirement benefit obligation	**23,980**	**(19,747)**	23,000	(18,900)

9. Commitments, Contingencies and Other

Litigation

Claims have been asserted against the Medical Center by various claimants arising out of the normal course of its operations. The claims are in various stages of processing and some may ultimately be brought to trial. Also, there are known incidents occurring through December 31, 2016 that may result in the assertion of additional claims, and other claims may be asserted arising from services provided to patients in the past. Medical Center management and counsel are unable to conclude about the ultimate outcome of the actions. However, it is the opinion of Medical Center management, based on prior experience that adequate insurance is maintained and adequate provisions for professional liabilities, where applicable, have been established to cover all significant losses and that the eventual liability, if any, will not have a material adverse effect on the Medical Center's consolidated financial position.

9. Commitments, Contingencies and Other (continued)

Professional and Other Insured Liabilities

The Medical Center participates in the Federation of Jewish Philanthropies, which is a pooled insurance program for professional and general liabilities with certain other health care facilities (the FOJP Program). Participation in this occurrence basis insurance program is through captive and commercial insurance companies. Participation in the FOJP Program began in April 1977. The Medical Center's malpractice insurance program offers a deferred premium arrangement in which 36% of the annual premium is paid in the current year and the balance is payable over five years. Total liabilities associated with the FOJP Program were approximately $187.4 million and $199.9 million at December 31, 2016 and 2015, respectively. The liabilities principally relate to the deferred premium arrangement, the participating hospitals' guarantee of certain investment returns of the captive companies and retroactive premium adjustments.

As of December 31, 2016, the Medical Center retained ownership interests in three captive insurance companies affiliated with the FOJP Program ranging from 17 – 26% ownership. The Medical Center has recognized its allocated share of the program's accumulated surplus using the equity method of accounting. Such amounts (approximately $161.8 million and $140.3 million at December 31, 2016 and 2015, respectively) are included in other noncurrent assets in the accompanying consolidated statements of financial position.

The Medical Center has recognized estimated insurance claims receivable and estimated insurance claims liabilities of approximately $499.8 million (approximately $75.0 million current and $424.8 million long-term) and approximately $474.8 million (approximately $71.2 million current and $403.6 million long-term) at December 31, 2016 and 2015, respectively. Such amounts represent the actuarially determined present value, discounted at approximately 2.8% at December 31, 2016 and 2015, of insurance claims that are anticipated to be covered by insurance. The amounts reported in the December 31, 2016 and 2015 consolidated statements of financial position for estimated insurance claims receivable and estimated insurance claims liabilities reflect the financial impact of the Medical Center's employed physicians.

During the years ended December 31, 2016 and 2015, the Medical Center recorded approximately $1.2 million and $20.3 million, respectively, of malpractice insurance program adjustments associated with investment earnings shortfalls. Such amounts were reflected in accounts payable and accrued expenses (approximately $7.7 million and $7.4 million at December 31, 2016 and 2015, respectively) and professional and other insured liabilities (approximately $15.7 million and $22.3 million at December 31, 2016 and 2015, respectively) in the consolidated statements of financial position.

9. Commitments, Contingencies and Other (continued)

In February 2014, the FOJP program and the various affiliated captive insurance companies began an internal investigation into several insurance regulatory and related matters that had come to the attention of the FOJP companies' management. The FOJP companies, at the direction of their Boards, engaged independent legal counsel and an independent forensic consulting firm to conduct an investigation into various matters. The FOJP Companies and legal counsel reported the preliminary investigative findings to the New York State Department of Financial Services (DFS), the primary State insurance regulator throughout the investigation and its conclusion in 2016. DFS also is conducting an investigation into the issues that were raised and related matters. The FOJP companies and DFS are engaged in ongoing discussions regarding the consequences, if any, of past activities identified in the investigation, appropriate remediation and potential impact on the future operations of the FOJP companies. As of December 31, 2016, the Medical Center believes that this matter will not have a material adverse effect on the Medical Center's consolidated financial position; however, such outcome cannot be assured with certainty at this time.

Additionally, as a result of the investigation, the Medical Center, together with the other hospitals affiliated with FOJP, identified an unpaid state tax liability for independently-procured insurance under Article 33-A of the New York Tax Law relating to insurance purchased from three off-shore captive insurance companies owned by the Medical Center and the other FOJP-affiliated hospitals.

On October 9, 2015, the Medical Center submitted a filing to the New York State Department of Taxation and Finance (DT&F) to participate in the DT&F's Voluntary Disclosure and Compliance Program, which would allow the Medical Center to limit the period for which back taxes would be due and avoid penalties for non-payment. The Medical Center was accepted by the DT&F into the program with a limited look-back on the taxes owed of three years (2012-2014). The Medical Center completed a Voluntary Disclosure and Compliance Agreement in March 2016, resulting in a payment of approximately $6.7 million (including taxes and interest).

Albert Einstein College of Medicine, Inc. (Einstein)

On September 9, 2015, a controlled member of MMAHS, Einstein, acquired substantially all of the assets and assumed substantially all of the liabilities of the Albert Einstein College of Medicine, a division of YU. In connection with this transaction, Build NYC Resource Corporation loaned to Einstein, under a loan agreement, the proceeds of $175.0 million Build NYC Resource Corporation Revenue Bonds. In accordance with their terms, the bonds were tendered by the

9. Commitments, Contingencies and Other (continued)

original bondholder and remarketed on January 28, 2016. Prior to the remarketing, the required interest and principal payments on the bonds were guaranteed by the Medical Center. The Medical Center was not required to make any payments under the guarantee, which terminated upon the remarketing of the bonds on January 28, 2016.

In addition, on September 9, 2015, Einstein issued to YU a promissory note (the Note) under which it is obligated to pay to YU 20 annual payments of $12.5 million beginning September 2017, followed by a final, twenty-first payment of $20.0 million in September 2037. Discounted at 5%, the present value of the Note is approximately $165.7 million. Pursuant to a guaranty agreement (Guaranty Agreement), the Medical Center has guaranteed Einstein's obligation to make payments under the Note. If the Medical Center is required to make payments under the Guaranty Agreement, Einstein will be obligated to repay the Medical Center, in full, over five years with interest. The Medical Center's right to repayment is subordinate in certain respects to Einstein's obligation to make payments on the Build NYC Resource Corporation Revenue Bonds. At December 31, 2016, no amounts became due and payable under the Note and, accordingly, no amounts were paid under the Guaranty Agreement.

The Medical Center has an agreement to provide operating subsidies to Einstein over a five-year period commencing September 2015 in an aggregate amount of up to $80.0 million. The Medical Center will provide this subsidy in varying amounts to be funded upon the receipt and approval of documentation of unreimbursed research expenses incurred. The subsidy will total an amount not to exceed $10.0 million per year in each of the first two years, and not to exceed $20.0 million per year in each of the third, fourth and fifth years.

Other

At December 31, 2016 and 2015, approximately 66% and 62%, respectively, of the Medical Center's employees were covered by collective bargaining agreements. The collective bargaining agreement with NYSNA will expire in December 2018. The collective bargaining agreement with 1199SEIU will expire in September 2018.

In connection with agreements entered into between MIPA and several health insurance companies, the Medical Center has agreed to guarantee the performance and payment of certain hospital, physician and administrative services.

10. Fair Value Measurements

For assets and liabilities required to be measured at fair value, the Medical Center measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the Medical Center's perspective.

The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements.

The Medical Center follows a valuation hierarchy that prioritizes observable and unobservable inputs used to measure fair value into three broad levels, which are described below:

Level 1 – Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities.

Level 2 – Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Level 3 – Unobservable inputs are used when little or no market data is available.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Medical Center uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

10. Fair Value Measurements (continued)

Financial assets carried at fair value, including assets invested in the Medical Center's defined benefit plan, are classified in the table below in one of the three categories described above as of December 31, 2016:

	December 31, 2016			
	Level 1	Level 2	Level 3	Total
	(In Thousands)			
Assets				
Cash and cash equivalents	$ 138,720	$ –	$ –	$ 138,720
Managed cash and cash equivalents held for investment	67,871	–	–	67,871
Marketable and other securities:				
U.S. non-equity mutual funds	155,762	–	–	155,762
U.S. equity mutual funds	27,163	–	–	27,163
U.S. Government agency mortgage-backed securities	–	51,848	–	51,848
U.S. Treasury securities	109,401	–	–	109,401
U.S. Government agency-backed securities	–	40,167	–	40,167
U.S. equity securities	60,659	–	–	60,659
Corporate debt	–	217,303	–	217,303
Interest and other receivables	5,891	–	–	5,891
	565,467	309,318	–	874,785
Defined benefit plan assets				
Cash and cash equivalents	6,117	–	–	6,117
Equity mutual funds[(d)]	13,409	–	–	13,409
Fixed income mutual funds[(f)]	5,747	–	–	5,747
	25,273	–	–	25,273
	$ 590,740	$ 309,318	$ –	$ 900,058

10. Fair Value Measurements (continued)

Financial assets carried at fair value, including assets invested in the Medical Center's defined benefit plan, are classified in the table below in one of the three categories described above as of December 31, 2015:

	December 31, 2015			
	Level 1	Level 2	Level 3	Total
	(In Thousands)			
Assets				
Cash and cash equivalents	$ 99,615	$ –	$ –	$ 99,615
Managed cash and cash equivalents held for investment	160,698	–	–	160,698
Marketable and other securities:				
U.S. non-equity mutual funds	83,555	–	–	83,555
U.S. equity mutual funds	24,949	–	–	24,949
U.S. Government agency mortgage-backed securities	–	61,015	–	61,015
U.S. Treasury securities	84,748	–	–	84,748
U.S. Government agency-backed securities	–	20,808	–	20,808
U.S. equity securities	60,751	–	–	60,751
Corporate debt	–	285,964	–	285,964
Interest and other receivables	13,476	–	–	13,476
	527,792	367,787	–	895,579
Defined benefit plan assets				
Cash and cash equivalents	17,310	–	–	17,310
Equity securities[(c)]	1,425	–	–	1,425
Equity mutual funds[(d)]	1,643	–	–	1,643
Debt securities[(e)]	1,529	–	–	1,529
	21,907	–	–	21,907
	$ 549,699	$ 367,787	$ –	917,486

10. Fair Value Measurements (continued)

Investments whose fair value is measured at net asset value as a practical expedient (defined benefit plan assets):

Hedge funds[a]	2,231
Private equity funds[b]	75
Total financial instruments	$ 919,792

[a]Hedge fund investments, consisting primarily of publicly traded equity holdings with both long and short positions.
[b]Venture capital partnerships.
[c]Includes small and large cap common stock of corporations primarily domiciled in the United States.
[d]Includes investments in mutual funds that invest primarily in domestic large cap common stocks.
[e]Includes investments in corporate bonds.
[f]Includes investments in mutual funds that invest primarily in fixed income securities.

At December 31, 2016 and 2015, the Medical Center's alternative investments and collective trusts, excluding those within the defined benefit plan, are reported using the equity method of accounting in the amount of approximately $144.3 million and $206.8 million, respectively, and, therefore, are not included in the tables above.

The following is a description of the Medical Center's valuation methodologies for assets measured at fair value. Fair value for Level 1 is based upon quoted market prices. Fair value for Level 2 is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Inputs are obtained from various sources, including market participants, dealers and brokers. The methods described above may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Medical Center believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

10. Fair Value Measurements (continued)

The carrying values and fair values of the Medical Center's financial instruments that are not required to be carried at fair value are as follows at December 31:

	2016		2015	
	Fair Value	Carrying Value	Fair Value	Carrying Value
	(In Thousands)			
Long-term debt	**$ 817,429**	**$ 825,218**	$ 874,477	$ 870,650

The fair value of the Medical Center's bonds payable is based on quoted market prices for the related bonds. The fair value of other debt is based upon discounted cash flow analyses, using estimated borrowing rates for similar types of debt. Fair value of bonds payable is classified as Level 1, while fair value of other debt is classified as Level 2.

11. Concentration of Credit Risk

At December 31, 2016 and 2015, excluding investments in bond mutual funds, approximately 24% and 21%, respectively, of the Medical Center's marketable securities were issued by either the United States Government or its agencies.

At December 31, 2016 and 2015, significant concentrations of receivables for patient care include approximately 11% and 14% from Medicaid, 10% and 12% from Medicare and 78% and 74% from commercial and managed care organizations, respectively, of which 12% and 13% was due from Blue Cross plans at December 31, 2016 and 2015, respectively.

Net patient service revenue from the Medicare and Medicare managed care programs accounted for approximately 32% for the years ended December 31, 2016 and 2015, and net patient service revenue from the Medicaid and Medicaid managed care programs accounted for approximately 32% and 33% of the Medical Center's net patient service revenue for the years ended December 31, 2016 and 2015, respectively. No other specific payer exceeded 10% of net patient service revenue.

12. Other Revenue

Other revenue included in the consolidated statements of operations for the years ended December 31, 2016 and 2015 consisted of the following:

	2016	2015
	(In Thousands)	
DSRIP revenue	**$ 18,483**	$ 6,528
Patient care quality incentive revenue	**18,393**	28,891
Staff housing and other rental income	**20,000**	19,791
Care management administrative fees	**16,250**	15,699
Equity earnings from investments	**27,672**	7,741
Continuing Medical Education programs	**13,925**	7,300
Interest and dividend income	**12,912**	14,793
Behavioral health program revenue	**9,986**	2,522
Government Electronic Health Record Incentive Program	**6,699**	12,312
Parking revenue	**6,279**	6,353
Cafeteria revenue	**6,196**	5,932
Net assets released from restrictions used for operations	**3,157**	4,798
Shared savings revenue	**(7,283)**	11,717
All other	**25,170**	15,050
	$ 177,839	$ 159,427

New York State distributes federally-funded amounts through a payment mechanism referred to as the Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program is a five-year program intended to promote community-level collaborations to focus on health system reform and enhance the value provided by the health care system. DSRIP funding is available to certain hospitals and providers participating in networks (referred to as Performing Provider Systems, PPS) that are able to establish performance improvement activities in certain predefined clinical improvement areas. The PPS that the Medical Center coordinates has submitted plans for clinical improvement projects in order to be eligible for payments under the DSRIP program. The Medical Center received approximately $25.9 million and $11.7 million during 2016 and 2015, respectively, and recorded approximately $18.5 million and $6.5 million, respectively, in other operating revenue during the years ended December 31, 2016 and 2015 for amounts received under the DSRIP program.

12. Other Revenue (continued)

Certain payments under the DSRIP program are subject to meeting specified performance criteria and other requirements which may be evaluated in future periods.

The Medical Center receives shared savings revenue from CMS based on the Pioneer Accountable Care Organization (Medicare Fee For Service) savings. The Medical Center estimated that no shared savings revenue was earned for performance year 5 (January 1, 2016 through December 31, 2016). During 2016, CMS finalized the shared savings calculation for performance year 4 (January 1, 2015 through December 31, 2015) and determined that the Medical Center did not earn a shared savings payment. The $12.9 million estimated receivable pertaining to performance year 4 was written off and recognized as a change in estimate during 2016. In addition, the Medical Center enters into shared savings programs with commercial payers. For the year ended December 31, 2016, the Medical Center recorded approximately $5.6 million of revenue related to these programs.

13. Related Party Transactions

The Medical Center purchases various management, administrative and staffing services from certain of its members. The members charge the Medical Center for such services at cost. For the year ended December 31, 2016 and 2015, the Medical Center incurred costs of approximately $137.8 million and $128.4 million, respectively, related to the various services provided by its members.

13. Related Party Transactions (continued)

At December 31, 2016 and 2015, amounts due from and due to members were comprised of the following:

	December 31	
	2016	**2015**
	(In Thousands)	
Note due from MHS	**$ 123,917**	$ 117,529
Due from:		
MHS	**1,268**	7,379
Montefiore New Rochelle Hospital	**4,454**	2,814
Montefiore Mount Vernon Hospital	**1,498**	817
Schaffer Extended Care Center	**538**	410
Montefiore HMO, LLC	**7,210**	7,195
Montefiore North Ambulatory Care Center, Inc.	**–**	14,141
Albert Einstein College of Medicine, Inc.	**–**	3,240
MMAHS	**–**	2
	138,885	153,527
Less current portion	**(52,007)**	(72,938)
Due from members, net of current portion	**$ 86,878**	$ 80,589
Due to:		
MHS	**$ 5,834**	$ –
Montefiore Mount Vernon Hospital	**6,238**	–
Montefiore Information Technology, LLC	**12,958**	16,016
Montefiore North Ambulatory Care Center, Inc.	**4**	–
Nyack Hospital, Inc.	**382**	–
Albert Einstein College of Medicine, Inc.	**3,450**	223
MMAHS	**62**	–
Due to members	**$ 28,928**	$ 16,239

During 2016 and 2015, the Medical Center provided advances to MHS under a note arrangement (the MHS Note), the proceeds of which were used by MHS to provide loans to several members to fund their ongoing operations.

13. Related Party Transactions (continued)

During 2014, the Medical Center advanced approximately $31.0 million to MHS, which MHS subsequently loaned to White Plains Hospital Center (White Plains) to assist in the development of certain projects, services and infrastructure under executed loan agreements. On January 1, 2015, MHS became the sole corporate member of White Plains and under the terms of the loan agreements, the loans were terminated. The amounts advanced to MHS by the Medical Center were forgiven and recorded as a capital contribution, which reduced unrestricted net assets by approximately $31.0 million. In addition, during 2016 and 2015, the Medical Center advanced approximately $39.6 million and $73.8 million, respectively, to MHS which was recorded as a capital contribution.

During 2016 and 2015, the Medical Center made capital contributions of approximately $8.3 million and $2.5 million, respectively, to Einstein in accordance with an agreement to provide operating subsidies to Einstein over a five-year period (see Note 9).

During 2016, the Medical Center forgave the amount owed from Montefiore North Ambulatory Care Center, Inc. of approximately $16.6 million, recorded within transfers to members, net in the consolidated statements of operations.

During the year ended December 31, 2016, the Medical Center's performing provider system (PPS), MHVC, received approximately $59.5 million in DSRIP Value Based Payment Quality Improvement Program (VBP QIP) funding, all of which was distributed to Montefiore New Rochelle Hospital, Montefiore Mount Vernon Hospital, Nyack Hospital and St. Luke's Cornwall Hospital. VBP QIP was created by New York State to provide financially distressed hospitals and the PPSs with which they are associated the opportunity to collaborate with Medicaid managed care organizations for the successful implementation of VBP contracts as a means toward long-term financial sustainability. VBP QIP revenue and related expenditures have no net impact on the consolidated statements of operations of the Medical Center.

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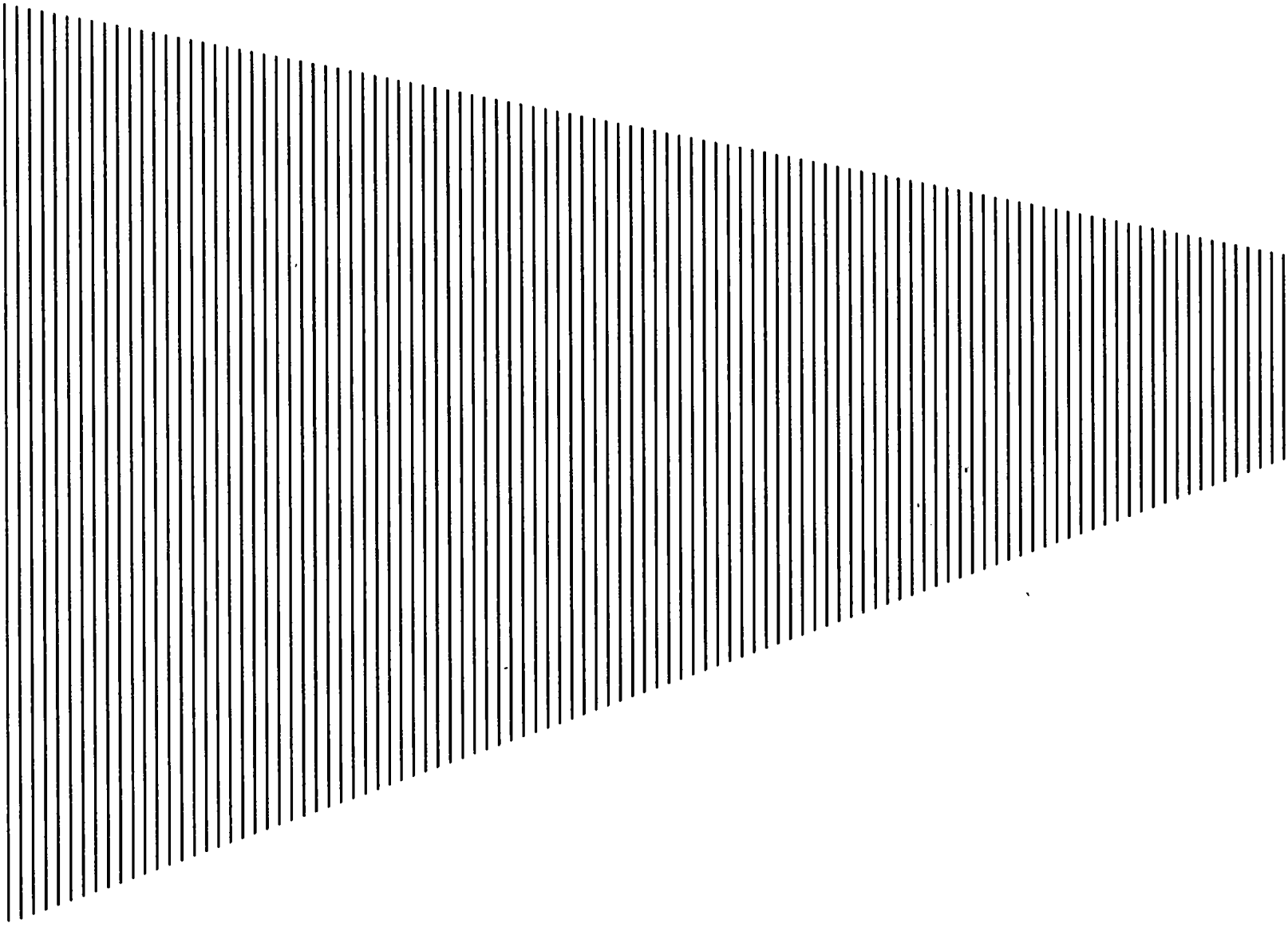

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