EXTENSION ATTACHED

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

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 03/01, 2014, and ending 02/28, 20 15

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

C Name of organization
UNITED HOSPITAL FUND OF NEW YORK

Doing business as

Number and street (or P O box if mail is not delivered to street address) 1411 BROADWAY

Room/suite 12TH FL

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10018

D Employer identification number
13-1562656

E Telephone number
(212) 494-0700

G Gross receipts $ 103,463,624.

F Name and address of principal officer JAMES R. TALLON, JR.
1411 BROADWAY, 12TH FLOOR NEW YORK, NY 10018

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No

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

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website ▶ WWW.UHFNYC.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1879 M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities THE UNITED HOSPITAL FUND IS A NOT-FOR-PROFIT HEALTH SERVICES RESEARCH AND PHILANTHROPIC ORGANIZATION WHOSE PRIMARY MISSION IS TO SHAPE POSITIVE CHANGE IN HEALTH CARE (SCHED. O)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	23.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22.
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	58.
6	Total number of volunteers (estimate if necessary)	6	22.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,186.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-4,323.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,391,542.	3,782,203.
9	Program service revenue (Part VIII, line 2g)	88,280.	62,445.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,756,721.	2,556,075.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-121,497.	-140,109.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,115,046.	6,260,614.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,088,442.	977,000.
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)	6,872,146.	6,893,391.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	62,734.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 853,940.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,037,926.	3,356,676.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,998,514.	11,289,801.
19	Revenue less expenses Subtract line 18 from line 12	-2,883,468.	-5,029,187.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	115,904,958.	113,571,189.
21	Total liabilities (Part X, line 26)	5,664,259.	5,386,799.
22	Net assets or fund balances Subtract line 21 from line 20	110,240,699.	108,184,390.

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

▶ Sheila M. Abrams, SVP
Signature of officer

10.14.15
Date

▶ Sheila M. Abrams SV
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name MARY-EVELYN ANTONETTI

Preparer's signature Mary-Evelyn A

Firm's name ▶KPMG, LLP

Firm's address ▶345 PARK AVENUE NEW YORK, NY

May the IRS discuss this return with the preparer shown above? (see instruc

For Paperwork Reduction Act Notice, see the separate instructions.

JSA
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Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission.

ATTACHMENT 1

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code:) (Expenses $ 1,035,571 including grants of $) (Revenue $ 40,785)

ATTACHMENT 2

4b (Code:) (Expenses $ 753,238 including grants of $) (Revenue $)

ATTACHMENT 3

4c (Code:) (Expenses $ 702,617 including grants of $) (Revenue $)

ATTACHMENT 4

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

(Expenses $ 5,232,342 including grants of $ 977,000) (Revenue $ 21,660.)

4e Total program service expenses ▶ 7,723,768.

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
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		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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	24		
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	58		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
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?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
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 1a 23			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
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		
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		

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records. ▶

SHEILA M ABRAMS 1411 BROADWAY, 12TH FLOOR NEW YORK, NY 10018 212-494-0700

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J. BARCLAY COLLINS II	2.00									
CHAIRMAN	0	X						0	0	0
(2) PATRICIA S. LEVINSON	2.00									
VICE CHAIRMAN	0	X						0	0	0
(3) FREDERICK W. TELLING, PHD	2.00									
VICE CHAIRMAN	0	X						0	0	0
(4) MICHELLE ADAMS	2.00									
DIRECTOR AS OF 6/18/14	0	X						0	0	0
(5) STEPHEN BERGER	2.00									
DIRECTOR AS OF 6/18/14	0	X						0	0	0
(6) RICHARD A. BERMAN	2.00									
DIRECTOR	0	X						0	0	0
(7) JO IVEY BOUFFORD, MD	2.00									
DIRECTOR	0	X						0	0	0
(8) REV. JOHN E. CARRINGTON	2.00									
DIRECTOR	0	X						0	0	0
(9) DERRICK D. CEPHAS	2.00									
DIRECTOR	0	X						0	0	0
(10) PHILIP CHAPMAN	2.00									
DIRECTOR UNTIL 6/18/14	0	X						0	0	0
(11) DALE C. CHRISTENSEN, JR.	2.00									
DIRECTOR	0	X						0	0	0
(12) RICHARD COTTON	2.00									
DIRECTOR UNTIL 2/18/15	0	X						0	0	0
(13) MICHAEL R. GOLDING, MD	2.00									
DIRECTOR	0	X						0	0	0
(14) CARY A. KRAVET	2.00									
DIRECTOR AS OF 11/19/14	0	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JOSH N. KURILOFF	2.00									
DIRECTOR	0	X						0	0	0
16) DAVID LEVY, MD	2.00									
DIRECTOR	0	X						0	0	0
17) HOWARD P. MILSTEIN	2.00									
DIRECTOR	0	X						0	0	0
18) SUSANA R. MORALES, MD	2.00									
DIRECTOR	0	X						0	0	0
19) ROBERT C. OSBORNE	2.00									
DIRECTOR	0	X						0	0	0
20) PETER J. POWERS	2.00									
DIRECTOR	0	X						0	0	0
21) MARY H. SCHACHNE	2.00									
DIRECTOR	0	X						0	0	0
22) JOHN C. SIMONS	2.00									
DIRECTOR	0	X						0	0	0
23) MICHAEL A. STOCKER, MD, MPH	2.00									
DIRECTOR	0	X						0	0	0
24) MARY BETH C. TULLY	2.00									
DIRECTOR	0	X						0	0	0
25) JAMES R. TALLON, JR.	35.00									
PRESIDENT	0	X		X				466,366.	0	25,951.
1b Sub-total ▶								0	0	0
c Total from continuation sheets to Part VII, Section A ▶								2,512,486.	0	381,762.
d Total (add lines 1b and 1c) ▶								2,512,486.	0	381,762.

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

		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 1		

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 ▶ 2

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) SHEILA M. ABRAMS	35.00									
SENIOR VICE PRESIDENT	0			X				260,848.	0	33,646.
27) SALLY J. ROGERS	35.00									
SENIOR VICE PRESIDENT	0			X				253,833.	0	33,447.
28) ANDREA G. COHEN	35.00									
SENIOR VICE PRESIDENT	0			X				191,975.	0	39,442.
29) DAVID A. GOULD	28.00									
SENIOR ADVISOR	0			X				222,133.	0	45,042.
30) DEBORAH E. HALPER	35.00									
VICE PRESIDENT	0			X				189,145.	0	42,519.
31) MICHAEL BIRNBAUM	35.00									
VICE PRESIDENT THROUGH 1/22/14	0			X				23,554.	0	4,105.
32) STEPHANIE DAVIS	35.00									
CORPORATE SECRETARY	0			X				108,369.	0	21,592.
33) GREGORY C. BURKE	35.00									
DIRECTOR, INNOVATION STRATEGIES	0					X		190,326.	0	34,809.
34) SHARON M. BUTLER	35.00									
CONTROLLER	0					X		144,740.	0	37,432.
35) ROBERT DE LUNA	35.00									
DIRECTOR, PUBLIC INFORMATION	0					X		141,486.	0	21,170.
36) CAROL LEVINE	35.00									
DIR.,FAMILIES AND HEALTH CARE	0					X		161,856.	0	26,101.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		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) PETER NEWELL	35.00									
DIRECTOR, HEALTH INSURANCE	0					X		157,855.	0	16,506.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		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 VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	2,118,000			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	678,695			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	985,508			
	g	Noncash contributions included in lines 1a-1f $ 3,473					
	h	**Total.** Add lines 1a-1f ▶		3,782,203			
Program Service Revenue			**Business Code**				
	2a	CONFERENCES	900099	62,445	62,445		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		62,445			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		2,485,288		6,186	2,479,102
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	38,861,998 / 58,041,771				
	b	Less cost or other basis and sales expenses	39,114,591 / 57,718,391				
	c	Gain or (loss)	-252,593 / 323,380				
	d	Net gain or (loss) ▶		70,787			70,787
	8a	Gross income from fundraising events (not including $ 2,118,000 of contributions reported on line 1c) See Part IV, line 18	a 225,425				
	b	Less direct expenses	b 370,028				
	c	Net income or (loss) from fundraising events ▶		-144,603			-144,603
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities ▶		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶		0			
		Miscellaneous Revenue	**Business Code**				
	11a	MISCELLANEOUS INCOME	900099	4,494			4,494.
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d ▶		4,494			
	12	**Total revenue.** See instructions ▶		6,260,614	62,445	6,186	2,409,780

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	977,000.	977,000.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,719,936.	1,021,181.	636,021.	62,734.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	3,553,776.	2,494,867.	715,480.	343,429.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	459,247.	308,685.	114,646.	35,916.
9 Other employee benefits	887,105.	596,270.	221,457.	69,378.
10 Payroll taxes	336,061.	225,885.	83,894.	26,282.
11 Fees for services (non-employees)				
a Management	0			
b Legal	30,024.	300.	17,862.	11,862.
c Accounting	74,488.	4,073.	70,007.	408.
d Lobbying	73,300.	73,300.		
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	447,608.	306,225.	107,527.	33,856.
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	349,474.	296,314.	52,471.	689.
12 Advertising and promotion	0			
13 Office expenses	202,197.	114,607.	48,512.	39,078.
14 Information technology	89,363.	47,977.	30,567.	10,819.
15 Royalties	0			
16 Occupancy	1,185,694.	713,830.	379,330.	92,534.
17 Travel	45,568.	32,730.	11,600.	1,238.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	125,389.	79,455.	27,114.	18,820.
20 Interest	1,941.	1,196.	586.	159.
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	313,465.	189,879.	107,775.	15,811.
23 Insurance	97,737.	58,698.	28,795.	10,244.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING AND PUBLISHING	129,196.	64,642.	1,257.	63,297.
b PHONE	57,062.	38,969.	15,537.	2,556.
c DUES AND SUBSCRIPTIONS	34,198.	22,858.	8,828.	2,512.
d BOOKS AND DATA PURCHASES	9,044.	8,666.	347.	31.
e All other expenses	90,928.	46,161.	32,480.	12,287.
25 Total functional expenses. Add lines 1 through 24e	11,289,801.	7,723,768.	2,712,093.	853,940.
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	3,017,564.	1	2,434,702.
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	382,103.	3	410,356.
	4	Accounts receivable, net	5,603.	4	53,022.
	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	0	7	0
	8	Inventories for sale or use	23,864.	8	23,833.
	9	Prepaid expenses and deferred charges	889,414.	9	915,390.
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D — 10a: 4,400,793.			
	b	Less. accumulated depreciation — 10b: 1,718,787.	2,943,171.	10c	2,682,006.
	11	Investments - publicly traded securities	36,646,253.	11	22,350,262.
	12	Investments - other securities See Part IV, line 11	67,887,797.	12	80,588,136.
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	4,109,189.	15	4,113,482.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	115,904,958.	16	113,571,189.
Liabilities	17	Accounts payable and accrued expenses	793,566.	17	765,591.
	18	Grants payable	1,010,000.	18	987,500.
	19	Deferred revenue	132,148.	19	17,474.
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to 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	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	166,667.	24	66,667.
	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	3,561,878.	25	3,549,567.
	26	**Total liabilities.** Add lines 17 through 25	5,664,259.	26	5,386,799.
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	84,307,584.	27	81,972,249.
	28	Temporarily restricted net assets	20,566,486.	28	20,841,219.
	29	Permanently restricted net assets	5,366,629.	29	5,370,922.
		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	110,240,699.	33	108,184,390.
	34	Total liabilities and net assets/fund balances	115,904,958.	34	113,571,189.

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	6,260,614.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,289,801.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,029,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	110,240,699.
5	Net unrealized gains (losses) on investments	5	2,949,763.
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	23,115.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,184,390.

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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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		

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

2014

Open to Public Inspection

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

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

The organization is not a private foundation because it is (For lines 1 through 11, 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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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 1-9 above or IRC section (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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	6,673,170	6,312,895	5,545,298	4,391,542	3,782,203	26,705,108.
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	6,673,170	6,312,895	5,545,298	4,391,542	3,782,203	26,705,108
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						26,705,108.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	6,673,170	6,312,895	5,545,298	4,391,542	3,782,203	26,705,108
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,751,484	2,012,333	3,424,707	1,969,091	2,485,288	11,642,903
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) ATCH 1	65,496	101,394	64,535.	91,257	66,939	389,621
11 **Total support.** Add lines 7 through 10						38,737,632

12 Gross receipts from related activities, etc (see instructions) 12

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 2014 (line 6, column (f) divided by line 11, column (f))	14	68.94 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	64.90 %

16a **33 1/3 % support test - 2014.** 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 - 2013.** 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 - 2014.** 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 - 2013.** 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 9 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 11a or 11b 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	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).*	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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer (b) 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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. **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 2014 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-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
c				
d				
e	From 2013			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	**Excess distributions carryover to 2015.** Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
b				
c				
d	Excess from 2013			
e	Excess from 2014			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
CONFERENCES AND OTHER	65,496	101,394	64,535.	91,257	66,939	389,621
TOTALS	65,496	101,394	64,535.	91,257.	66,939	389,621

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

2014

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to 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
UNITED HOSPITAL FUND OF NEW YORK	13-1562656

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures . . . . . ▶ $

3 Volunteer hours . . . . . .

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		
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-		

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

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) 2011	(b) 2012	(c) 2013	(d) 2014	(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 to 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		73,300.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			73,300.
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 expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

DESCRIPTION OF LOBBYING ACTIVITY

AMOUNTS INCURRED FOR LOBBYING WERE FOR DIRECT CONTACT WITH LEGISLATORS

AND OTHER STATE OFFICIALS, TO DETERMINE THOSE BUDGETARY APPROPRIATIONS

THAT WOULD SUPPORT THE ORGANIZATION'S PROGRAMS.

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to 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

2014

Open to Public Inspection

Name of the organization: UNITED HOSPITAL FUND OF NEW YORK

Employer identification number: 13-1562656

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

Complete if the organization answered "Yes" to 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" to 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, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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" to 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" to 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 in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	104,534,050.	101,173,265.	100,280,604.	106,040,266.	95,683,270.
b Contributions	1,133.		10,184.	22,981.	100,787.
c Net investment earnings, gains, and losses	4,986,443.	10,833,710.	6,262,069.	-59,475.	16,217,473.
d Grants or scholarships					
e Other expenditures for facilities and programs	6,583,228.	7,472,925.	5,298,000.	5,720,000.	5,925,000.
f Administrative expenses			81,592.	3,168.	36,264.
g End of year balance	102,938,398.	104,534,050.	101,173,265.	100,280,604.	106,040,266.

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

a Board designated or quasi-endowment ▶ 79.2600 %
b Permanent endowment ▶ 1.2200 %
c Temporarily restricted endowment ▶ 19.5200 %

The percentages in 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" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		630,493.	358,979.	271,514.
c Leasehold improvements		2,804,212.	801,084.	2,003,128.
d Equipment		966,088.	558,724.	407,364.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,682,006.

Part VII Investments - Other Securities.
Complete if the organization answered "Yes" to 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 ATTACHMENT 1		
(A) SILCHESTER	8,056,574.	FMV
(B) TIFF	238,742.	FMV
(C) ABERDEEN EMERGING MARKET	5,035,890.	FMV
(D) AKO EUROPEAN LONG	5,534,000.	FMV
(E) ARISTEIA INTL LTD	1,512,797.	FMV
(F) ASTENBECK OFFSHORE COMM FD II	1,553,668.	FMV
(G) ASTENBECK OFFSHORE COMMODITIES	495,149.	FMV
(H) ATLAS INSTITUTIONAL FUND	1,508,826.	FMV
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12.)* ▶	80,588,136.	

Part VIII Investments - Program Related.
Complete if the organization answered "Yes" to 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" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities.
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT OBLIGATION	2,676,706.
(3) ACCRUED POSTRETIREMENT BENEFIT	872,861.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	3,549,567.

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 [X]

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

1	Total revenue, gains, and other support per audited financial statements			1	10,475,949.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	6,583,228.		
e	Add lines **2a** through **2d**			2e	6,583,228.
3	Subtract line **2e** from line **1**			3	3,892,721.
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	331,213.		
b	Other (Describe in Part XIII)	4b	2,036,680.		
c	Add lines **4a** and **4b**			4c	2,367,893.
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	6,260,614.

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

1	Total expenses and losses per audited financial statements			1	10,903,588.
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	10,903,588.
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	331,213.		
b	Other (Describe in Part XIII)	4b	55,000.		
c	Add lines **4a** and **4b**			4c	386,213.
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	11,289,801.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

FIN 48 FOOTNOTE

THE FUND RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO THE FUND'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. THE FUND DID NOT RECOGNIZE ANY UNRELATED BUSINESS INCOME TAX LIABILITY FOR THE YEARS ENDED FEBRUARY 28, 2015 AND FEBRUARY 28, 2014.

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

OTHER REVENUE INCLUDED IN FINANCIAL STATEMENTS NOT INCLUDED IN 990. INVESTMENT RETURN DESIGNATED FOR CURRENT OPERATIONS - $6,538,228 THE FUND MAINTAINS AN INVESTMENT POOL FOR CERTAIN INVESTMENTS. ITS BOARD OF DIRECTORS HAS AUTHORIZED A POLICY TO PROVIDE A PREDICTABLE FLOW OF FUNDS TO SUPPORT OPERATIONS. THE POLICY PERMITS ALLOCATION BASED ON A TRAILING MOVING AVERAGE OF THE POOL CALCULATED AS OF THE CALENDAR YEAR-END, AS OPERATING INCOME IN THE FOLLOWING FISCAL YEAR, EVEN IN THE EVENT THE ACTUAL RETURN ACHIEVED IS INADEQUATE TO MEET THE ALLOCATION. THE ALLOCATION AUTHORIZED FOR THE YEAR ENDED FEBRUARY 28, 2014 WAS 5.5%. FOR THE YEAR ENDED FEBRUARY 28, 2015 WAS 5.5% OF A 36-MONTH TRAILING MOVING AVERAGE. IN FEBRUARY 2014, THE BOARD AUTHORIZED AN ADDITIONAL DRAW OF 1.5% OR APPROXIMATELY $5 MILLION OVER 3 FISCAL YEARS, 2015, 2016, AND 2017, TO BE USED FOR SPECIFIC PURPOSES AS APPROVED BY THE BOARD FOR EACH YEAR'S BUDGET, AND AS REPORTED TO THE BOARD AT INTERIM PERIODS DURING THE YEAR. CERTAIN ENDOWMENT GIFTS ARE RESTRICTED FOR SPECIFIC PURPOSES, THE INCOME FROM WHICH, INCLUDED IN THE SPENDING RATE, IS SPENT IN ACCORDANCE WITH THOSE RESTRICTIONS.

Part XIII Supplemental Information *(continued)*

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

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

DIVIDENDS AND INTEREST	$1,965,893
REALIZED GAIN ON INVESTMENTS	$ 70,787
TOTAL	$2,036,680

RECONCILIATION OF EXPENSES

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

GRANTS MADE IN PREVIOUS YEARS CANCELLED/RETURNED TO POOL $55,000

ATTACHMENT 1

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	BOOK VALUE	COST OR FMV
BOCAGE ACTIVE COMMODITY LONG	2,464,160.	FMV
BRANDYWINE GLOBAL INVT GRADE	3,526,751.	FMV
CEVIAN CAPITAL II LTD	2,735,450.	FMV
COLCHESTER GLOBAL BOND FUND	5,934,765.	FMV
COLUMBUS HILL OVERSEAS, LTD	1,557,390.	FMV
EMINENCE FUND LONG LTD	5,223,258.	FMV
INDUS JAPAN LONG ONLY FUND	2,704,537.	FMV
IVORY OFFSHORE LONG FUND LTD	5,389,140.	FMV
KNIGHTHEAD OFFSHORE FUND	2,013,201.	FMV
LYRICAL LONG LONG ONLY PARTNER	5,079,822.	FMV
OWL CREEK CREDIT OPPORTUNITIES	1,030,146.	FMV
OWL CREEK OVERSEAS FUND, LTD	1,565,600.	FMV

Part XIII Supplemental Information *(continued)*

ATTACHMENT 1 (CONT'D)

SCHEDULE D, PART VII - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	BOOK VALUE	COST OR FMV
PENTWATER EVENT FD CL FVU	2,088,883.	FMV
PERSHING SQUARE INTL CL E	530,223.	FMV
PERSHING SQUARE INTL LTD	2,667,331.	FMV
SAMLYN OFFSHORE FUND LTD	1,049,693.	FMV
TREMBLANT GLOBAL GROWTH LTD	5,288,724.	FMV
VALUEACT CAPITAL INTL II	3,213,539.	FMV
WELLS STREET OFFSHORE LTD	2,589,877.	FMV
TOTALS	80,588,136.	

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

2014

Open to Public Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		50,011,053.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					50,011,053
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					50,011,053

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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

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

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 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)*	[X] Yes	[ ] No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)*	[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 file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	[ ] Yes	[X] No

Part V **Supplemental Information**

Complete this part to 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)

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" to 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

2014

Open to Public Inspection

Name of the organization: UNITED HOSPITAL FUND OF NEW YORK

Employer identification number: 13-1562656

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

		(a) Event #1 GALA (event type)	(b) Event #2 TRUSTEE TRIBUT (event type)	(c) Other events 1. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,627,200.	670,100.	46,125.	2,343,425.
	2 Less Contributions	1,508,800.	609,200.		2,118,000.
	3 Gross income (line 1 minus line 2)	118,400.	60,900.	46,125.	225,425.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	203,281.	81,751.	64,345.	349,377.
	7 Food and beverages				
	8 Entertainment	4,500.			4,500.
	9 Other direct expenses	12,375.	3,700.	76.	16,151.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				370,028.
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-144,603.

Part III **Gaming.** Complete if the organization answered "Yes" to 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:

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

b If "Yes," explain.

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility . . . . . 13a %

b An outside facility . . . . . 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records·

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party·

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions·

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE I
(Form 990)

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" to 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

2014

Open to Public Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [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" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARC XVI FORT WASHINGTON, INC 4111 BROADWAY NEW YORK, NY 10033	13-2745426	501(C)(3)	10,000				REDESIGNING HEALTH CARE SERVICES
(2) CHILDREN'S DENTAL HEALTH PROJECT 1020 19TH ST NW, #400, WASHINGTON, DC 20036	06-1561317	501(C)(3)	95,000				REDESIGNING HEALTH CARE SERVICES
(3) CITY HARVEST 6 EAST 32ND ST, 5TH FL, NEW YORK, NY 10016	13-3170676	501(C)(3)	10,000				REDESIGNING HEALTH CARE SERVICES
(4) COMMUNITY SERVICE SOCIETY OF NEW YORK 105 EAST 22ND STREET, NEW YORK, NY 10010	13-5562202	501(C)(3)	75,000				EXPANDING HEALTH INSURANCE COVERAGE
(5) GREATER NEW YORK HOSPITAL FOUNDATION, INC 555 WEST 57TH STREET NEW YORK, NY 10019	13-2954140	501(C)(3)	125,000				IMPROVING QUALITY OF CARE
(6) ISABELLA GERIATRIC CENTER 515 AUDOBON AVENUE NEW YORK, NY 10040	13-3623808	501(C)(3)	60,000				REDESIGNING HEALTH CARE SERVICES
(7) ISABELLA GERIATRIC CENTER 515 AUDOBON AVENUE NEW YORK, NY 10040	13-3623808	501(C)(3)	15,000				REDESIGNING HEALTH CARE SERVICES
(8) JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY, JAMAICA, NY 11418	11-1631788	501(C)(3)	36,000				PROMOTING HEALTH CARE VOLUNTARISM
(9) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVE, 28TH FL, NEW YORK NY, 10017	13-1924236	501(C)(3)	65,000				EXPANDING HEALTH INSURANCE COVERAGE
(10) NEW YORK CITY HEALTH AND HOSPITALS CORP. 125 WORTH ST, RM 514, NEW YORK, NY 10013	13-2655001	501(C)(3)	144,000				EXPANDING HEALTH INSURANCE COVERAGE
(11) NEW YORK METHODIST HOSPITAL 506 SIXTH ST, BROOKLYN, NY 11215	11-1631796	501(C)(3)	37,000				PROMOTING HEALTH CARE VOLUNTARISM
(12) NEW YORK-PRESBYTERIAN FUND, INC 525 E 68 ST, PAYSON 122, NEW YORK, NY 10065	13-3160356	501(C)(3)	40,000				PROMOTING HEALTH CARE VOLUNTARISM

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" to 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

2014

Open to Public Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [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" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RESEARCH FOUNDATION OF THE CITY UNIVERSITY SILBERMAN, 2180 3RD AVE, NEW YORK, NY 10035	13-1988190	501(C)(3)	100,000				IMPROVING QUALITY OF CARE
(2) RIVERSTONE SENIOR LIFE SERVICES 99 FORT WASHINGTON AVE, NEW YORK, NY 10032	13-3355074	501(C)(3)	10,000				REDESIGNING HEALTH CARE SERVICES
(3) THE INSTITUTE FOR FAMILY HEALTH 16 E 16TH ST, NEW YORK, NY 10003	13-3273402	501(C)(3)	70,000				REDESIGNING HEALTH CARE SERVICES
(4) YM & YWHA OF WASHINGTON HEIGHTS AND INWOOD 54 NAGLE AVE, NEW YORK, NY 10046	13-1635308	501(C)(3)	10,000				REDESIGNING HEALTH CARE SERVICES
(5) YOUNG INVINCIBLES 1411 K ST NW, WASHINGTON, DC 20005	46-2214021	501(C)(3)	75,000				EXPANDING HEALTH INSURANCE COVERAGE
(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 . . . . . ▶ 16.

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

Part III **Grants and Other Assistance to Individuals in the United States.** 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.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTS PROCEDURES

THE FUND INVITES TAX-EXEMPT 501(C)3 ORGANIZATIONS TO SUBMIT PROPOSALS FOR GRANT FUNDS FOR INITIATIVES OR PROJECTS THAT RELATE TO THE FUND'S DEFINED ISSUE AREAS. THESE PROPOSALS PROVIDE AN IN-DEPTH DESCRIPTION OF THE PROPOSED SCOPE OF WORK AND THE PLANS FOR EVALUATING THE PROJECT'S ACHIEVEMENT. IN ADDITION THE PROPOSAL PROVIDES A DETAILED BUDGET SUPPORTING THE REQUESTED AMOUNT AND A BUDGET NARRATIVE. FUND STAFF REVIEW PROPOSALS AND MAKE RECOMMENDATIONS TO THE DISTRIBUTING COMMITTEE OF THE BOARD OF THOSE PROPOSALS THAT ARE CONSISTENT WITH FUND ISSUE AREAS, AND THAT OFFER THE GREATEST IMPACT AND POTENTIAL TO ACHIEVE

Part III **Grants and Other Assistance to Individuals in the United States.** 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.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Part III **Grants and Other Assistance to Individuals in the United States.** 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.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTEE AT ANY POINT FAIL TO MEET THE TERMS OF THE GRANT, THE FUND HAS

THE RIGHT TO TERMINATE THE GRANT AND NO FURTHER PAYMENTS WILL BE MADE.

THE FUND RESERVES THE RIGHT TO INSTRUCT GRANTEES TO CEASE WORK ON A

TERMINATED PROJECT AND RETURN UNUSED GRANT FUNDS ALREADY FORWARDED TO THE

GRANTEE.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization: UNITED HOSPITAL FUND OF NEW YORK

Employer identification number: 13-1562656

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ 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	☐ Personal services (e g., 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 in 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			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in 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 in 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" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in 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" to 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 in 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 are not 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 in prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JAMES R. TALLON, JR. PRESIDENT	(i)	367,836.	0	98,530.	22,800.	3,151.	492,317.	.
		(ii)	0	0	0				
2	SHEILA M. ABRAMS SENIOR VICE PRESIDENT	(i)	253,010.	0	7,838.	22,800.	10,846.	294,494.	
		(ii)	0	0	0				
3	SALLY J. ROGERS SENIOR VICE PRESIDENT	(i)	246,569.	0	7,264.	22,601.	10,846.	287,280.	
		(ii)	0	0	0				
4	ANDREA G. COHEN SENIOR VICE PRESIDENT	(i)	186,750.	0	5,225.	22,601.	16,841.	231,417.	
		(ii)	0	0	0				
5	DAVID A. GOULD SENIOR ADVISOR	(i)	214,487.	0	7,646.	20,449.	24,593.	267,175.	
		(ii)	0	0	0				
6	DEBORAH E. HALPER VICE PRESIDENT	(i)	184,789.	0	4,356.	17,852.	24,667.	231,664.	
		(ii)	0	0	0				
7	GREGORY C. BURKE DIRECTOR, INNOVATION STRATEGIES	(i)	188,346.	0	1,980.	10,166.	24,643.	225,135.	
		(ii)	0	0	0				
8	SHARON M. BUTLER CONTROLLER	(i)	144,440.	0	300.	12,811.	24,621.	182,172.	
		(ii)	0	0	0				
9	ROBERT DE LUNA DIRECTOR, PUBLIC INFORMATION	(i)	140,796.	0	690.	12,118.	9,052.	162,656.	
		(ii)	0	0	0				
10	CAROL LEVINE DIR., FAMILIES AND HEALTH CARE	(i)	160,496.	0	1,360.	15,348.	10,753.	187,957.	
		(ii)	0	0	0				
11	PETER NEWELL DIRECTOR, HEALTH INSURANCE	(i)	156,565.	0	1,290.	12,470.	4,036.	174,361.	
		(ii)	0	0	0				
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A

THE ORGANIZATION OWNS AN APARTMENT WHICH THE PRESIDENT LIVES IN. THE FAIR MARKET VALUE OF THE RENT, $73,500, IS INCLUDED IN THE PRESIDENT'S TAXABLE INCOME AS REFLECTED IN SCHEDULE J, PART II, COLUMN (B)(III).

PART I LINE 7

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED HOSPITAL FUND OF NEW YORK

Employer identification number
13-1562656

FORM 990, PART I, LINE 1 (CONTINUATION OF MISSION STATEMENT)

FOR THE PEOPLE OF NEW YORK. OVER THE PAST DECADE, THE FUND HAS EMPHASIZED THREE THEMES IN ITS WORK: UNDERSTANDING AND IMPROVING HOW CARE IS PAID FOR THROUGH HEALTH INSURANCE AND MEDICAID; INITIATING AND GUIDING COLLABORATIVE EFFORTS WITH HOSPITALS ACROSS OUR REGION TO ACHIEVE SPECIFIC IMPROVEMENTS IN PATIENT SAFETY AND QUALITY OF CARE; AND ENGAGING CLINICIANS IN WORKING WITH FAMILY CAREGIVERS AND COMMUNITY SUPPORT ORGANIZATIONS TO ENSURE BETTER CARE FOR PEOPLE WITH CHRONIC ILLNESS. CURRENTLY, THE FUND IS ALSO FOCUSING ON INNOVATIVE AND PROMISING MODELS OF HEALTH CARE DELIVERY, COORDINATION, AND PAYMENT.

OTHER PROGRAM EXPENSES

FORM 990, PART III, LINE 4D

THE UNITED HOSPITAL FUND ALSO PRODUCED, THROUGH ITS HEALTH INSURANCE PROJECT, A PUBLICATION PROVIDING A SNAPSHOT OF NEW YORK'S PUBLIC AND PRIVATE INSURANCE MARKETS, HIGHLIGHTING SEVERAL SHIFTS OCCURRING IN ADVANCE OF THE AFFORDABLE CARE ACT'S FULL IMPLEMENTATION. IT ALSO PUBLISHED A BREAKOUT REPORT FOCUSED ON JUST NEW YORK'S MEDICARE ADVANTAGE MARKETPLACE. IN ADDITION, PROJECT STAFF CLOSELY MONITORED DEVELOPMENTS RELATED TO NEW YORK'S HEALTH BENEFIT EXCHANGE. THE FUND, THROUGH ITS QUALITY IMPROVEMENT INITIATIVE, PUBLISHED A REPORT ON THE COMPLETION OF THE FUND'S PREVENTABLE HOSPITAL READMISSIONS INITIATIVE, THROUGH WHICH IT HELPED SEVEN NEW YORK CITY HOSPITALS IDENTIFY THE CAUSES OF PREVENTABLE

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

READMISSIONS IN THEIR FACILITIES, AND THEN WORKED WITH FOUR OF THOSE HOSPITALS TO TEST AND IMPLEMENT SPECIFIC INTERVENTIONS TO ADDRESS THOSE CAUSES. THE FUND COMPLETED ITS PARTICIPATION IN A STATEWIDE INITIATIVE ON PATIENT SAFETY/QUALITY IMPROVEMENT CONCERNS, AND PROMOTING THE USE OF PROVEN BEST PRACTICES. THE FUND'S AGING IN PLACE INITIATIVE FOSTERS THE DEVELOPMENT OF NEW MODELS OF COLLABORATION AND CARE TO SUPPORT THE HEALTH AND WELL-BEING OF OLDER ADULTS, WITH A FOCUS ON HELPING THEM AGE IN PLACE (I.E., IN THEIR HOMES, WHERE MOST PREFER TO BE). DURING THE PAST YEAR, THE INITIATIVE ADVANCED THE WORK OF ITS TOGETHER ON DIABETES-NYC PROJECT, A DIABETES-CONTROL MODEL BRIDGING HEALTH CARE AND COMMUNITY RESOURCES TO SUPPORT THE 1,600 SENIORS LIVING WITH DIABETES IT SERVES. (FORM 990, PART III, LINE 4D)

TAX RETURN REVIEW
FORM 990, PART VI, SECTION B, LINE 11

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

CONFLICT OF INTEREST POLICY
FORM 990, PART VI, SECTION B, LINE 12

THE ORGANIZATION'S CORPORATE SECRETARY IS CHARGED WITH IMPLEMENTING THE

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

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

EXECUTIVE COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15

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

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

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BOARD MEMBERS WHO ARE ELECTED OFFICERS BUT WHO ARE NOT ALSO FUND EMPLOYEES DO NOT RECEIVE ANY PAYMENT FOR THEIR SERVICE AS AN OFFICER TO THE BOARD.

GOVERNING DOCUMENTS AVAILABILITY
FORM 990, PART VI, SECTION C

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

OTHER CHANGES IN NET ASSETS OF FUND BALANCES
FORM 990, PART XI, LINE 9

POSTRETIREMENT RELATED CHANGES OTHER THAN NET PERIODIC	(36,178)
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS	4,293
GRANTS MADE IN PREVIOUS YEARS CANCELLED/RETURNED TO THE POOL	55,000
TOTAL	$23,115

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Employer identification number: 13-1562656

ATTACHMENT 1

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

THE UNITED HOSPITAL FUND IS A NOT-FOR-PROFIT HEALTH SERVICES RESEARCH AND PHILANTHROPIC ORGANIZATION WHOSE PRIMARY MISSION IS TO SHAPE POSITIVE CHANGE IN HEALTH CARE FOR THE PEOPLE OF NEW YORK. OVER THE PAST DECADE, THE FUND HAS EMPHASIZED THREE THEMES IN ITS WORK: UNDERSTANDING AND IMPROVING HOW CARE IS PAID FOR THROUGH HEALTH INSURANCE AND MEDICAID; INITIATING AND GUIDING COLLABORATIVE EFFORTS WITH HOSPITALS ACROSS OUR REGION TO ACHIEVE SPECIFIC IMPROVEMENTS IN PATIENT SAFETY AND THE QUALITY OF CARE; AND ENGAGING CLINICIANS IN WORKING WITH FAMILY CAREGIVERS AND COMMUNITY SUPPORT ORGANIZATIONS TO ENSURE BETTER CARE FOR PEOPLE WITH CHRONIC ILLNESS. MORE RECENTLY, THE FUND HAS ALSO BEEN FOCUSING ON INNOVATIVE AND PROMISING MODELS OF HEALTH CARE DELIVERY, COORDINATION, AND PAYMENT.

ATTACHMENT 2

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

THE FUND'S MEDICAID INSTITUTE WORKS TO EFFECT POSITIVE CHANGE IN THE DESIGN AND OPERATION OF NEW YORK STATE'S MEDICAID PROGRAM, WHICH SERVES APPROXIMATELY 6 MILLION NEW YORKERS AND ACCOUNTS FOR SPENDING OF APPROXIMATELY $59 BILLION ANNUALLY. MEDICAID ACCOUNTS FOR ABOUT A THIRD OF THE STATE'S HEALTH CARE ECONOMY. THE MEDICAID INSTITUTE PRODUCES RESEARCH, ANALYSIS, AND PUBLICATIONS THAT INFORM POLICY DISCUSSIONS AT EVERY STAGE AND LEVEL, AND SPONSORS BRIEFINGS, MEETINGS, AND CONFERENCES WITH GOVERNMENT OFFICIALS, HEALTH CARE PROVIDERS AND INSURERS, PROGRAM ADMINISTRATORS, ADVOCATES, AND OTHER MAJOR STAKEHOLDERS, TO

Name of the organization: UNITED HOSPITAL FUND OF NEW YORK

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ATTACHMENT 2 (CONT'D)

IDENTIFY AND ADDRESS MAJOR ISSUES AFFECTING HEALTH CARE PROVIDERS AND BENEFICIARIES ALIKE. DURING THE PAST YEAR, THE INSTITUTE PRODUCED A REPORT THAT PRESENTS FACTS, CONTEXT, AND BASE ASSUMPTIONS TO GIVE POLICYMAKERS, HEALTH CARE LEADERS, AND OTHER INTERESTED NEW YORKERS AN ESSENTIAL GROUNDING IN WHAT NEW YORK'S MEDICAID PROGRAM IS AND DOES IN 2014. THE INSTITUTE HAS ALSO FOCUSED ON THE IMPLEMENTATION OF CARE DELIVERY AND PAYMENT CHANGES TO NEW YORK'S MEDICAID PROGRAM, THROUGH WHICH IT IS PREPARING TO MOVE NEW POPULATIONS WITH SPECIAL NEEDS INTO SPECIALIZED CARE MANAGEMENT MODELS. AS ONE EXAMPLE, THE INSTITUTE HAS PRODUCED TWO REPORTS ANALYZING THE IMPLEMENTATION OF MANDATORY MANAGED CARE ENROLLMENT FOR NEW YORK'S MEDICAID BENEFICIARIES RECEIVING LONG-TERM CARE SERVICES. STAFF MEMBERS IN THE INSTITUTE HAVE ALSO FOCUSED ON THE IMPLEMENTATION OF THE DELIVERY SYSTEM REFORM INCENTIVE PAYMENT PROGRAM, THROUGH WHICH NEW YORK STATE IS INVESTING $6.4 BILLION IN FEDERAL DOLLARS TO REDUCE AVOIDABLE HOSPITAL USE BY 25 PERCENT OVER FIVE YEARS BY TRANSFORMING THE DELIVERY SYSTEM TO BETTER COORDINATE CARE AND MEET THE NEEDS OF BENEFICIARIES IN THE COMMUNITY. THE INSTITUTE HAS PUBLISHED A BRIEF ON THE 25 COLLABORATIONS AROUND THE STATE AND THE PROJECTS THEY PLAN TO PURSUE, AS WELL AS A COMPENDIUM OF KEY DATA ORGANIZED IN SHORT, EASILY DIGESTIBLE REGIONAL CHARTBOOKS PROVIDING AN OVERVIEW OF SERVICE UTILIZATION OF NEW YORK'S MEDICAID BENEFICIARIES. THE FUND HELD A MAJOR CONFERENCE ON CARE MANAGEMENT SERVICES FOR THE MOST COMPLEX AND COSTLY BENEFICIARIES AND ON THE

Name of the organization: UNITED HOSPITAL FUND OF NEW YORK

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ATTACHMENT 2 (CONT'D)

BUILDING OF COLLABORATIVE PARTNERSHIPS AMONG AND BETWEEN HEALTH CARE PROVIDERS AND COMMUNITY-BASED ORGANIZATIONS, ATTENDED BY SOME 350 POLICYMAKERS, PROGRAM LEADERS, PATIENT ADVOCATES, AND OTHER INTERESTED STAKEHOLDERS.

ATTACHMENT 3

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

THE FUND'S INNOVATION STRATEGIES INITIATIVE SEEKS TO IMPROVE THE PERFORMANCE OF NEW YORK'S HEALTH CARE SYSTEM - AND THE ASSOCIATED HEALTH OF NEW YORKERS - BY IDENTIFYING, EVALUATING, AND SUPPORTING THE ADOPTION OF PROMISING INNOVATIONS IN HOW HEALTH CARE SERVICES ARE ORGANIZED, DELIVERED, AND FINANCED, HOW THEY ARE ENGAGING PATIENTS AND FAMILIES, AND HOW THEY ARE USING HEALTH INFORMATION TECHNOLOGY TO GUIDE AND ASSESS THESE NEW DEVELOPMENTS. THE INITIATIVE IS CURRENTLY FOCUSING ON THREE KEY HEALTH CARE DEVELOPMENTS - ADVANCED PRIMARY CARE, THE INTEGRATION OF BEHAVIORAL HEALTH IN PRIMARY CARE, AND THE DEVELOPMENT OF PROVIDER NETWORKS OR INTEGRATED DELIVERY SYSTEMS THAT ARE CAPABLE OF ACCEPTING RESPONSIBILITY FOR THE HEALTH, HEALTH CARE, AND COSTS OF CARE OF SPECIFIC POPULATIONS. DURING THE PAST YEAR, INNOVATION STRATEGIES STAFF MEMBERS HAVE BEEN ACTIVELY INVOLVED IN EFFORTS TO EXPAND THE ADOPTION OF THE ADVANCED PRIMARY CARE MODEL ACROSS NEW YORK STATE, AS WELL AS EFFORTS TO ALIGN POLICIES BY PRIVATE AND PUBLIC PAYERS TO SUPPORT THE MODEL. INNOVATION STRATEGIES STAFF HAVE ALSO WORKED WITH STATE AGENCIES, PAYERS, AND PROVIDERS TO

Name of the organization: UNITED HOSPITAL FUND OF NEW YORK

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ATTACHMENT 3 (CONT'D)

IDENTIFY AND ADDRESS REGULATORY AND REIMBURSEMENT ISSUES RELATED TO IMPROVED COLLABORATION AMONG PROVIDERS TO BETTER INTEGRATE MENTAL HEALTH SERVICES INTO PRIMARY CARE PRACTICE, ESPECIALLY FOR PATIENTS WITH MILD-TO-MODERATE DEPRESSION OR ANXIETY. INNOVATION STRAGETIES STAFF HELPED ORGANIZE AND LEAD EFFORTS TO GREATLY EXPAND THE ADOPTION OF THE ADVANCED PRIMARY CARE MODEL ACROSS NEW YORK STATE. THROUGH A PARTNERSHIP WITH NEW YORK CITY GOVERNMENT AS PART OF THE POPULATION HEALTH IMPROVEMENT PROGRAM, STAFF HAVE WORKED TO EXPAND THE ADOPTION OF THE ADVANCED PRIMAREY CARE MODEL IN PRIMARY CARE PRACTICES IN THE CITY AND TO HELP PLAN, COORDINATE, AND PROMOTE PROGRAMS OF DISEASE PREVENTION AND HEALTH IMPROVEMENT WITHIN THE REGION. IN ADDITION, INNOVATION STRATEGIES STAFF HAVE PUBLISHED A REPORT AND HOSTED A ROUNDTABLE FOCUSED ON THE GROWTH OF CONVENIENT CARE IN NEW YORK STATE - THE RAPID RISE OF URGENT CARE CENTERS AND RETAIL CLINICS, WITH SPECIAL FOCUS ON RELATED POTENTIAL BENEFITS AND RISKS FOR THE HEALTH CARE SYSTEM.

ATTACHMENT 4

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

THE FUND'S FAMILIES AND HEALTH CARE PROJECT IS A MULTI-YEAR, MULTI-PRONGED EFFORT TO IMPROVE QUALITY OF CARE FOR THE CHRONICALLY ILL BY IDENTIFYING, ENGAGING, AND EDUCATING FAMILY CAREGIVERS AND HELPING HEALTH CARE PROVIDERS WORK WITH FAMILY CAREGIVERS AS TRUE PARTNERS IN CARE. THIS PAST YEAR, THE PROJECT CONTINUED TO ADD NEW CONTENT TO ITS WWW.NEXTSTEPINCARE.ORG

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ATTACHMENT 4 (CONT'D)

WEBSITE, WHICH PROVIDES EASY-TO-USE GUIDES TO HELP FAMILY CAREGIVERS AND HEALTH CARE PROVIDERS WORK CLOSELY TOGETHER TO PLAN AND IMPLEMENT SAFE AND SMOOTH TRANSITIONS FOR CHRONICALLY OR SERIOUSLY ILL PATIENTS. THE GUIDES EMPHASIZE CAREFUL PLANNING, CLEAR COMMUNICATION, AND ONGOING CARE COORDINATION TO PROMOTE COLLABORATIVE EFFORTS THAT RESULT IN BETTER PATIENT CARE. TWO NEW GUIDES - ONE FOR FAMILIY, ONE FOR HEALTHCARE PROVIDERS - FOCUS ON CARE COORDINATION, AIMING TO HELP FAMILY CAREGIVERS AND PROFESSIONAL CARE COORDINATORS WORK EFFECTIVELY TOGETHER. THE PROJECT CONTINUED TO PARTNER WITH THE AARP PUBLIC POLICY INSTITUTE, JOINTLY PUBLISHING TWO REPORTS, ONE ON THE SPECIAL CHALLENGES FACED BY FAMILY CAREGIVERS WHO ARE CARING FOR A SPOUSE, THE OTHER ON THE CHALLENGES FAMILY CAREGIVERS ENCOUNTER WHEN CARING FOR SOMEONE WITH A COGNITIVE OR BEHAVIORAL HEALTH CONDITION ALONG WITH OTHER CHRONIC HEALTH CONDITIONS. PROJECT STAFF, PARTNERING WITH GREATER NEW YORK HOSPITAL ASSOCIATION, LAUNCHED THE IMPACT TO REDUCE READMISSIONS COLLABORATIVE, WHICH AIMS TO STRENGTHEN RELATIONSHIPS BETWEEN HOSPITALS AND NURSING HOMES TO AVERT THE INCREASED RISKS AND TRAUMA THAT PREVENTABLE READMISSIONS POSE FOR PATIENTS AND THEIR FAMILIES. IN ANOTHER PARTNERSHIP, PROJECT STAFF WORKED WITH BOSTON MEDICAL CENTER STAFF TO CREATE A NEW CHAPTER FORMALIZING THE ROLE FAMILY CAREGIVERS PLAY IN A SUCCESSFUL TRANSITION FROM THE HOSPITAL, AS PART OF A LARGER TOOLKIT, PROJECT RED, USED BY HEALTH CARE PROVIDERS FOCUSED MORE BROADLY ON CREATING SAFE AND EFFECTIVE DISCHARGES FROM THE HOSPITAL. PROJECT STAFF ALSO WROTE ARTICLES AND COMMENTARIES ON A

Name of the organization: UNITED HOSPITAL FUND OF NEW YORK

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ATTACHMENT 4 (CONT'D)

RANGE OF FAMILY CAREGIVING ISSUES.

ATTACHMENT 5

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
HEALTH INSURANCE PROJECT		538,788.	
QUALITY IMPROVEMENT COLLABORATIVE		552,820.	
AGING IN PLACE INITIATIVE		687,841.	
GRANTMAKING	977,000.	1,198,232.	
COMMUNICATIONS AND PUBLICATIONS		1,360,001.	
EDUCATION AND CONFERENCES		100,408.	21,660.
LIBRARY		115,933.	
PROGRAM GENERAL		631,871.	
NEW PROGRAMS FEASIBILITY STUDY		46,448.	
TOTALS	977,000.	5,232,342.	21,660.

ATTACHMENT 6

FORM 990, PART VI, LINE 17 - STATES

AL,AK,AZ,CA,CO,CT,

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

MN,MS,NH,NJ,NM,NY,NC,OK,PA,

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

ATTACHMENT 7

Name of the organization: UNITED HOSPITAL FUND OF NEW YORK

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ATTACHMENT 7 (CONT'D)

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TRACY MILLER 116 HILLSIDE AVENUE METUCHEN, NJ 08840	CONSULTING SERVICES	171,750.
CAMBRIDGE ASSOCIATES, LLC 125 HIGH STREET BOSTON, MA 02110	INVESTMENT ADVISORY	124,000.

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

2014

Open to Public Inspection

Name of the organization

UNITED HOSPITAL FUND OF NEW YORK

Employer identification number

13-1562656

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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)	CHARITABLE REMAINDER TRUST 13-6046088 C/O JP MORGAN SERVICES, PO BOX 6089 NEWARK, DE 19714-6089	ANNUITY	NY	N/A	TRUST	111,681	2,362,935	100 0000	X	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? 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)														

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).