

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317058359

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

HSS Properties Corporation

% MARC GOULD

Doing business as

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

535 EAST 70TH STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10021

F Name and address of principal officer

LOUIS SHAPIRO

535 EAST 70TH STREET

NEW YORK, NY 10021

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

N/A

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1984

M State of legal domicile

NY

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

ACQUIRE, HOLD AND OPERATE CERTAIN REAL ESTATE TO BE USED BY ITS TAX-EXEMPT AFFILIATED ENTITY, THE HOSPITAL FOR SPECIAL SURGERY

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)

45

4 Number of independent voting members of the governing body (Part VI, line 1b)

41

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

11

6 Total number of volunteers (estimate if necessary)

46

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

861,893

9 Program service revenue (Part VIII, line 2g)

57,978,860

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

257,304

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

22,467

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

59,120,524

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

0

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,181,836

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

50,467,456

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

51,649,292

19 Revenue less expenses Subtract line 18 from line 12

7,471,232

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

148,539,283

21 Total liabilities (Part X, line 26)

77,369,330

22 Net assets or fund balances Subtract line 21 from line 20

71,169,953

Prior Year

Current Year

Beginning of Current Year

End of Year

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

MARC GOULD SVP & CAO

Type or print name and title

2019-11-12

Date

Paid Preparer Use Only

Print/Type preparer's name

Firm's name ▶ ERNST & YOUNG US LLP

Firm's address ▶ 5 TIMES SQUARE

NEW YORK, NY 10036

Preparer's signature

Firm's EIN ▶

Phone no (212) 773-9017

Date

Check ☐ if self-employed

PTIN P00740769

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

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)