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Unrelated uss receipts or sales us returns and allow	► F		t cornoration	ent-subsid	diary controlled group?	•	Y6	es X No	
Unrelated or sales or	Trac				Teleni	hone number >	(718)2	240-5773	
oss receipts or sales is returns and allow		e or Business Inc			(A) Income	(B) Expens		(C) Net	
s returns and allow	:			 	V-1	(-) = Apolio		(0)	
			c Balance	· 1c					
st of goods sold (So		A line 7)	y Dala 166	2		388037697037638686486			
oss profit. Subtract		•		3				200-2000 (200-200-200-200-200-200-200-200-200-200	
oital gain net incom				4a	•		****		
		·	4707)				8000 00 00 00 00 00 00 00 00 00 00 00 00		
	(Form 4797, Part II, line 17) (attach Form 4797)								
	luction for trusts 4c								
		anip di an 3 corporation (ati	iacii siatement)			***************************************	949999999999		
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			ganization (Schedule C			 		1	
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•		,			0.	**************************************	WHITENESS SUCCESSION		
			See instructions		tions on deductions			<u> </u>	
ompensation of offi	cers, dir	rectors, and trustees (Sched	dule K)				14		
	•	,	•				15		
	ince						16		
d debts							17		
	lule) (se	ee instructions)					18		
xes and licenses	, ,	•					19		
naritable contribution	ns (See	instructions for limitation i	rules)				20		
			•		21				
ss depreciation cla			on return		22a		22b	<u> </u>	
pletion 📶				13 /5-5		<u>-</u>	23		
	rred cor	npensation plans	I RECE	INFF	<u></u>		24		
		· •	1	<u> </u>	101		25		
		hedule I)	B NUN B	3 5 2019			26	,	
cess readership co	sts (Sch	nedule J)	M	ク*	<u> </u>		27		
her deductions (att	ach sch	edule)	0000	NI 11	T SEE STATEME	NT 1	28	48,596	
			UGDE	:IV, U	<u></u>	•		48,596	
1 627			loss deduction. Subtra	ct line 29	from line 13			-48,596	
				, ., 201	- (555			-48,596	
						71 -7	13	Form 990-T (201	
on the eligible of the eligibl	t income (Schedule lated debt-finance rest, annuities, royalstment income of loited exempt active ertising income (Ser income (See insole). Combine lines Deduction (Except for compensation of officiaries and wages pairs and maintenated debts erest (attach schedus and licenses aritable contribution reciation (attach for sees exempt expenses readership contributions to defend ployee benefit process exempt expenses readership contributions. Addrelated business tarelated business tarelat	t income (Schedule C) elated debt-financed incomerest, annuities, royalties, ai stiment income of a sectic loited exempt activity incomertising income (Schedule er income (See instruction al. 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Form 990-Ţ (2	018) 'BROOKDALE HOSPITAL MEDICAL CENTER	11-1631	746	Page 2
Part III	Total Unrelated Business Taxable Income			
33 T	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	-48,596.
34 A	mounts paid for disallowed fringes		34	1,021,668.
35 D	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36 T	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
h	nes 33 and 34		36	973,072.
37 S	pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37	1,000.
	nrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
е	nter the smaller of zero or line 36		38	972,072.
Part IV	Tax Computation			
39 0	rganizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39	204,135.
40 T	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41 P	roxy tax See instructions	•	41	
	Iternative minimum tax (trusts only)		42	
	ax on Noncompliant Facility Income. See instructions		43	
	otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	204,135.
Part V	Tax and Payments			···········
•	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		1,	
	ther credits (see instructions) 45b		, "<	
	eneral business credit. Attach Form 3800 45c		1	
	redit for prior year minimum tax (attach Form 8801 or 8827)		'>	
	otal credits. Add lines 45a through 45d		45e	
	ubtract line 45e from line 44		46	204,135.
		nch schedule)	47	
	otal tax. Add lines 46 and 47 (see instructions)	ch schedule)	48	204,135.
			49	0.
	018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	<u>.</u>
	ayments: A 2017 overpayment credited to 2018		1	
	018 estimated tax payments 50b	204 125	2 *	
	ax deposited with Form 8868	204,135.		
	oreign organizations; Tax paid or withheld at source (see instructions)			
	ackup withholding (see instructions) 50e			
	redit for small employer health insurance premiums (attach Form 8941)		'"	
g <u>O</u>	ther credits, adjustments, and payments: Form 2439			
L	Form 4136 Other Total > 50g			
	otal payments. Add lines 50a through 50g		51	204,135.
	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		52	
	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
	verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ ,	54	
	nter the amount of line 54 you want: Credited to 2019 estimated tax		55	
Part VI	Statements Regarding Certain Activities and Other Information (see instruction	ins)		
	t any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			,
Fi	nCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	ere >			<u>x</u>
57 D	uring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?		X
If	"Yes," see instructions for other forms the organization may have to file.			
58 E	nter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$			
Sie-	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	t of my knowled	lge and bel	ief, it is true,
Sign	2 1/2	Ma	v the IRS	discuss this return with
Here	Robbalen 11/13/19 CHIEF FINANCIAL OFFICER			shown below (see
	Signature of officer Date / Title	ins	tructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Ch	eck 🔲 ıf	PTIN	
Paid	sel	f- employed		
Prepare	LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY, CPA 11/06/19		P01	273422
Use On		rm's EIN ▶	2	2-1478099
	1301 AVENUE OF THE AMERICAS			
	Firm's address NEW YORK, NY 10019	hone no. 21	2-297	-0400
823711 01-09	-19			Form 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inver	itory v	aluation N/A			<u> </u>	
1 Inventory at beginning of year	1			Inventory at end of yea	ır		6	
2 Purchases	2		7	Cost of goods sold. Su		ine 6		
3 Cost of labor	3		7	from line 5. Enter here		To the state of th		
4a Additional section 263A costs			7	line 2			7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to				1	es No
b Other costs (attach schedule)	4b	<u> </u>	7 Ť	property produced or a	•	75.		
5 Total. Add lines 1 through 4b	5		1	the organization?		The rooms apply to	i nu	- ANYON PROCOCUR.
Schedule C - Rent Income ((see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prope	erty)	
1 Description of property	 							
(1)						 _		
(2)								
(3)						<u> </u>		
(4)								
		ed or accrued				3(a) Deductions directly of	connected with the inco	me in
rent for personal property is more than of rent for personal				onal property (if the percentag property exceeds 50% or if ed on profit or income)		columns 2(a) and 2(b) (attach schedule)		
_(1)				-				
(2)							•	
(3)							<u>-</u>	
(4)								
Total	0.	Tota!			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)		<u> </u>		
				Gross income from		3. Deductions directly conne to debt-finance		
Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dedu (attach sched	
(1)								
(2)				-			<u> </u>	
(3)								
(4)						 		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6	Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8. Allocable de (column 6 x total of 3(a) and 3	of columns
(1)		·		%				
(2)				%				
(3)				%				
(4)			1	%			,	
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on Part I, line 7, colu	. •
Totals				▶ĺ		0.		0.
Total dividends-received deductions in	cluded in column	8				•		0.
							Form 90	0-T (2018)

Schedule F - Interest, A	nnuitie	s, Royalt	ies, an	d Rents	From Co	ntrolle	d Organiza	itions	see ins	structions	3)
				Exempt	Controlled O	rganızat	ions				
1. Name of controlled organizati	on	2 Emp Identific numi	ation		related income e instructions)		tal of specified ments made	includ	rt of column 4 led in the contration's gross i	olling	6. Deductions directly connected with income in column 5
(1)								 	•		
(2)	······							 			· · · · · · · · · · · · · · · · · · ·
(3)											
(4)										-	
Nonexempt Controlled Organiz	ations			·							-
7. Taxable Income	8 Net u	nrelated incom ee instructions		9. Total	of specified payr made	nents	10 Part of coluing the controlling gross	mn 9 that ing organ s income	nization's		uctions directly connected income in column 10
<u> </u>											
(1)											
(2)										·	
(3)			•								·
_(4)											
							Add colum Enter here and line 8, c		1, Part I,	Enter he	l columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totals						>			0.		0.
Schedule G - Investmer (see instr		ne of a S	ection	501(c)(7	"), (9), or (17) Org	ganization				
1 Descr	iption of inco	me	·		2 Amount of	income	3 Deduction directly conne (attach sched	cted	4. Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
Totals					Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited I	-	Activity	Income	e, Other	Than Adv		ng Income	30000000000000000000000000000000000000		*********	<u> </u>
	•		•	· · · · · · · · · · · · · · · · · · ·	4 Net incom	e (loss)					T -
Description of exploited activity	2. G unrelated incom- trade or t	e from	3. Exp directly c with pro of unit business	onnected duction elated	from unrelated business (co minus columi gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attributa colun	able to	Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)								•			
(3)											
(4)							<u> </u>				
	Enter her page 1, line 10,	, Part I, col (A)	Enter her page 1 line 10,	, Part I, col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertising	a Incon	0.	struction	0.		***********	***************************************		24148 8 880256	5550 XXXXXXX	0.
Part Income From F					solidated	Basis					
1. Name of periodical		2 Gross advertising income		3. Direct	4 Advert or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5 Circulati	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	1						*		·	8	
(2)											
(3)				-	7		*				
(4)							×				
Totals (carry to Part II, line (5))	•		0.	0	•	,,, <u>, , , , , , , , , , , , , , , , , </u>					0.

Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		-				
(2)						
(3)						
(4)						
Totals from Part I	0.).			0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.).			o
Schedule K - Compensation	າ of Officers, D	Directors, ar	d Trustees (see in	structions)		•
1. Name	•		2. Title	3. Perce time devo busine	ted to	ensation attributable related business
(1)					%	
(2)					%	
(3)			<u></u>		%	-
(4)					%	
Total. Enter here and on page 1, Part II, II	11					0

Form 990-T (2018)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PAYROLL INDIRECT COSTS TAX CONSULTING AND PREPARATION		47,346. 1,250.
TOTAL TO FORM 990-T, PAGE 1, L	INE 28	48,596.