	E	990-T	PC-Y	Exempt Orga					turn	ı	ОМЕ	3 No 1545-0687
	rom	(3)	06.		and proxy tax un			1/7	1	,		2040
	;	, , ,	For ca	Ilendar year 2018 or other tax ye	ear beginning		, and ending	12	$(\nu$	_	7	2018
	Depart	ment of the Treasury	Γ,		w.irs gov/Form990T for				14/-1/01		Open to	Public Inspection for
	Interna	Revenue Service		Do not enter SSN number				ization is a 50	11(0)(3)	ID Emp) Organizations Only ntification number
	A L	Check box if address changed Name of organization (Check box if name changed and see instructions.)									olóyees' t uctions)	trust, see
	B Ex	Exempt under section Print BROOKDALE HOSPITAL MEDICAL CENTER									11-1	631746
	X	Type Type Maintain, and a state has not in a first a state has not in a state has not									lated bus	siness activity code
		408(e) 220(e) Type ONE BROOKDALE PLAZA										
		408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) BROOKLYN, NY 11212									00	
	C Boo	529(a) k value of all assets	<u> </u>	F Group exemption num		<u> </u>				4850	-	
	ate	nd of year	Ο.	G Check organization type		orporation	501(c) trust		401(a)	trust		Other trust
	H Ent	er the number of the	organiza	ition's unrelated trades or	businesses.	1		e the only (or			<u>_</u> 	
	trac	le or business here 🕽	► QUAI	LIFIED TRANSPORTAT	TION FRINGE		. If only on	e, complete P	arts I-V.	If more	e than c	one,
				ice at the end of the previo	ous senterice, complete f	Parts I an	d II, complete a Schedu	le M for each	addition	al trade	e or	
		iness, then complete									Г	V
				poration a subsidiary in an tifying number of the parei	* '. '	ent-subsi	diary controlled group?	•	> L	Y	es L	X No
				ROBERT PALERMO, CE			Telen	hone number	· (718)2	240-5	773
				de or Business Inc			(A) Income	1	xpenses			(C) Net
	1 a	Gross receipts or sale	es									
•	_	Less returns and allov			c Balance ►	1c				Section 1	200000	
Ś		Cost of goods sold (S			\bigcap	2				**************************************	4986	
2		Gross profit. Subtract				3		300000000			-	
Z		Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4a 4b										
<u>'</u>		Capital loss deduction				4c		7				
	5	Income (loss) from a	partners	ship or an S corporation (a	attach statement)	5	(Op. 153)	3/////				
:	6	Rent income (Schedu	le C)			63	10 10 X				ļ	
>		Unrelated debt-financ		,	(
Ö		· · · · · ·		nd rents from a controlled	- ·	V 70	W. CO	+			ļ	
5		Exploited exempt activ		on 501(c)(7), (9), or (17) o ome (Schedule I) .	organization (Schedule G	"	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	+				
₹		Advertising income (S	-	` '		11				-		
		Other income (See ins				12	→	2000		*****		
		Total. Combine lines				13	0	-				
ļ	, <u>B</u> ar			ot Taken Elsewher utions, deductions must								
	14					eu wiiii i	Tie urirelated busines	is income)		1 44	ı	
	14 15	Salaries and wages	icers, un	rectors, and trustees (Sche	edule K)					14		
	16	Repairs and mainten	ance							16		
	17	Bad debts							•	17		
	18	Interest (attach sche	dule) (se	e instructions)						18		
	19	Taxes and licenses								19		
	20 21		•	e instructions for limitation	1 rules)		امدا			20	-	
	21 22	Depreciation (attach		n Schedule A and elsewher	re on return		21 22a			22b	ł	
	23	Depletion		Concade A and elsewier	on retain		[224]			23		
	24	Contributions to defe	erred cor	npensation plans						24		
	25	Employee benefit pro	ograms						i	25		
	26	Excess exempt exper		•						26	<u> </u>	
	27 00	Excess readership co		=						27	 	
	28 29	· · · · · · · · · · · · · · · · · · ·								28 29	1	0.
	29 30											0.
	31			oss arising in tax years be	=					30 31		
	32	Unrelated business to	axable ır	ncome. Subtract line 31 fro	om line 30			<u>-</u> -		32		0.
		_	_								_	OOO T (0040)

	2018) BROOKDALE HOSPITAL MEDICAL CENTER		11-163	1/46	Page /					
Part NI	Total Unrelated Business Taxable Income									
33 1	33	0.								
34 /	Amounts paid for disallowed fringes		34	1						
35 [Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions)		35	<u>; </u>					
36 7	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the si	um of								
1	lines 33 and 34									
37 5	37	1,000.								
38 l	Inrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,								
6	38	0.								
:Pärtily	Tax Computation		<u></u>							
39 (Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39						
40]	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 t	from:		<u>M</u>					
	Tax rate schedule or Schedule D (Form 1041)	•	<u>40</u>)						
41 F	Proxy tax. See instructions		•	<u> 41</u>						
42 /	Alternative 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	0.					
Part V	Tax and Payments	,		Ti-Trans						
45 a F	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		-183						
	Other credits (see instructions)	45b	· · · · · · · · · · · · · · · · · · ·	-183						
-	General business credit. Attach Form 3800	45c		- ₩	*					
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		Æ						
e 1	otal credits. Add lines 45a through 45d	,	2	450						
	Subtract line 45e from line 44		•	46						
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 📖 (Other (attach schedule)							
	otal tax Add lines 46 and 47 (see instructions)			48						
	1018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.					
	Payments: A 2017 overpayment credited to 2018	50a								
	018 estimated tax payments	50b		- ॐ						
	ax deposited with Form 8868	50c	204,135	<u>'- }}}</u>						
	oreign organizations: Tax paid or withheld at source (see instructions)	50d		+33	X					
	dackup withholding (see instructions)	50e		- ∭						
	Credit for small employer health insurance premiums (attach Form 8941)	50f		- ‱	*					
g	Other credits, adjustments, and payments: Form 2439									
, L	Form 4136 Other Total ▶	50g		3000	304 135					
	otal payments. Add lines 50a through 50g			51						
	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	1					
	Inter the amount of line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid inter the amount of line 54 you want: Credited to 2019 estimated tax	ì	Defunded	54						
55 Part∗VI		n /see u	Refunded >	<u> 55</u>	204,133.					
	3				Van Na					
	it any time during the 2018 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		-		Yes No					
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•								
	ere	ioreign col	ли у		X					
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	anctaror to	a foreign truct?		x					
	i "Yes," see instructions for other forms the organization may have to file.	ansieror to	, a loreign trust?		****					
	nter the amount of tax-exempt interest received or accrued during the tax year									
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and star	tements, and	to the best of my know	ledge an	nd belief, it is true.					
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer									
Here	Robertalen 3/9/2020 CHIEF FINAL	NCTAL O	DD 7 ADD		IRS discuss this return with					
	Signature of officer Date Title				ons)? X Yes No					
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D-:-	Transcrypt preparer a manie Freparer a signature Dal	16	self- employe		1111					
Paid	LORI ROTHE YOKOBOSKY, CPA LORI ROTHE YOKOBOSKY, CPA 02/	l l	P01273422							
Prepar	- A COUNTRIENT OF ALL	<u> </u>	22-1478099							
Use Or	1301 AVENUE OF THE AMERICAS									
	Firm's address NEW YORK, NY 10019		Phone no.	212-2	297-0400					
823711 01-09			17 110110 110.		Form 990-T (2018)					
0 1.0					101111 000 1 (2010)					

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2 Purchases 2 7 Cost of goods sold Subtract line 6 7 7 7 7 7 7 7 7 7		S Sold. Enter	method of inven						
3 Cost of labor 4 a Additional section 263A costs (attach schedule) 4 b D Other costs (attach schedule) 5 Total. Additional schedule) 6 b Other costs (attach schedule) 7 Total additional schedule) 8 D Other rules of section 263A (with respect to property) 9 Total schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) 9 Cose instructions) 1 Description of property (if the precision of rent for personal property (if the persona				_	6				
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(2) (3) (4) 4 Amount of average acquisition debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6 Column 4 divided by column 5 7. Gross income reportable (column 2 x column 6) 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (1) (1) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (8) (8) (9) (9) (9) (9) (1) (1) (1) (1	(1)								
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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) (column 6 x total of columns 3(a) and 3(b)) (1) (2) (3) (4) Enter here and on page 1, Part I, line 7, column (A) Fart I, line 7, column (B) 0. 0	•								
(2) % (3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals 0. 0	4 Amount of average acquisition debt on or allocable to debt-financed	of or a debt-fina	allocable to nced property			reportable (column	(column 6 x total of columns		
(2) % (3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals 0. 0	(1)			9/2					
(3)		†		 	<u> </u>		1		
(4) % Enter here and on page 1, Part I, line 7, column (A) Totals O. O		1					1		
Totals Enter here and on page 1, Part I, line 7, column (A) Enter here and on page 1, Part I, line 7, column (B) O . 0									
Totals • 0. 0	- 	*		, , , , , , , , , , , , , , , , , , , ,					
Totals	Totala				·				
		naludad in aalii	. 0	▶.		<u> </u>	0.		

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Schedule F Interest, /		-,oyull	, am	, , , , , , , , , , , , , , , , , , , 	Controlled O				- (255 11)	truction	<i>-</i>
Name of controlled organization		2 Emp identific numl	ation		Net unrelated income (loss) (see instructions) 4. To part of the part of		otal of specified yments made 5 Part of colum included in the corganization's gro		ed in the contr	ntrolling connected with income	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified payr made	nents	10 Part of column the controllingross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10
(1)	<u> </u>		•								
(2)					-						<u> </u>
(3)									i		
(4)				1							
							Add colun Enter here and line 8, c		1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						_ _			0.		0.
Schedule G - Investme		ne of a S	ection	501(c)(7	'), (9), or (17) Org	janization				
1. Desc	ructions)	ne			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)							(anath soffet				(COI 5 plus coi 4)
(2)											
(3)											
(4)							·				
Totals Schedule I - Exploited	Evamnt	Activity	Income	> Other	Enter here and Part I, line 9, co	lumn (A)	a Income				Enter here and on page 1, Part I, line 9, column (B)
(see instru	-	ACTIVITY	IIICOIIIE	e, Ouler	man Auv	ei usiri	y income				
Description of exploited activity	2. G unrelated l income trade or b	business e from	directly c with pro of unr	penses connected oduction related s income	4. Net incom from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	that ted	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										•	
(2)										-	
(3)						1					
(4)	Enter here page 1,	Part I,	page 1	re and on I, Part I,							Enter here and on page 1,
	line 10, (line 10,								Part II, line 26
Totals	 	0.		0.					***************************************		<u> </u>
Schedule J - Advertising Part Income From					solidated	Basis					
1 Name of periodical		2. Gross advertising income		3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compute	5 Circulat		6. Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)				-							
(4)	•		0.				***				0.
Totals (carry to Part II, line (5))			٠٠١		<u>'</u>	<u> </u>	1				Form 990-T (2018

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

						,	
1 Name of periodical		2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)							
(2)							
(3)							
(4)							,
Totals from Part I	•	0.	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.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

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FOOTNOTES

STATEMENT 1

AMENDED RETURN DUE TO REPEAL OF SECTION 512(A)(7). LINES 28, AND 34 HAS BEEN CHANGED FROM ORIGINAL FILED RETURN.