	Form	990-T	E	kempt Organ			siness In der sectio			n 12	OMB No 1545-0047
			For calc	ndar year 2019 or other							<u> </u>
	_		rorcale							" <u> </u>	<u> </u>
		tment of the Treasury at Revenue Service	<b>▶</b> Do	► Go to www.irs go not enter SSN numbers						.)/3\	Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if		Name of organization (			me changed and				oyer identification number
	~ L	address changed		Transco or organization (					- /		oyees' trust, see instructions )
	B E ve	empt under section	ĺ	NEWYORK-PRES	SBYTERIA	u/BR	OOKLYN ME	THODIST			
											631796
		or or									lated business activity code
		408A 530(a)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nstructions)						
		529(a)	1	506 SIXTH ST		v. and 2	ZIP or foreign post	tal code			
	C Box	ok value of all assets		BROOKLYN, N	-						523999
	at e	end of year	F Gro	oup exemption number						L	
		1963582802.	<b></b>	eck organization type	·			501(c	) trust	401(a)	trust Other trust
	H F	nter the number of		anization's unrelated tra				1 00.00			(or first) unrelated
		ade or business her	•					If only one			e than one, describe the
				e end of the previous s	sentence cor	nolete		,	•		
		ade or business, the						p			
				corporation a subsidia	ary in an affili	ated q	roup or a parent	t-subsidiary of	controlled group?		X Yes No
				identifying number of				•	lewy 1	3-39	57095
				ICHAEL FAGAN					e number 21	2-297	-5403
	Par	t I Unrelated	Trade	or Business Incor	ne		(A) Inc	ome	(B) Exper	ses	(C) Net
	1 a	Gross receipts or s	sales								
	b	Less returns and allowa	nces		c Balance ▶	1c					
	2	Cost of goods sol	d (Sched	fule A, line 7)		2	-				
	3			2 from line 1c		3					
	4 a	Capital gain net ii	ncome (a	attach Schedule D)	$\mathcal{Q}_{\dots}$	4a					
	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach F	orm 4797)	4b					
	С	Capital loss dedu	ction for t	trusts		4c					
	5	Income (loss) from a p	artnership o	or an S corporation (attach state	ement)	5	- 3:	30,449.	ATCH 2		-330,449.
021	6	Rent income (Sch	edule C)			6					<u> </u>
2	7	Unrelated debt-fir	nanced in	ncome (Schedule E) .		7					
	8	Interest annuities, roya	alties, and re	ents from a controlled organiza	ation (Schedule F)	_ 8					
~	9	Investment income of a	section 50	)1(c)(7), (9), or (17) organizat	tion (Schedule G)	9			L		<u> </u>
EB	10		•	ncome (Schedule I) .		10					<del> </del>
<u> </u>	11			dule J)		11					<del> </del>
a	12			ctions, attach schedule)				20.440			320 440
Z	13			ough 12				30,449.	 	5 - d 4-	-330,449.
Z	Pai			naken Eisewnere he unrelated busir			ons for limita	itions on d	reductions ) (i	Jeaucti	ons must be directly
SCANNEL	-							MAR	MAN RELA		T
S				directors, and trustees						Q 14	<del> </del>
	15 16	Description and main	tononco				• • • • • • •	181		05 15 0 16	<del> </del>
	17	Repairs and main	teriarice				• • • • • • •	- BI - MUV	1.9 7070	S 16	
	18	Bad debts						·  · ·		17	<del> </del>
	19			(see instructions)							<del> </del>
	20			4562)						19	<del> </del>
	21			on Schedule A and el							
	22								-		<del></del>
	23	Contributions to c	eferred	compensation plans		-	••••••••••••••••••••••••••••••••••••••			23	<del> </del>
	24			s							
	25			Schedule I)							1
	26			Schedule J)							<u> </u>
	27			schedule)							1,333.
	28			es 14 through 27						28	1,333.
	29			ole income before n							-331,782.
	30			ng loss arising in tax y							
	31		•	le income Subtract lin	•	-	•		, -	· · —	-331,782.

V 19-7.5F

7140

PAGE 150

#### Enter the amount of line 55 you want Credited to 2020 estimated tax Part VI Statements Regarding Certain Activities and Other Information (see instructions No At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ► IRELAND Х During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? . . . . If "Yes," see instructions for other forms the organization may have to file

58 59 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on elfinformation of which preparer has any knowledge Sign May the IRS discuss this return CFO MICHAEL FAGAN Here with the preparer shown below Signature of officer Date Title (see instructions)? Yes X No Print/Type preparer's name Preparer's signature Date Paid nucole M Dokolavresi 11/12/2020 NICOLE M SOKOLOWSKI P01683199 self-employed Preparer Firm's EIN ▶ 34-6565596 Firm's name ERNST & YOUNG U.S. LLP **Use Only** 

9X2741 1 000 3222LZ B85P 10/27/2020 2:30:33 PM V 19-7.3F

Firm's address ▶ 5 TIMES SQUARE, NEW YORK, NY 10036

Phone no 212-773-3000 Form 990-T (2019)

510,894.

11-1631796 Form 990-T (2019) Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation > 6 Inventory at end of year . . . . . . . . . . . . Inventory at beginning of year. 2 Purchases . . . . . . . . . . . . 2 7 Cost of goods sold Subtract line Cost of labor . . . . . . . . . 3 3 6 from line 5. Enter here and in Part 4a Additional section 263A costs Do the rules of section 263A (with respect to (attach schedule) . . . . . . 4a Yes No b Other costs (attach schedule) . 4b property produced or acquired for resale) apply Total Add lines 1 through 4b . 5 to the organization? . A\N Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (1) (2) (3) (4) 2 Rent received or accrued (a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deductions directly connected with the income for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) . . . . . ▶ Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2 Gross income from or debt-financed property 1. Description of debt-financed property allocable to debt-financed (b) Other deductions (a) Straight line depreciation property (attach schedule) (attach schedule) (1) (2) (3) (4) 4. Amount of average 5 Average adjusted basis 6 Column 8 Allocable deductions acquisition debt on or of or allocable to 7. Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) (1) % (2) % % (3) %

Form 990-T (2019)

Enter here and on page 1,

Part I, line 7, column (B)

Total dividends-received deductions included in column 8,

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F - Interest, Ann				ntrolled Org				(SOC IIISTI GO	101107	
1 Name of controlled organization	2 Employer identification numb	ei		ated income instructions)	4 Total payme	of specif ents mad	ied inclu	art of column 4 ded in the cont ization's gross i	trolling	6 Deductions directly connected with income in column 5
(1)										
(2)	<del></del>									
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc			otal of specifie syments made		incl	uded in th	umn 9 that is e controlling gross income		Deductions directly nnected with income in column 10
(1)										
(2)										
(3)				<u>.</u>						
(4)							-			
Totals	ncome of a Sec	ction 501(c	:)(7),	<u>(9), or (17</u>		Pa	t I, line 8, (	l on page 1, column (A) instructions)	En Pa	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of	income		3 Deduc directly con (attach sch	nected		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)										
(3)			<u> </u>							
(4)	Enter here and		ļ							Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	mpt Activity In	come, Oth	er Tha	an Adverti	sing In	come	(see ins	structions)		
. 1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected or production unrelated business inc	with of	4 Net incomfrom unrelate or business (2 minus coling a gain, colons 5 thro	ed trade (column umn 3) impute	from is no	oss income activity tha it unrelated ess income	attribut	table to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				_		-				<u>-</u>
(2)		<del>-</del>								
(3)		<u></u>					-	-		
(4)										
v	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	t I,					<u>, , , , , , , , , , , , , , , , , , , </u>		Enter here and on page 1, Part II, line 25
Totals ▶ Schedule J– Advertising In	come (see instri	uctions)		• • •						_1
Part I Income From Peri			nsoli	dated Ras	is					
income From Fer	ducais Report	eu on a co	IISOII	uateu Das	13					
1. Name of periodical	2 Gross advertising income	3 Direct advertising c	2 minus and 2\ (f		7 Excess readership costs (column 6 minus column 5, but not more than column 4)					
(1)										
(2)		•							-	
(3)				<u> </u>						
(4)										
Totals (carry to Part II, line (5))				·					<del></del>	Form <b>990-T</b> (2019

Form 990-T (2019) Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	_					
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶	_					

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

	1 Name		2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)				%	
2)				%	<del>-</del>
3)				%	
<u> </u>				%	
otal Enter her	e and on page 1. Part	11. line 14		<b>&gt;</b>	<del></del>

Form 990-T (2019)

## SCHEDULE M (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning  $\frac{01/01}{}$  , 2019, and ending  $12/31_{-20}19$ 

► Go to www irs gov/Form990T for instructions and the latest information

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

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

Name of the organization NEWYORK-PRESBYTERIAN/BROOKLYN METHODIST

Describe the unrelated trade or business ▶ MEDICAL LABORATORY

Employer identification number

11-1631796 Unrelated Business Activity Code (see instructions) ▶ 621511

Pai	t I Unrelated Trade or Business Income		(A) Income (B) Expenses			(C) Net
1 a	Gross receipts or sales 472,289.			·		
b	Less returns and allowances c Balance	1c	472,289.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	472,289.			472,289.
4 a	Capital gain net income (attach Schedule D)	4a			-	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	-	-	•	
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach		···	2010.2		
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	472,289.			472,289.
Par	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income )				ust b	e directly
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	114,074.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	

	connected with the unletated business income /		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		114,074.
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		34,157.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans		<del> </del>
24	Employee benefit programs	24	42,061.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	1	
27	Other deductions (attach schedule)	27	232,299.
28	Total deductions Add lines 14 through 27	28	422,591.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	49,698.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	30	
31	Unrelated business taxable income Subtract line 30 from line 29	$\overline{}$	49,698.
	<del></del>		

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

odina 12/31 2019

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Internal Revenue Service
Name of the organization

NEWYORK-PRESBYTERIAN/BROOKLYN METHODIST

Employer identification number 11-1631796

Unrelated Business Activity Code (see instructions) ► 523999

Describe the unrelated trade or business ► INVESTMENTS

Pa	t I Unrelated Trade or Business Income			(A) Income (B) Expenses			(C) Net
	Gross receipts or sales				·- <u>.</u>		
ь		Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	[	2		<del></del>		
3	Gross profit Subtract line 2 from line 1c	[	3				
4a	Capital gain net income (attach Schedule D)		4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797)	4b				
С	Capital loss deduction for trusts	[	4c				
5	Income (loss) from a partnership or an S corporation	(attach					
	statement) AT	CH 5	5	1,691,459.			1,691,459.
6	Rent income (Schedule C)		6				
7	Unrelated debt-financed income (Schedule E)		7				
8	Interest, annuities, royalties, and rents from a contro	r			71-22		
	organization (Schedule F)		8				
9	Investment income of a section 501(c)(7), (9), or (17	ì					
	organization (Schedule G)	´	9				
10	Exploited exempt activity income (Schedule I)		10				
11	Advertising income (Schedule J)	j.	11				
12	Other income (See instructions, attach schedule)	ř	12			-	
13	Total. Combine lines 3 through 12	ì	13	1,691,459.			1,691,459.
14	connected with the unrelated business incompensation of officers, directors, and trustees (Sc					14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses					19	122,331.
20	Depreciation (attach Form 4562)			20			-
21	Less depreciation claimed on Schedule A and elsew			1 1"		21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)				ATCH 6	27	1,333.
28	Total deductions Add lines 14 through 27					28	123,664.
29	Unrelated business taxable income before net of	perating	loss d	eduction Subtract line	28 from line 13	29	1,567,795.
30	Deduction for net operating loss arising in ta	x years	beginn	ing on or after Januar	y 1, 2018 (see		
	instructions)					30	
31	Unrelated business taxable income. Subtract line 30	from line	29			31	1,567,795.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

## NAME AND FEIN OF PARENT CORPORATION

THE NEW YORK AND PRESBYTERIAN HOSPITAL 13-3957095

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

ORDINARY INCOME - PARTNERSHIP

-330,449.

INCOME (LOSS) FROM PARTNERSHIPS

-330,449.

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREPERATION FEE

1,333.

PART II - LINE 27 - OTHER DEDUCTIONS

1,333.

#### FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES 80,531.
BILLING & COURIER SERVICES 2,295.
INDIRECT COST 148,140.
TAX PREPARATION FEE 1,333.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

232,299.

PARTNERSHIP INVESTEMNT

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INTEREST/DIVIDEND-PARTNERSHIP

102,215.

OTHER INCOME

1,589,244.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

1,691,459.

ATTACHMENT 6	

## FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREPERATION FEE

1,333.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

1,333.

## **SCHEDULE D** (Form 1120)

**Capital Gains and Losses** 

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-RIC, 1120-SF, or certain Forms 990-T

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name			Employer identification number				
NEW	YORK-PRESBYTERIAN/BROOKLYN METHOD	DIST			11-1631796		
	ne corporation dispose of any investment(s) in a es," attach Form 8949 and see its instructions fo				<b> </b>	Yes	X No
Part				your gain or io	SS	<del></del>	<del></del>
	See instructions for how to figure the amounts to enter on		<u> </u>	(g) Adjustments	to gain	(h) Gain or	(loss)
	the lines below	(d) Proceeds	(e) Cost	or loss from For		1	olumn (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part I, Iin column (g)	e 2,		and combine with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.						(9)
1 b	Totals for all transactions reported on Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on Form(s) 8949						
	with Box B checked						
3	Totals for all transactions reported on Form(s) 8949					<del> </del>	
	with Box C checked	-8					-8.
	<del></del>			·			<del></del>
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		4		
5	Short-term capital gain or (loss) from like-kind exchar	nges from Form 8824			5		<del></del>
6	Unused capital loss carryover (attach computation) .		6	(	110,117.)		
-	Net about term contains an (less). Combine to a	1_		110 105			
, Part	Net short-term capital gain or (loss) Combine lines 1  II Long-Term Capital Gains and Losses			• • • • • • • • • • • • • • • • • • • •	7		-110,125.
rait	See Instructions for how to figure the amounts to enter on		) 	(a) Advistments	to goin	(b) Gara or	/less)
	the lines below  This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, Iir column (g)	m Form(s) Subtract column (e) t II, line 2, column (d) and comb		
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked				_		_
9	Totals for all transactions reported on Form(s) 8949		į.				
	with Box Echecked						
10	Totals for all transactions reported on Form(s) 8949		- N WATER				
	with Box F checked	35,746.					35,746.
11	Enter gain from Form 4797, line 7 or 9				11		
12	Long-term capital gain from installment sales from Fe	orm 6252, line 26 or 3	7		12		
13	Long-term capital gain or (loss) from like-kind exchange	ges from Form 8824			13		
14	Capital gain distributions (see instructions)				14		
15	Net long-term capital gain or (loss) Combine lines 8a		15		35,746.		
Part			<u> </u>	<u></u>	1.0		
	- Commany of Fundament			·	T		<del></del>
16	Enter excess of net short-term capital gain (line 7) ov	er net long-term capita	l loss (line 15)		16		
17	Net capital gain Enter excess of net long-term capital	al gain (line 15) over ni	et short-term capital los	ss (line 7)	17		
18	Add lines 16 and 17 Enter here and on Form 1120,				18		
	Note: If Iosses exceed gains, see Capital Losses in the		· 		-		

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2019

## 8949

## Sales and Other Dispositions of Capital Assets

▶ Go to www irs.gov/Form8949 for instructions and the latest information

Attachment

Department of the Treasury Internal Revenue Service ( ) - h----- --- ----

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

OMB No 1545-0074

Maine(S) Shown on return	
NEWYORK-PRESBYTERIAN/BROOKLYN	METHODIST

(C) Short-term transactions not reported to you on Form 1099-B

Social security number or taxpayer identification number

11-1631796

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see Part I instructions) For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions. complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e)		
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) (g) Code(s) from Amount of adjustment		from column (d) and combine the result with column (g)	
FORM K1	VARIOUS	VARIOUS	-8				-8	
			_					
						•		
			-					
					·			
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and inc is checked), fin-	ude on your e 2 (if Box B	-8				-8	

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions

Form 8949 (2019)

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

NEWYORK-PRESBYTERIAN/BROOKLYN METHODIST

11-1631796

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part II

**Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note**: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	Cost or other basis See the Note below	Adjustment, if If you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr )	(Mo , day yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FORM K1	VARIOUS	VARIOUS	35,746				35,746
					<b>.</b>		
			-				
							_
	-						
	-						
2 Totals Add the amounts in columns in negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclusion the here and inclusion the here.	ude on your 9 (if Box E	35,746				35,746

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)

## NEWYORK-PRESBYTERIAN/BROOKLYN METHODIST 11-1631796 Form 990T Tax Year December 31, 2019

## Schedule D Capital Loss carryover schedule

<u>Tax Year</u>	<u>Capital Loss</u>	<u>Used</u>	Remaining
2017	-		346,836
2018	346,836	236,719	110,117
2019	110,117	34,738	75,379
Available for 2019	110,117	34,738	75,379