Form	990-T	D-T   Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							OMB No 1545-0687		
r Oilli	, 000 1 1		• • •			•			മ	ก40	
	-	For cale	ndar year 2018 or other tax year begin							9 I B	
	ment of the Treasury I Revenue Service	<b>.</b>	► Go to www irs gov/Form990					->/2>	Open to Pu	iblic Inspection for Organizations Only	
	Check box if	00	Name of organization ( Check be		me changed and see			D Emplo	yer identific	ation number	
	address changed							(Emplo	yees trust see	e instructions )	
_	mpt under section	D.:4	EPISCOPAL HEALTH SEI		-		<u> </u>				
X	(ر <b>32 ع</b> ) 501(	Print   or	Number, street, and room or suite no. I	faPO	box, see instruction	s			65825		
	408(e) 220(e)	Type					200		E Unrelated business activity code (See instructions )		
$\vdash$	408A530(a)		377 OAK STREET 300								
	529(a)	-	City or town, state or province, country		ZIP or foreign postal (	coae					
	k value of all assets and of year		GARDEN CITY, NY 1153				<del></del>	1		<del></del>	
1.4	4,379,919.		up exemption number (See instructi		1	504(		104(-)			
		•	ck organization type X 501			501(c		401(a) trust Other trust the only (or first) unrelated			
		•	nization's unrelated trades or busines	sses		only one	complete Parts	•	•		
	ade or business her		end of the previous sentence, cor	nnloto		•	·			describe trie	
				npiete	rants i and ii, coi	ripiete a S	chedule Wiltor ea	CIT AUUILIUI	iai		
	ide or business, th		corporation a subsidiary in an affili	ated a	roup or a parent-s	ubeidiani (	controlled group?			Yes X No	
			identifying number of the parent cor	_		ubsidial y (	controlled group.			] 163 [ 140	
			PISCOPAL HEALTH SERVICE		<u> </u>	Telephon	e number ▶ 71	.8-869-	8525		
	1		or Business Income		(A) Incon		(B) Exper		T	(C) Net	
1a		-			, , ,	-	, , , , , , , , , , , , , , , , , , ,		<b> </b>	<u> </u>	
b			c Balance ▶	1c							
2			ule A, line 7)	2							
3	•	•	2 from line 1c	3							
4a	•		ittach Schedule D)	4a							
b			Part II, line 17) (attach Form 4797)	4b							
С	- , , ,		rusts	4c							
5			r an S corporation (attach statement)	5							
6	Rent income (Sch	edule C)		6						,	
7			come (Schedule E)	7						,	
8	Interest annuities, roya	alties and re	ents from a controlled organization (Schedule F)	8					,		
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9							
10	Exploited exempt	activity ii	ncome (Schedule I)	10							
11	Advertising incom	ne (Sched	fule J)	11							
12	Other income (Se	ee instruc	tions, attach schedule)	12					ļ		
13			ough 12	13		0.			Щ.	<del></del>	
Par			Taken Elsewhere (See instr					Except for	or contrib	outions,	
			be directly connected with t					-			
14	Compensation of	officers,	directors, and trustees (Schedule K)	• • •	· · · · · · · · · · · · · · · · · · ·			14	<del> </del>		
15	Salaries and wage	es		) II (	FIVED	. 1					
16	Repairs and main	itenance	· · · · · · · · · · · · · · · · · · ·	<u> </u>	111						
17	Bad debts		(see instructions)		. 4 1 3010 · ·	\$-0s( 		17	<b>├</b> ──		
18	Interest (attach s	chedule)	(see instructions)	NOA	. ( <u>6</u> . <b>9</b> ). 40.17	ιδ		• • —	<del>                                     </del>		
19	Taxes and license	s	See instructions for limitation rules)			1戸  ・・		19	-		
20	Charitable contrit	outions (	see instructions for limitation rules)	)G	DEN; UT;	. : <b>i</b> t		20	<del>                                     </del>		
21			on Schedule A and elsewhere on re			2a		-			
22	~				· · · · · · · -			22b	<del> </del>		
23 24			compensation plans						<del> </del>		
									<del>                                     </del>		
25 26			Schedule I)						+		
26 27			chedule J)						<del>  -</del>		
28			chedule)						<del> </del>		
29			s 14 through 28						<del>                                     </del>		
30			le income before net operating						<del>                                     </del>		
31			ig loss arising in tax years beginning						<del>                                     </del>	<u></u>	
32	. =		e income Subtract line 31 from line	-						<del></del>	

For Paperwork Reduction Act Notice, see instructions.

8X2740 1,000 3414DC JSA 02V 11/8/2019 2:53:27 PM V 18-7.6F

Form **990-T** (2018) PAGE 96

Form	990-T (2018)			Page 2
Pai	Total Unrelated Business Taxable Income			
33 ´	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	l I		
ر 34	Amounts paid for disallowed fringes	- <del></del>	298,	017.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		. =	
33	instructions)	1 1	31.0	670.
		<u> </u>		-
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	1 1	266,3	347
	of lines 33 and 34	<del></del>		000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			000.
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,			
	enter the smaller of zero or line 36	- 38	265,	347.
Pai	t IV Tax Computation			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	▶ 39	55,	723.
40	Trusts 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)			
44	Proxy tax See instructions			
41	Alternative minimum tax (trusts only)		<del></del> -	
42	Tax on Noncompliant Facility Income. See instructions			
43			55	723.
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44		, 25.
	t V Tax and Payments			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	4		
	Other credits (see instructions)	_		
С	General business credit Attach Form 3800 (see instructions)	_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44		55,	723.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	. 47		
48	Total tax. Add lines 46 and 47 (see instructions)		55,	723.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1 1		
		·   - <del> </del>		
	Payments A 2017 overpayment credited to 2018	<b>⊣</b> ∣		
	2018 estimated tax payments	1		
	Tax deposited with Form 6000.	-	•	
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d	-		
	Backup withholding (see instructions)	-}		
	Credit for small employer health insurance premiums (attach Form 8941) 50f	<b>⊣</b> ∣		
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 50g			
51	Total payments Add lines 50a through 50g	51	88,	000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	32,	277.
55	Enter the amount of line 54 you want  Credited to 2019 estimated tax  \$\infty\$ 22, 277.	<b>—</b>		
	t VI Statements Regarding Certain Activities and Other Information (see instruction			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority Yes	No
30				1
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	roreign	country	\ <del></del>
	here			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?	· · · · ·	X
	If "Yes," see instructions for other forms the organization may have to file			
58	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 bel	lief it is
Sig	true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Anu Abn II	DC discuss this	entura.
Hei		,	RS discuss this i preparer shown l	
	Signature of officer Date Title		ns)? X Yes	No
	Print/Type grenaro's name Prepare's signature Date		PTIN	-
Paid	1 11/8/19 Che	ck L if	P0044602	22
Pre	Self Collins   Self C	-employed		
	Firm's name DOU OSA, LLP	is EIN ▶	13-5381590	<u>,                                     </u>
	Firm's address ▶ 100 PARK AVENUE, NEW YORK, NY 10017-5001 Pho	ne no 21	2-885-8000	,

Form **990-T** (2018)

Form **990-T** (2018)

Part I, line 7, column (B)

Total dividends-received deductions included in column 8.

Part I, line 7, column (A)

Page 4

Schedule F-Interest, Annu	ities, Royalties	, and R	lents F	rom Contro	lled Or	ganizat	i <b>ons</b> (see	nstruction	ns)	
•				Controlled Org						
1 Name of controlled organization	2 Employer identification numb	er	3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)			_							
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations	-								
7 Taxable Income	8 Net unrelated income (loss) (see instructions)			9 Total of specifie payments made	10 Part of column 9 that is included in the controlling organization's gross income				11 Deductions directly connected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Totals		 tion 50	)1(c)(7		▶ ) Orga	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	Ent	Id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of income			3 Deductions directly connected (attach schedule)			4 Set-asic (attach sche		es 5 Total deduction	
(1)		•								
(2)				•						
(3)										
(4)										
		re and on page 1, ine 9, column (A)								Enter here and on page 1, Part I, line 9, column (B)
Totals	met Activity In	como (	Othor 1	Than Advorti	icina Ir	ocomo /	coo inctri	ections)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Ex dir connec produ unr	penses rectly cted with uction of elated ss income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		6 Expenses attributable to . column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
						<u> </u>				
(1)										
(2)										
(3)							_			
(4) Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	page	ere and or 1, Part I, ), col (B)	1				<u> </u>		Enter here and on page 1, Part II, line 26
Schedule J- Advertising Ir	come (see instr	uctions)		· · · · · · · · · · · · · · · · · · ·						
Part I Income From Per			Cons	olidated Bas	sis					
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos		4 Advertising gain or (loss) (col 2 minus col 3) I 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 (carry to Part II, line (5))										

Form **990-T** (2018)

Total Enter here and on page 1, Part II, line 14,

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 ) 7 Excess readership 4 Advertising gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership 2 minus col 3) If minus column 5, but نار... 1 Name of periodical advertising advertising costs costs not more than a gain, compute income cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I, Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11, col (B) Part II, line 27 Totals, Part II (lines 1-5). Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to 4 Compensation attributable to 2 Title unrelated business business (1) % (2) % % (3) % (4)

Form 990-T (2018)

## FEDERAL FOOTNOTES

STATEMENT 1 FORM 990-T, PART III, LINE 35 NET OPERATING LOSS DEDUCTION

LOSS YEAR	ORIGINAL	LOSS PREVIOUSL	Y LOSS
ENDING	LOSS	USED AVAILABLE	
12/31/00	\$ 25,868.	\$ 0.	\$ 25,868.
12/31/01	2,405.	0.	2,405.
12/31/02	1,347.	0.	1,347.
12/31/03	2,050.	0.	2,050.
NET OPERATING	LOSS AVAILABLE		\$ 31,670.
AMOUNT PAID FO	R DISALLOWED FRI	NGES IN 2018	298,017.
NET OPERATING	LOSS DEDUCTION (	LIMITED TO TAXABLE INCO	ME)31,670.
TOTAL UBI BEFO	RE SPECIFIC DEDU	CTION	\$266,347.