					4.4	6	939	305205/32/
,						101	[]	
						191	\mathcal{A}	
,		Fy	empt Organization	Rus	siness Income	Tax Refur	n l	
Form	990-T				der section 6033(·· }	OMB No 1545-0047
		For cale	ndar year 2019 or other tax year begin		•	• •	ا ا	୭ ⋒1 0
Departn	ment of the Treasury		► Go to www.irs.gov/Form990	T for I	nstructions and the latest	information.		<u> </u>
Internal	Revenue Service	▶ Do	not enter SSN numbers on this form					Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check b MENORAH HOME AND HO			5)		oyer Identification number oyees' trust, see instructions)
R Even	mpt under section		AND INFIRM	SPII	AL FOR THE AGED			
	501(CQ 3)	Print	Number, street, and room or suite no	lf a P O	box, see instructions		11-1	672777
	408(e) 220(e)	or Type			·			ated business activity code
	408A 530(a)	Type	6323 7TH AVENUE				(See in	istructions)
_	529(a)		City or town, state or province, countr	y, and Z	IP or foreign postal code			
	k value of all assets		BROOKLYN, NY 11220					
	·		up exemption number (See instruct	<u> </u>			1	
H Ent	ter the number of		ck organization type X 501				401(a)	trust Other trust (or first) unrelated
	de or business her	. •					•	e than one, describe the
			end of the previous sentence, co	mplete		•		•
	de or business, the				· · · · · · · · · · · · · · · · · · ·			
			corporation a subsidiary in an affil	_	•	ontrolled group?		▶ Yes No
			dentifying number of the parent co FFREY DAVIS	rporation		e number ▶ 71	Q = A Q1	-7261
			r Business Income		(A) Income	(B) Expens		(C) Net
	Gross receipts or s		Dusiness income		(A) Income	(D) Expen	303	(C) Net
	Less returns and allowa		c Balance ▶	1c				
2	Cost of goods sole	d (Schedi	ule A, line 7)	2				
			2 from line 1c	3			/	
			ttach Schedule D)	4a			_	
	•		Part II, line 17) (attach Form 4797)	4b 4c				
			an S corporation (attach statement)	5				
-			and dispersion (disadribatement),	6				
			come (Schedule E)	7				
8 1	Interest, annuities, roya	lties, and rei	nts from a controlled organization (Schedule F)	. 8				
			(c)(7), (9), or (17) organization (Schedule G)	9				
			come (Schedule I)					
			cons, attach schedule)		,			
			ough 12	_	0.			
Part	I Deduction	s Not	Taken Elsewhere (See√nsti	ructio	ns for limitations on d	eductions) (E	educti	ons must be directly
			e unrelated business incom					
			directors, and trustees (Schedule K)					
15 S	Salaries and wage Repairs and maint	S enance	RECEN	TED			. 15	
17 [Bad debts	enance .	REULI					
				. າດາາ			. 18	
19	Taxes and licenses		see instructions)		$\langle \dots \rangle \langle \mathcal{S} \rangle \dots \dots$. 19	
20 [Depreciation (atta	ch Form∕	4562)					
21 l	Less depreciation	claimed	on Schedule Aland elsewhere of	John ?	. [21a]		21b	
		,	· · · · · · · · · · · · · · · · · · ·		<i></i>		. 22	
			ompensation plans					
			chedule I)					
			chedule J)					
27 (Other deductions	(attach so	chedule)				. 27	
			3 14 through 27					
			e income before net operating					
			loss arising in tax years beginning income Subtract line 30 from line					
			otice, see instructions.	£9	· · · · · · · · · · · · · · · · · · ·		. 37	Form 990-T (2019)

Form	990-T (20	19) MENORAH HOME AND HOSPITAL FOR THE AGED	11-16727	77 Page 2
Par		Total Unrelated Business Taxable Income		
	Total	f unrelated husiness taxable income computed from all unrelated trades or husinesses (see, 1	
	instructi	ons)	. (32	
33	Amount	s paid for disallowed fringes	33	
34		ele contributions (see instructions for limitation rules)	`	
35		nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract I		
••		the sum of lines 32 and 33	-	0.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (s		
••			1 1 1	
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35		
38		deduction (Generally \$1,000, but see line 38 instructions for exceptions)	\rightarrow	1,000.
39		d business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 3	7.7	
		e smaller of zero or line 37	11 1	0.
Par		Tax Computation		
40/	_	ations Taxable as Corporations Multiply line 39 by 21% (0 21)	. ▶ 40	
41	•	Taxable at Trust Rates. See instructions for tax computation Income tax	 	
7.		unt on line 39 from Tax rate schedule or Schedule D (Form 1041)		
42		x. See instructions		
43	•	ve minimum tax (trusts only).	· · -	
44		Noncompliant Facility Income. See instructions		· · · · · · · · · · · · · · · · · · ·
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies		
		Tax and Payments		
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	-	edits (see instructions)		
		business credit Attach Form 3800 (see instructions)		
		or prior year minimum tax (attach Form 8801 or 8827)		
		edits. Add lines 46a through 46d	46e	
47		line 46e from line 45		
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	· -	
49	Total ta	c. Add lines 47 and 48 (see instructions)	49	0.
50	2019 ne	t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
-			98.	
	•	timated tax payments	00.	
		osited with Form 8868		
		organizations Tax paid or withheld at source (see instructions) 51d		
		withholding (see instructions)		
f	Credit fo	r small employer health insurance premiums (attach Form 8941)		
		edits, adjustments, and payments Form 2439		
		rm 4136 Other Total ▶ 51g	4	
52	Total pa	yments. Add lines 51a through 51g	52	40,898.
53	Estimate	ed tax penalty (see instructions) Check if Form 2220 is attached	53	
54	Tax due	If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	. ▶ 54	
55	Overpay	ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	. ▶ 55	40,898.
<u>56</u>	Enter the	amount of line 55 you want	▶ 56	40,898.
Par	t VI	Statements Regarding Certain Activities and Other Information (see Instruc	ctions)	
57	At any	time during the 2019 calendar year, did the organization have an interest in or a signature	e or other authori	ty Yes No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have to fi	le
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foreign count	ry
	here 🕨			<u> </u>
58	During t	ne tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust?	. <u>x</u>
		see instructions for other forms the organization may have to file		
<u>59</u>	Enter th	e amount of tax-exemply interest received of accrued during the tax year ▶ \$		
	i tar	der penalties of penun, I deliant that I have examined this return, including accompanying schedules and statements, and to b, correct, and complete Declaration of preparaty organization of the law payer) is based on all information of which preparer has any knowledge	the best of my knowled	dge and belief, it is
Sigr	, V	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	May the IRS disc	uss this return
Her	_	LEXANDER BALKO PRESIDENT/CEO	with the preparer	shown below
	Sı	nature of officer Date Title	(see instructions)? X	Yes No
Paid		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Check If PTIN	
_	arer	KRISIIN KOTTINI		0741491
•	Only		Firm's EIN ▶ 13 - 5	
		Firm's address ► 100 PARK AVENUE, NEW YORK, NY 10017-5001	Phone no 212-88	0008-6

1

Form 990-T (2019)		_						ı	Page :
Schedule A - Cost of G	1 7	nter method			- <u>-</u>				
1 Inventory at beginning of					ar	6			
2 Purchases			7 Cost o	f goods so	old. Subtract line				
3 Cost of labor	3				here and in Part				
4a Additional section 263A of	1 1		I, line 2			7			
(attach schedule)	4a		8 Do the	rules of	section 263A (w	ith re	espect to	Yes	No
b Other costs (attach sched	, , , , , , , , , , , , , , , , , , , 				or acquired for				
5 Total. Add lines 1 through			to the or	ganization?		<u></u>			Х
Schedule C - Rent Incom	e (From Real P	roperty a	nd Personal Propert	y Leased V	With Real Proper	ty)			
(see instructions)				_					
Description of property									
(1)									
(2)									
(3)			 :						
(4)									_
	2. Rent recei	ved or accrue	ed						
(a) From personal property (if the for personal property is more t more than 50%	han 10% but not	percenta	rom real and personal proper age of rent for personal proper of the rent is based on profit o	ty exceeds	3(a) Deductions du in columns 2(a				ome
(1)								_	
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of c	columns 2(a) and 2(b) Enter	·		(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6					Part I, line 6, colum				
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructions)						
			2. Gross income from or	3 [Deductions directly con			e to	
1 Description of de	bt-financed property		allocable to debt-financed	(a) Straigh	debt-finance		ny b) Other deduc	tions	
			property		ch schedule)	,	(attach schedi		
(1)							•		
(2)								_	
(3)									
(4)							-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or allocal debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable dedu mn 6 x total of 3(a) and 3(b	colum	
(1)			%	,					
(2)			%	,					
(3)			%						
(4)			%						
Totals				Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter Part	here and on I, line 7, colu	page mn (B	1, i)
Total dividends-received deduct									

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4.

Schedule F - Interest, Ann	uities, Royaltie							zatio	ns (se	e instructi	ons)	-
		L	Exem	pt Cont	trolled Or	ganızatı	ons			_		
Name of controlled organization	2 Employer identification numb	per	3 Net unrelated income (loss) (see instructions)			4. Total of specified payments made		اما	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 Organi	zations					<u> </u>						
7. Taxable Income	8 Net unrelated ii (loss) (see instruc				tal of specific		10 Part of column included in the coorganization's group		in the co	ntrolling	1 coi	1 Deductions directly nected with income in column 10
(1)			+				U.g.		1011 5 g105	3 111001110		COIGINIT TO
(2)			+		-		<u> </u>					
(3)			+									
							_					
(4)			!					dd 001	umns 5 a		_	dd columns 6 and 11
Totals	ncome of a Sec	tion !	 501(c	 (7), (9	9), or (17		Ра	ırt I, lır	re and on ne 8, colu	mn (A)		ter here and on page 1, art I, line 8, column (B)
1. Description of income	2. Amount of	fincome			3 Deduction of the directly correctly correctl	nected				t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)												
(2)										•	Î	
(3)												
(4)							i					
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A	()	ar Thar	Adverti	sina In	rome	150	a instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or	oss 3. Experience direct connecte producte de or unrela		Expenses directly nected with duction of lf a g		me (loss) ited trade is (column slumn 3) compute		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
	business	busin	ness inco	ome	cols 5 thro	ugn /						column 4)
(1)												
(2)							_					
(3)												
(4)						,						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	pag	here and e 1, Part 10, col (t I,								Enter here and on page 1, Part II, line 25
Schedule J- Advertising In				poolid	atad Bas	io						. <u> </u>
Part I Income From Peri	iodicais Report	eu on	a 🔾	i isolidi	awu Das	12						
1 Name of periodical	2 Gross advertising income	_	Direct		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		Circula		6 Reade cost	•	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))						ı						Form 990-T (2019

Part II 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)					5 	
(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)		%	
3)		%	
4)		%	
otal. Enter here and on page 1, Part II, line 14			

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