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Age Society	B Exempt under section	Print RUTLAND NURSING	HOME INC.			
4068 509(a) 509		T I Mulliper, Street, and room or suite in		ructions.		
BROOKLYN, NY 11203 523000		303 SCHENECIADI		acetal code		
## Enter the number of the organization System \$\infty\$ \$\inf	== ``		• .		52	3000
HE Enter the number of the organization's unrelated trades or businesses: SEE STATEMENT	C Book value of all assets at end of year	F Group exemption number (See ins				
trade or business here ▶ SEE STATEMENT 1 Obusiness, the first in the blank space at the end of the previous sentence, complete Parts I and III, complete Parts I was the corporation assistation as subsidiary in an affinized group or a parent-subsidiary controlled group? Note that the mane and delembring number of the parent corporation. Note books are in care of ▶ JOHN SCHMITT				501(c) trust	401(a) trus	t Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I. and II, complete a Schedule M for each additional trade or business, their complete Parts III-V. During the tax year, was the composition a subsidiary in an affiliated group or a parent-subsidiary controlled group?		· ·	▶ 1			
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If Yes, selete the name and identifying number of this parent corporation. Note books are in care of ▶ JOHN SCHMITT Telephone number ▶ (718) 604–5532 The books are in care of ▶ JOHN SCHMITT Telephone number ▶ (718) 604–5532 Talephone number ▶ (8) Expenses (a) Income (8) Expenses (b) Expenses (c) Net 1 Gross recepts or sales 1 to Cost of goods sold (Schedule A, line 7) 3 Gross prioff. Subtract line 2 from line 10 4 Companies of controlled or sales the controlled or sales th						
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Part III	Total Unrelated Business Tax				 	0 607
	l of unrelated business taxable income comput	ed from all unrelated trades or businesses (see instructions)	1	82	9,607.
	ounts paid for disallowed fringes	Dar.	+1		B3	
	ritable contributions (see instructions for limita	tion rules)	,	_	\$4	0.
35 Tota	I unrelated business taxable income before pre-	2018 NOLs and specific deduction Subtract	ot line 34 from the sum	of lines 32 and 337	35	9,607.
36 Dedi	uction for net operating loss arising in tax year:	s beginning before January 1, 2018 (see ins	tructions)		36	
37 Tota	I of unrelated business taxable income before s	pecific deduction Subtract line 36 from line	e 35	Z	37	9,607.
38 Spec	cific deduction (Generally \$1,000, but see line 3	8 instructions for exceptions)		8	38	1,000.
•	elated business taxable income. Subtract line		ne 37.			
	r the smaller of zero or line 37		,	11	39	8,607.
	Tax Computation				<u> </u>	
	anizations Taxable as Corporations Multiply	ine 30 by 21% (0.21)			40	1,807.
-	ts Taxable at Trust Rates. See instructions fo		at on line 20 from		 1 	
41 Trus		· ·	it on this 35 hom	_	 -	
	Tax rate schedule or Schedule D (Fo	111 1041)			41	
	y tax. See instructions			-	42	
	native minimum tax (trusts only)				43	
,	on Noncompliant Facility Income. See instruc			~	44	1 000
	1. Add lines 42, 43, and 44 to line 40 or 41, wh	chever applies			45	1,807.
	Tax and Payments					
46 a / Fore	ign tax credit (corporations attach Form 1118,	trusts attach Form 1116)	46a			
b Othe	r credits (see instructions)		46b		- -	
c Gene	eral business credit. Attach Form 3800		46c			
d Cred	it for prior year minimum tax (attach Form 880	1 or 8827)	46d		_ _	
e Tota	I credits. Add lines 46a through 46d		i.	-	46e	
47 Subt	ract line 46e from line 45				47	1,807.
18 Othe	r taxes Check if from Form 4255	Form 8611 Form 8697 Form	n 8866 🔲 Othe	[(attach schedule)	48	
	I tax Add lines 47 and 48 (see instructions)			4	49	1,807.
	net 965 tax liability paid from Form 965-A or	Form 965-B. Part II. column (k), line 3		•	50	0.
	nents A 2018 overpayment credited to 2019	(, (,	51a		T	
	estimated tax payments		51b			
	deposited with Form 8868		51c			
	ign organizations. Tax paid or withheld at source	oo (eaa jastruotians)	51d			
	• •	e (see mstructions)	51e			
	up withholding (see instructions)	on (attach Form 9044)	1		1	
	it for small employer health insurance premiun	,	51f		}	
g Otne	r credits, adjustments, and payments	Form 2439				
	Form 4136	Other Total	► [51g]		-	
	I payments. Add lines 51a through 51g			Œ	52	72
	nated tax penalty (see instructions). Check if Fo			Z .	53	72.
	due. If line 52 is less than the total of lines 49,				54	1,879.
	payment. If line 52 is larger than the total of li			▶,	55	
····	the amount of line 55 you want. Credited to 2			tefunded 🕨	56	
art VI	Statements Regarding Certain	Activities and Other Informa	ition (see instr	uctions)		
57 At аг	ly time during the 2019 calendar year, did the o	organization have an interest in or a signatui	re or other authority	y		Yes No
over	a financial account (bank, securities, or other)	ın a foreign country? İf "Yes," the organizatı	on may have to file			
FinCl	EN Form 114, Report of Foreign Bank and Final	ncial Accounts. If "Yes," enter the name of th	ne foreign country			<u> </u>
here	.▶					X
8 Durir	ng the tax year, did the organization receive a d	istribution from, or was it the grantor of, or	transferor to, a for	eign trust?		X
If "Ye	es," see instructions for other forms the organiz	ation may have to file				
	r the amount of tax-exempt interest received or	•				
	Under penalties of perjury, I declare that I have examin	ed this return, including accompanying schedules ar	nd statements, and to the	he best of my knowled	ge and belief, it is tr	ue,
gn	correct, and complete Declaration of preparer (other th	an taxpayer) is based on all information of which pre	eparer has any knowled			
ere	YIV (1	► CEO			y the IRS discuss the preparer shown be	***
	Signature of officer	Date CFO			tructions)? X	
		·	I parts		 _	140
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN	
aid	LORI ROTHE	LORI ROTHE	10,000,00	self- employed	D0105	2422
repare	YOKOBOSKY, CPA	YOKOBOSKY, CPA	10/25/20	<u> </u>	P0127	
-	y Firm's name ► COHNREZNICK			Firm's EIN	22-14	/8099
lse Onl	- I 1001 ATTENT	UE OF THE AMERICAS		1		
se Onl				1		
se Onl	Firm's address ► NEW YORK,			Phone no. 2	<u> 12-297-0</u>	9 90-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A	A		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6
2 Purchases	2 7 Cost of goods sold.				ine 6	
3 Cost of labor	3		from line 5. Enter her	Part I,		
4 a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property I	Lease	d With Real Prope	erty)
1 Description of property			-			
(1)		·				
(2)			· — ·- ·- ·- ·-			
(3)						
(4)						
	2. Rent receiv	ed or accrued			0/ 12 - 1 - 1	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		Ö.		
(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	t-Financed	Income (see	instructions)			
			2. Gross income from		3 Deductions directly conn to debt-finance	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		_				
(2)		-				
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n 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)			%			
					nter here and on page 1 Part I line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions in	ncluded in column	18				0.

		Exemp	t Controlled C	rganızatı	ons					
Name of controlled organization	Name of controlled organization Controlled organization clentifical number		3. Net unrelated income (loss) (see instructions)		Total of specified payments made		5 Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)										
2)										
(3)										
(4)										
onexempt Controlled Organi	zations	•	-		·					
7 Taxable Income	8 Net unrelated inco- (see instruction		tal of specified pay made	ments	10. Part of column the controllingross	mn 9 that is ing organiza s income	included ition s		ductions directly connecte income in column 10	
(1)										
(2)										
(3)										
(4)										
					Enter here and	nns 5 and 10 on page 1, column (A)		Enter h	d columns 6 and 11 ere and on page 1 Part I line 8, column (B)	
otals							0.		0	
Schedule G - Investme		Section 501(c)	(7), (9), or (17) Org	ganization					
(see inst	ructions)				0.5				1	
1. Desc	cription of income		2. Amount of	income	3 Deduction directly conne	cted	4. Set-	asides chedule)	5. Total deductions and set-asides	
(1)			-		(attach sched	iuie)			(col 3 plus col 4)	
(1)(2)										
			<u> </u>						 	
(3)			-							
(4)			Enter here and	on page 1,					Enter here and on page	
			Part I, line 9 co	olumn (A)					Part I, line 9 column (B	
otals	<u></u>		<u> </u>	0.					0	
Schedule I - Exploited (see instru	•	Income, Othe	er Than Adv	vertisin	g Income					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net inconfrom unrelated business (or minus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				,						
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)						•	Enter here and on page 1, Part II, line 25	
otals	na Income (see	Instructions)	• L						0	
Schedule J - Advertision			nsolidated	Basis						
	Periodicais Reb									
	Periodicais Rep							Ü	7	
	2. Gross advertising income	3. Direct advertising cos	or (loss) (c ts col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5 Circulation		6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
Part I Income From	2. Gross		or (loss) (c ts col 3) If a g	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more	
Part I Income From 1. Name of periodical (1)	2. Gross		or (loss) (c ts col 3) If a g	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more	
1. Name of periodical (1) (2)	2. Gross		or (loss) (c ts col 3) If a g	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more	
1. Name of periodical (1) (2) (3)	2. Gross		or (loss) (c ts col 3) If a g	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more	
1. Name of periodical (1) (2)	2. Gross		or (loss) (c ts col 3) If a g	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more	

Form 990-T (2019) RUTLAND NURSING HOME INC. 11-21646

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)						
(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 26
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	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	_
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

RUTLAND NURSING HOME I	NC.	11-216467
FORM 990-T DESCRIP	TION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT 1
UNRELATED BUSINESS IN	COME FROM PARTNERSHIP INVESTMENTS	
TO FORM 990-T, PAGE 1	•	
FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	1	NET INCOME OR (LOSS)
CINERGY IPA, LLC - ORD ORDINARY BUSINESS INCO	INARY BUSINESS INCOME (LOSS) -	10,107
TOTAL INCLUDED ON FORM	990-T, PAGE 1, LINE 5	10,107
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
TAX PREPARATION		500
TOTAL TO FORM 990-T, P	AGE 1, LINE 27	500