Unrelated business taxable income Subtract line 31 from line 30

	Total I Implated Dusiness Tauchla Income		r age 2
	rt III Total Unrelated Business Taxable Income	, ,	<del></del>
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1	000 106
_	instructions)		-233,136.
34	Amounts paid for disallowed fringes	34	8,885.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1	
	instructions). , , , , , , , , , , , , , , , , , , ,	35	<del>-</del>
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	100	-224,251.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	<del></del>
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	1 1	
_	anter the smaller of zero or line 36	38	-224,251.
Pa	rt IV Tax Computation	,	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	
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)		<del></del>
41	Proxy tax. See Instructions		
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Pa	rt V Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
t	Other credits (see Instructions)		
	General business credit Attach Form 3800 (see instructions)		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	-	
48	Total tax. Add lines 46 and 47 (see instructions)		0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments		
	Tax deposited with Form 8868	1 25 L	
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see instructions)		
f	<del></del>		
g	Other credits, adjustments, and payments. Form 2439	1-	
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g , , ,	51	····
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		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	
	Statements Regarding Certain Activities and Other Information (see instruction		thority Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		1, 4, 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	Toroigh C	x
	here >	1 410	<del></del>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.	
60	If "Yes," see instructions for other forms the organization may have to file		12 12 13 13 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year   S  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I	best of my k	
Sig	true, dorrect, and complete Declaration of propager (other than taxpayer) is based on all information of which propager has any knowledge		
			discuss this return
He	re Signature of officer Date Title (se		eparer shown below
	Print/Type prenerate name Prenarate signature Date		PTIN
Pal	d Made M Q m 1 1 1 1 1 1 Cred		P01683199
_	110022 II CONCECUENT	employed	4-6565596
	Firm's name PERNST & TOUNG U.S. Life Firm's		-773-3000
	Firm's address ► 5 TIMES SQUARE, NEW YORK, NY 10036 Phon	RUO STS	Form <b>990-T</b> (2018)
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JSA

1	THE WI	NITERED	MASTERSON BURK	L.			13-	173993	′	
Form 990-T (2018)										Page 3
Schedule A - Cost of G	oods Sold. Er	iter metho	d of inventory valuation	on	<u> </u>					
1 Inventory at beginning of	year 1		6 Invent	ory	at end of yea	ar	6			
2 Purchases	· -					ld. Subtract line				
3 Cost of labor					_	iter here and in				
4a Additional section 263A c	· · · <del>                                </del>	-			2		7			
(attach schedule)	1					section 263A (	• —	spect to	Yes	No
b Other costs (attach schedu	• • • • • • • • • • • • • • • • • • • •					or acquired for		•	_	-
5 Total. Add lines 1 through	··/ · <del>  -   -   -   -   -   -   -   -   -   </del>			•	•					x
Schedule C - Rent Income		roperty a	nd Personal Prope	rtv	Leased V	Vith Real Prope	erty)	<u> </u>	<u></u>	
(see instructions)	(			٠٠,			,,			
1. Description of property	···· ·-						-			
(1)			<del></del>						_	
(2)										
(3)		<del>-</del>	<del></del>							
(4)								<del>-</del> -		
	2. Rent recei	ved or accru	ed							
(a) From personal property (if the		1	rom real and personal prop		(if the	3(a) Deductions of	diroctly co	nnostad with	the ine	
for personal property is more th	an 10% but not	percent	age of rent for personal pro	perty	exceeds	in columns 2				ome
more than 50%)		50% o	r if the rent is based on pro	ht or	income)					
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of c	olumns 2(a) and 2(	b) Enter				(b) Total deducti Enter here and o				
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colu				
Schedule E - Unrelated D	ebt-Financed li	ncome (se	ee instructions)							
			2 Gross income from o	or	3 [	eductions directly co debt-finan			ole to	
1 Description of det	ot-financed property		allocable to debt-finance	ed }	(a) Straigh	it line depreciation	<u> </u>	o) Other dedu		
			property			ch schedule)		(attach sche		
(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			ncome reportable 1 2 x column 6)		Allocable ded mn 6 x total 3(a) and 3	of colum	
(1)		· · · · · · · · · · · · · · · · · · ·		%			-			
(2)				%						
(3)			<del>-</del>	%						
(4)				%						
·						e and on page 1, e 7, column (A)		here and o		

Form 990-T (2018)

Total dividends-received deductions included in column 8 . . . . . . . . .

Form 990-T (2018)			STERSON BUR						739937 <sub>Page</sub>
Schedule F-Interest, Ann	uities, Royalties	s, and Rent	s From Contro	lled O	rganizati	ons (see	e instruction	ons)	
		Exem	pt Controlled Or	ganızatı	ons				
1 Name of controlled organization	2. Employer identification numb	Jei	t unrelated income () (see instructions)	1	of specified ents made	included	of column 4 the I in the contra tion's gross in	olling	6 Deductions directly connected with incoming column 5
(1)						1			
(2)			-						
(3)						<u> </u>	<u></u>		
(4)	-								
Nonexempt Controlled Organiz	zations								
7 Taxable Income	8 Net unrelated ii (loss) (see instruc		9. Total of specific payments made		includ	t of columned in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)									
(2)					<u> </u>				
(3)									
(4)									
					Enter I Part I	columns 5 a nere and on line 8, colu	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G-Investment Ir				· · · · P	nination	(	• • • • • • • • • • • • • • • • • • •		
1 Description of income	2 Amount of		3. Deduction of the contract o	ctions nnected	nization	4 Se	et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			(attach sci	iedule)		<del></del>			pius coi 4)
(2)									
(3)		<del>-</del>						<u> </u>	
(4)							<del></del>		
	Enter here and Part I, line 9, c								inter here and on page Part I, line 9, column (E
Totals		Oth	Thom Advant	ioina le					<del></del>
Schedule I - Exploited Exe	mpt Activity in	come, Otne	er inan Advert	ising ir	icome (s	ee instru	ictions)		<del></del>
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected varieties production unrelated business income.	or business 2 minus co	ed tradé (column umn 3) ompute	from act	s income ivity that nrelated s income	6. Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								-	
(2)									
(3)							<u> </u>		<u> </u>
(4)	_								†
	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	tl,			7.	<b>-</b>		Enter here and on page 1, Part II, line 26
Totals									<u> </u>
Schedule J- Advertising In			Balana B			-			
Part I Income From Peri	odicals Report	ed on a Co	nsolidated Bas	SIS			<del></del>	_	- <del></del>
1. Name of periodical	2 Gross advertising income	3. Direct advertising c	2 0010110 0	s) (col ol 3) If mpute		ulation ome	6 Reade cost		7 Excess readershii costs (column 6 minus column 5, bu not more than column 4)
(1)						-			
(2)									1
(3)	<del></del>								1
(4)		<del></del>			-				1
<u> </u>			· · · · · · · · · · · · · · · · · · ·		· <del>.</del>				<u> </u>
Totals (carry to Part II, line (5))							<u> </u>		

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(4)

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

		rate Basis (For o	each periodica	il listed in Part II	, fill in columns
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)
	- <del></del>				
					,
		_			
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
				4	<u></u>
n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
	2	Title	3. Percent of time devoted to business		
			%		
			%		
			%		<u> </u>
	2 Gross advertising income  Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (A)  n of Officers, Directors, and Tr	2 Gross advertising income  3. Direct advertising costs  3. Direct advertising costs  4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  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 I, line 11, col (A)  To of Officers, Directors, and Trustees (see instructions)  4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  5. Circulation income  5. Circulation income  5. Circulation income  7. Title  8. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  8. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  9. Circulation income  1. Title  8. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  9. Circulation income  1. Title  9. Circulation income	2 Gross advertising income  3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  Enter here and on page 1, Part 1, line 11, col (A)  In of Officers, Directors, and Trustees (see instructions)  2 Title  4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7  5 Circulation income  6. Readership costs  6. Readership costs  7 Title  8. Readership costs  6. Readership costs  6. Readership costs  7 Title  8. Readership costs  6. Readership costs  6. Readership costs  6. Readership costs  7 Title  8. Readership costs  6. Readership costs  6. Readership costs  6. Readership costs  7 Title  8. Readership costs  6. Readership costs  6. Readership costs  6. Readership costs  6. Readership costs  7 Title  8. Readership costs  8. Readership costs  9 Title  8. Readership costs  6.

Form **990-T** (2018)

ATTACHMENT 1

## NAME AND FEIN OF PARENT CORPORATION

MONTEFIORE HEALTH SYSTEM, INC. 20-1615393

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL INSURANCE ADMINISTRATIVE SUPPORT SERVICES

67,321. 113,866.

PART II - LINE 28 - OTHER DEDUCTIONS

181,187.

The Winifred Masterson Burke Rehabilitation Hospital EIN 13-1739937

Form 990T, Line 31 - Net Operating Loss

Tax Year	\ \ \	Year End	N N	NOL Created	Amount Used	Amount Expired		NOL Remaining	laining
2002	<del>⇔</del>	•	<del>69</del>	(65,620)	₩	↔	₩		(65,620)
2003	₩	(65,620)	↔	(151,325)	· <del>69</del>	↔	₩		(216,945)
2004	€	(216,945)	↔	ı	· <del>У</del>		€9		(216,945)
2005	<del>⇔</del>	(216,945)	↔	(10,590)	· <del>•</del>	. ↔	€		(227,535)
2006	€	(227,535)	<del>69</del>	ı	· &	. ↔	₩		(227,535)
2007	<del>69</del>	(227,535)	↔	1	· <del>•</del>		↔		(227,535)
2008	<del>∨</del>	(227,535)	↔	(45,852)	. σ	·	<b>↔</b>		(273,387)
2009	<del>⇔</del>	(273,387)	₩	(2,959)	. ↔	<b>↔</b>	<b>↔</b>		(281,346)
2010	↔	(281,346)	↔	1	· &	ь	<b>↔</b>		(281,346)
2011	↔	(281,346)	↔	,	· \$	<b>↔</b>	<del>⇔</del>		(281,346)
2012	€9	(281,346)	<del>69</del>	ı	· <del>•</del>	<b>↔</b>	<b>↔</b>		(281,346)
2013	↔	(281,346)	₩	,	· •	<b>↔</b>	<b>↔</b>		(281,346)
2014	↔	(281,346)	<del>⇔</del>	1	. ↔	€	<b>↔</b>		(281,346)
2015	↔	(281,346)	₩	(58,483)	· <del>• •</del>	<del>⇔</del>	<del>Ω</del>		(339,829)
2016	€>	(339,829)	€9	(79,197)	· \$	€	<b>↔</b>		(419,026)
2017	↔	(419,026)	↔	(81,229)		↔	<b>↔</b>		(500,255)
2018	<del>\$</del>	(500,255)	<b>↔</b>	(224,251)	. ↔	₩	<b>↔</b>		(724,506)