

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning \_\_\_\_\_, 2018, and ending \_\_\_\_\_, 20\_\_\_\_\_

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

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
X 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization (THE WINIFRED MASTERSON BURKE REHABILITATION HOSPITAL)
Number, street, and room or suite no (785 MAMARONECK AVENUE)
City or town, state or province, country, and ZIP or foreign postal code (WHITE PLAINS, NY 10605-2523)

D Employer identification number (13-1739937)
E Unrelated business activity code (621999)

C Book value of all assets at end of year (119,356,108)

F Group exemption number
G Check organization type (X 501(c) corporation)

H Enter the number of the organization's unrelated trades or businesses (1) Describe the only (or first) unrelated trade or business here (REHABILITATION THERAPY)
MONT 20-1615393

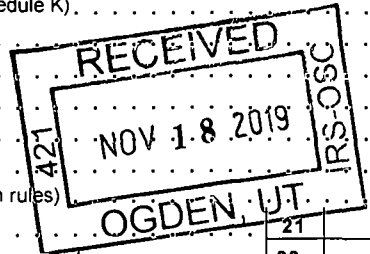
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (X) Yes ( ) No
If "Yes," enter the name and identifying number of the parent corporation (ATCH 1)

J The books are in care of (SCOTT EDELMAN) Telephone number (914 597-2240)

Part I Unrelated Trade or Business Income table with columns (A) Income, (B) Expenses, (C) Net. Total income 1,998,263.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Part II Deductions Not Taken Elsewhere table with columns (A) Income, (B) Expenses, (C) Net. Total deductions 2,231,399.



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For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33 through 38.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39 through 44.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a through 55.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No response. Includes lines 56 through 58.

Under penalties of perjury, 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 all information of which preparer has any knowledge.

Signature and title information for Nicole M. Sokolowski, dated 11/7/19.

Paid Preparer Use Only section with fields for name, firm, address, and PTIN.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A...

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

Table with 4 rows for property descriptions (1) through (4).

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes rows (1) through (4) and a Total row.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).

Schedule E - Unrelated Debt-Financed Income (see instructions)

Table with 5 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3 Deductions directly connected with or allocable to debt-financed property, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1) through (4) and a Totals row.

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		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 Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified 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)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

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 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)
(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 26

Totals

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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 (carry to Part II, line (5))

**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)						
<b>Totals from Part I.</b> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	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

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

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	67,321.
ADMINISTRATIVE SUPPORT SERVICES	113,866.

PART II - LINE 28 - OTHER DEDUCTIONS	<u>181,187.</u>
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The Winifred Masterson Burke Rehabilitation Hospital  
 EIN 13-1739937

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Form 990T, Line 31 - Net Operating Loss

<u>Tax Year</u>	<u>Year End</u>	<u>NOL Created</u>	<u>Amount Used</u>	<u>Amount Expired</u>	<u>NOL Remaining</u>
2002	-	\$ (65,620)	\$ -	\$ -	\$ (65,620)
2003	(65,620)	\$ (151,325)	\$ -	\$ -	\$ (216,945)
2004	(216,945)	\$ -	\$ -	\$ -	\$ (216,945)
2005	(216,945)	\$ (10,590)	\$ -	\$ -	\$ (227,535)
2006	(227,535)	\$ -	\$ -	\$ -	\$ (227,535)
2007	(227,535)	\$ -	\$ -	\$ -	\$ (227,535)
2008	(227,535)	\$ (45,852)	\$ -	\$ -	\$ (273,387)
2009	(273,387)	\$ (7,959)	\$ -	\$ -	\$ (281,346)
2010	(281,346)	\$ -	\$ -	\$ -	\$ (281,346)
2011	(281,346)	\$ -	\$ -	\$ -	\$ (281,346)
2012	(281,346)	\$ -	\$ -	\$ -	\$ (281,346)
2013	(281,346)	\$ -	\$ -	\$ -	\$ (281,346)
2014	(281,346)	\$ -	\$ -	\$ -	\$ (281,346)
2015	(281,346)	\$ (58,483)	\$ -	\$ -	\$ (339,829)
2016	(339,829)	\$ (79,197)	\$ -	\$ -	\$ (419,026)
2017	(419,026)	\$ (81,229)	\$ -	\$ -	\$ (500,255)
2018	(500,255)	\$ (224,251)	\$ -	\$ -	\$ (724,506)