Form 990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	L	OMB No 1545-0047
Form 200 I		۱ ۲	_െ 1 ∩
- 60° /F	For calendar year 2019 or other tax year beginning, 2019, and ending, 20		<u> 2</u> w 19
Department of the Treasury Internal Revenue Service	Go to www.irs gov/Form990T for instructions and the latest information	. H	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3  Name of organization ( Check box if name changed and see instructions ) D		yer identification number
address changed	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ees' trust, see instructions )
B Exempt under section	REHABILITATION HOSPITAL		
X 501( C )( 3 )		13-17	39937
408(e) 220(e	or E		ted business activity code
408(e) 220(e) 408A 530(a	Type   BOS MANA POLITICAL ALIENTIES	(See ins	tructions )
529(a)	City or town, state or province, country, and ZIP or foreign postal code		
C Book value of all assets		62199	g L
at end of year	F Group exemption number (See instructions ) ▶		
128,873,061.		401(a) t	rust Other trust
H Enter the number o	•		(or first) unrelated
	PREHABILITATION THERAPY If only one, complete Parts I-V	•	
	ace at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each		
trade or business, th	nen complete Parts III-V		
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 r	name and identifying number of the parent corporation  ATCH 1 MONT	<u> </u>	0-16 5395
J The books are in car	re of ▶SCOTT EDELMAN Telephone number ▶ 914	597-	2240
	I Trade or Business Income (A) Income (B) Expense	s	(C) Net
1a Gross receipts or	sales 2,164,820.		
b Less returns and allow	rances c Balance ▶ 1c 2,164,820.		
2 Cost of goods so	old (Schedule A, line 7)		
3 Gross profit Sul	btract line 2 from line 1c		2,164,820
	income (attach Schedule D) 4a		
• , ,,	orm 4797, Part II, line 17) (attach Form 4797) 4b	_/_	
c Capital loss ਹੋਂਦਰੀ	DECEIVED 4c		
	partnership of an S-corporation (attach statement) 5		
1.~	hedule C)		
	nandမျာဂိုင်တစ်မြွေမျှ E O		
1	alties, and rents from a controlled organization (Schedule F)		
	t activity income (Schedule I)		
	me (Schedule J)		
-	10		
	lines 3 through 12		2,164,820.
Part   Deduction	ons Not Taken Elsewhere (See instructions for limitations on deductions ) (De	ductio	
	ed with the unrelated business income)		•
14 Compensation o	f officers, directors, and trustees (Schedule K)	. 14	
15 Salaries and wag	ges	. 15	1,708,994.
16 Repairs and mai	ntenance	. 16	
17 Bad debts		. 17	
	schedule) (see instructions)		
	es	. 19	250.
	tach Form 4562)	_	
·	on claimed on Scredule A and elsewhere on return	21b	
	<b>,</b>		
	deferred compensation plans		F01 077
	at programs		501,077.
	expenses (Schedule I).		
	ip costs (Schedule J)		28,960.
/	s (attach schedule)		2,239,281
	s Add lines 14 through 27		-74,461.
/	ess taxable income before net operating loss deduction. Subtract line 26 from line 13 et operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		11,101.
	ess taxable income Subtract line 30 from line 29		-74,461.
For Paperwork Reduc	ction Act Notice, see instructions		Form 990-T (2019)

Form	990-T (2019) THE WINIFRED MASTERSON BURKE	13-17	3993/	Page 2
Pa	rt III Total Unrelated Business Taxable Income			
32/	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	,		
,	instructions)		-74	,461.
33	Amounts paid for disallowed fringes			
34	Charitable contributions (see instructions for limitation rules)	1 7		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract ling	•		
33			- 71	,461.
	34 from the sum of lines 32 and 33		- /4	101.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1 4 1		
	instructions)			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	· • — —	-74	,461.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	. 38		
39	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37,			
II	epter the smaller of zero or line 37	39	-74	,461.
Par	t IV Tax Computation			
46	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40		
41	Trusts Taxable at Trust Rates See instructions for tax computation income tax on			
71		1 1		
42	Proxy tax. See instructions			
43	Alternative minimum tax (trusts only)			
4411	Tax on Noncompliant Facility Income See instructions			
	Notal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45		
Par	t V Tax and Payments			
48 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
b	Other credits (see instructions)	7		
	General business credit Attach Form 3800 (see instructions)	7		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	7		
	Total credits. Add lines 46a through 46d	. 46e		
	<del>-</del>			
47	Subtract line 46e from line 45			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule)			
49	Total tax. Add lines 47 and 48 (see instructions)			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	. 50		
51 a	Payments A 2018 overpayment credited to 2019	_		
þ	2019 estimated tax payments	_		
С	Tax deposited with Form 8868	_		
d	Foreign organizations Tax paid or withheld at source (see instructions)	]		
е	Backup withholding (see instructions)	7		
f	Credit for small employer health insurance premiums (attach Form 8941)	7		
Я	Other credits, adjustments, and payments Form 2439	1		
9	Form 4136 Other Total > 51g			
		ا دء ا		
52	Total payments. Add lines 51a through 51g	52		
53	Estimated 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	<del></del>	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		
56	Enter the amount of line 55 you want			
Par	tVI Statements Regarding Certain Activities and Other Information (see instruction	ns)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of	r other au	thority Yes	s No
	over a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization r	nay have	o file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign o	ountry	1
	here <b>&gt;</b>	-	·	x
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form	eign trust?		x
	If "Yes," see instructions for other forms the organization may have to file		· · · · ·	
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		,	1
-	Under genables of penury, I declare that I have examined this return, including accompanying schedules and statements and to the	best of my k	nowledge and b	ellef, it is
Ci~-	true collect, and complete Declaration of preparer (other than taypayer) is based up all information of which preparer has any knowledge	,	<u>,                                     </u>	
Sign	I Noal - () Pour coro		discuss this	
Here	Constant of officer C of the Constant of the C		parer shown	— I
	SOH EARITION	ee instructions)		No
Paid	Print/Type preparer's name Preparer's signature  Oate  Che	ck L if	PTIN	
_	A MANUAL	employed	P016831	
Prep Hse	Firm's name ERNST & 100NG U.S. BEF		-656559	
	Firm's address ▶ 5 TIMES SQUARE, NEW YORK, NY 10036 Phot	<sub>le no</sub> 212.	773-300	0
JSA 41 1 00	0		Form 990-1	(2019)
	7737MF 0114 10/22/2020 12.41:56 PM V 19-7.3F		PA	AGE 96

Form 990-T (2019)

Form 990-T (2019)	THE WIN	FRED MAS	STER	SON BURK	E			1	.3-1	739937	Page 4
Schedule F - Interest, Ann	uities, Royaltie	s, and Rer	ıts Fr	om Contro	olled O	rganiza	tions (se	e instructi	ons)		
	· • • • • • • • • • • • • • • • • • • •			ontrolled Or						-	
1 Name of controlled organization	2 Employer identification numb	per 3 N	et unrel	lated income instructions)	4 Total	of specifie	d included	f column 4 th in the contro ion's gross in	olling	6 Deduction connected will in column	th income
(1)											
(2)				,							
(3)				-							
(4)						·					
Nonexempt Controlled Organi	zations										
7 Taxable Income	8 Net unrelated i (loss) (see instruc			Total of specific payments made		ınclu	art of column ded in the co ization's gros	ntrolling		1 Deductions of nnected with independent of the column 10	come in
(1)											
(2)										<del></del> .	
(3)											
(4)											
Totals					•	Ente Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 ai ter here and on i art I, line 8, colur	page 1,
Schedule G-Investment II	ncome of a Se	ction 5016	c)(7).	(9) or (17	') Orga	nizatio	n (see ins	tructions)			
1 Description of income	2 Amount o		1.7	3 Deduction directly corticated school (attach school)	ctions nnected		4 Se	t-asides schedule)		5 Total dedi and set-aside plus col	s (col 3
(1)			<del>                                     </del>	(-11.001.001						piac coi	<del>,</del>
(2)			1								
(3)			1		-			_			
(4)											
Totals ▶	Enter here and Part I, line 9, c	olumn (A)			_	•				Enter here and Part I, line 9, co	
Schedule I-Exploited Exe	empt Activity In	come, Oth	er Th	an Advert	ising Ir	come	see instru	ctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	/ with n of id	4 Net incor from unrelat or business 2 minus col If a gain, co cols 5 thro	ted tradé (column lumn 3) ompute	from a	ss income ctivity that unrelated ss income	6 Expe attributa colum	ble to	7 Excess expen (column 6 column 5 more 9 column	ses 5 minus , but not than
(1)											
(2)											
(3)											-
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,			-				Enter he on pag Part II, li	je 1,
Schedule J- Advertising Ir	icome (see instr	uctions)		<u> </u>						-1	
Part I Income From Per			onsol	idated Bas	sis						
1 Name of periodical	2 Gross advertising income	3 Direc ad√ertising	:t	4 Advertigain or (los 2 minus co a gain, co cols 5 thro	tising ss) (col ol 3) if mpute	ı	rculation come	6 Reade cost		7 Excess re costs (co minus colur not more column	lumn 6 mn 5, but e than
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))											

(3) (4)

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

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodica	l listed in Part I	I, fill in columns
` 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)		1				
(2)		ļ				
(3)		,				
(4)		1				
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 - Compensatio	n of Officers, D	irectors, and Tr	rustees (see inst	ructions)		
1. Name			Title	3 Percent of time devoted to business	4 Compensation	
(1)				%		
(2)		!		%		

Form **990-T** (2019)

%

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL INSURANCE PAYROLL PROCESSING FEES

21,195. 7,765.

28,960.

PART II - LINE 27 - OTHER DEDUCTIONS

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The Winifred Masterson Burke Rehabilitation Hospital EIN 13-1739937

NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING AFTER JANUARY 1, 2018

For unrelated business activity - Rehabilitation services to unrelated third parties

			3					
Tax Year	<b>≻</b> 1	Year End	외	NOL Created	Amount Used	Amount Expired	NOL	NOL Remaining
2018	₩	•	₩	(224,251)	. ↔	. ↔	↔	(224,251)
2019	₩	(224,251)	↔	(74,461)	₽	. ↔	<del>\$</del>	(298,712)

The Winifred Masterson Burke Rehabilitation Hospital EIN 13-1739937

NET OPERATING LOSS ARISING IN TAX YEARS BEGINNING BEFORE JANUARY 1, 2018

Tax Year	X e	Year End	NOL	NOL Created	Amount Used	Amount Expired	NOL	NOL Remaining
2002	₩	ı	€	(65,620)	· \$	· •	₩	(65,620)
2003	↔	(65,620)	↔	(151,325)	· \$	· & <del>&gt;</del>	↔	(216,945)
2004	₩	(216,945)	<b>↔</b>	ı	· <del>69</del>	· &	€	(216,945)
2005	↔	(216,945)	↔	(10,590)	· <del>• • • • • • • • • • • • • • • • • • •</del>	, <del>69</del>	₩	(227,535)
2006	↔	(227,535)	↔	ı	· \$	, <del>69</del>	ь	(227,535)
2007	↔	(227,535)	↔	ı	· <del>У</del>	· <del>У</del>	₩	(227,535)
2008	↔	(227,535)	↔	(45,852)		· ↔	₩	(273,387)
5009	↔	(273,387)	<b>↔</b>	(656'2)	· \$	· <del>У</del>	₩	(281,346)
2010	↔	(281,346)	↔	ı	, <del>⇔</del>	· <del>У</del>	↔	(281,346)
2011	↔	(281,346)	↔	ı	· <del>69</del>	· &	↔	(281,346)
2012	↔	(281,346)	↔	ı	· <del>65</del>	, <del>⇔</del>	₩	(281,346)
2013	↔	(281,346)	↔		· <del>69</del>	· <del>У</del>	€	(281,346)
2014	<b>↔</b>	(281,346)	↔	•	· ↔	, <del>У</del>	↔	(281,346)
2015	↔	(281,346)	↔	(58,483)	. ↔	, <del>СЭ</del>	₩	(339,829)
2016	↔	(339,829)	<b>↔</b>	(79,197)	•	, <del>69</del>	↔	(419,026)
2017	<del>ω</del>	(419,026)	↔	(81,229)	· •	. ←	↔	(500,255)