



Form 990-T

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

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning 1912, 2019, 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

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees must see instructions)

B Exempt under section: X 501(c)(3), 408(e), 408A, 529(a)

Print or Type

ST LUKE'S-ROOSEVELT HOSPITAL CENTER

13-2997301

Number street and room or suite no. If a P.O. box see instructions

1111 AMSTERDAM AVENUE

E Unrelated business activity code (See instructions)

City or town state or province country and ZIP or foreign postal code

NEW YORK, NY 10025

523000

C Book value of all assets at end of year

1391336904

F Group exemption number (See instructions)

G Check organization type: X 501(c) corporation, 501(c) trust, 401(a) trust, Other trust

H Enter the number of the organization's unrelated trades or businesses: 1 LIMITED PARTNERSHIPS

I During the tax year was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ATCH 1 MOON

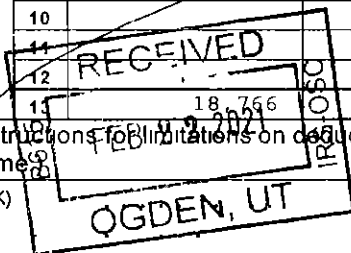
J The books are in care of: KENNETH BARRITT Telephone number: 646-605-4217

Part I Unrelated Trade or Business Income

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Row 5: Income (loss) from a partnership or an S corporation (attach statement) 18,766 ATCH 2 18,766

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

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Row 29: Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 18,766



SCANNED APR 29 2021

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Part II Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Rows include: 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 18,766; 33 Amounts paid for disallowed fringes; 34 Charitable contributions; 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33 18,766; 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 18,766; 37 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35; 38 Specific deduction (Generally \$1,000 but see line 35 instructions for exceptions) 1,000; 39 Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37. 0

Part III Tax Computation

Table with 2 columns: Line number and Amount. Rows include: 40 Organizations Taxable as Corporations Multiply line 39 by 21% (0.21); 41 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from Tax rate schedule or Schedule D (Form 1041); 42 Proxy tax. See instructions; 43 Alternative minimum tax (trusts only); 44 Tax on Noncompliant Facility Income See instructions; 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies.

Part IV Tax and Payments

Table with 2 columns: Line number and Amount. Rows include: 46a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116); 46b Other credits (see instructions); 46c General business credit. Attach Form 3800 (see instructions); 46d Credit for prior year minimum tax (attach Form 8801 or 8820); 46e Total credits. Add lines 46a through 46d; 47 Subtract line 46e from line 45; 48 Other taxes. Check Form 4255, Form 8811, Form 8897, Form 8865, or Other (attach schedule); 49 Total tax. Add lines 47 and 48 (see instructions); 50 2019 net 965 tax liability paid from Form 985-A or Form 965-B Part II, column (h) line 3; 51a Payments: A 2018 overpayment credited to 2019 (PA) 44,220; 51b 2018 estimated tax payments; 51c Tax deposited with Form 8868; 51d Foreign organizations: Tax paid or withheld at source (see instructions); 51e Backup withholding (see instructions); 51f Credit for small employer health insurance premiums (attach Form 8941); 51g Other credits, adjustments, and payments Form 2439, Form 4136, or Other; 52 Total payments. Add lines 51a through 51g 44,220; 53 Estimated tax penalty (see instructions). Check if Form 2220 is attached; 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed; 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 44,220; 56 Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded 44,220

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

Table with 3 columns: Question, Yes, No. Rows include: 57 At any time during the 2019 calendar year did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X; 58 During the tax year did the organization receive a distribution from or was it the grantor of or transferor to a foreign trust? If "Yes," see instructions for other forms the organization may have to file X; 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$

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.

Sign Here Signature of officer: NICOLE M. SOKOLOWSKI Date: 11/10/20 Title: EVP System CFO May the IRS discuss this return with the preparer shown below (see instructions)? Yes [X] No

Paid Preparer Use Only Print/Type preparer's name: NICOLE M. SOKOLOWSKI Preparer's signature: Nicole M. Sokolowski Date: 11/5/2020 Check if self-employed: [] PTIN: P01683199 Firm's name: ERNST & YOUNG U.S. LLP Firm's EIN: 34-6565596 Firm's address: 5 TIMES SQUARE, NEW YORK, NY 10036 Phone no.: 212-773-3000

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

1 Inventory at beginning of year	1	6 Inventory at end of year	6				
2 Purchases	2	7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I line 2	7				
3 Cost of labor	3						
4a Additional section 263A costs (attach schedule)	4a						
b Other costs (attach schedule)	4b						
5 Total. Add lines 1 through 4b	5	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td></td> <td>X</td> </tr> </table>	Yes	No		X
Yes	No						
	X						

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

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
(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)

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	
			(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)	5 Average adjusted basis of or allocable to debt-financed property (attach 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)		%		
Totals			Enter here and on page 1, Part I line 7, column (A)	Enter here and on page 1, Part I line 7, column (B)
Total dividends received deductions included in column 8				

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

Exempt Controlled Organizations					
1 Name of controlled organization	2 Employer identification number	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 25

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)						
Totals from Part I						
Totals, Part II (lines 1-5)	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

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		

ST LUKE'S-ROOSEVELT HOSPITAL CENTER

13-2997301

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

MOUNT SINAI HOSPITAL GROUP, INC

46-4242915

ATTACHMENT 2

FORM 990T - LINE 5 - INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME FROM GNYHA PURCHASING ALLIANCE LLC	18,766
INCOME (LOSS) FROM PARTNERSHIPS	<u>18,766.</u>

ST LUKE'S-ROOSEVELT HOSPITAL CENTER
Year Ended 12/31/2019

13-2997301

FORM 990T - PART III - LINE 35 FEDERAL NET OPERATING LOSS DEDUCTION

<u>Year of Loss</u>	<u>Amount of Federal NOL</u>	<u>Amount Utilized in Prior Years</u>	<u>Amount Utilized in 2019</u>	<u>Remaining Unused NOL</u>
2013	-	-	-	-
2014	-	-	-	-
2015	-	-	-	-
2016	(220,040)	15,255	18,766	(186,019)
2017	(90,804)	-	-	(90,804)
2018	-	-	-	-
2019	-	-	-	-
TOTAL	(310,844)	15,255	18,766	(276,823)