						101	2		
	Form 2990-7	Ex	cempt Organization				rn	OMB No 1545-0047	
	POINT OF THE	For cale	and proxy ta) ndar year 2019 or other tax year begir		ider section 6033		20	୭ଲ 10	
	Department of the Treasury		► Go to www.irs gov/Form990				··—	<u> </u>	 .
	A Check box if	▶ Do	not enter SSN numbers on this form	_				Open to Public Inspection 501(c)(3) Organizations Or loyer identification numbe	
	address changed		Name of organization (Check b	ox if na	ame changed and see instruction	ns)		loyer Identification number	,,
	B Exempt under section		ST. LUKE'S-ROOSEVEL	т нс	OSPITAL CENTER				
_	X 501(C 03	Print or	Number, street, and room or suite no	lf a P C	D box, see instructions			997301	
202	408(e) 220(e)	Туре	 1111 AMSTERDAM AVEN	מוד				lated business activity co nstructions)	de
3 2	408A530(a)		City or town, state or province, countr		ZIP or foreign postal code		-		
.	C Book value of all assets		NEW YORK, NY 10025				5230	00	
-	at end of year		up exemption number (See instruct				1		
Ĭ ¥			ck organization type X 501			c) trust	401(a)		rust
2			nization's unrelated trades or busine IITED PARTNERSHIPS	esses			-	y (or first) unrelated re than one, describe the)
Ä			end of the previous sentence, co	mplete					
=	trade or business, the								
			corporation a subsidiary in an affil identifying number of the parent co			controlled group?		▶ 🔼 Yes 🔝	No
5	J The books are in care			porati		ne number ▶ 64	6-605	-4217	
	Part I Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net	
	1a Gross receipts or s								
	b Less returns and allowar Cost of goods sol		ule A, line 7)	1c 2		<u> </u>		 	
	•	•	2 from line 1c	3					
	4a Capital gain net in	ncome (a	ttach Schedule D)	4a					
			Part II, line 17) (attach Form 4797)	4b		 	/		
			rusts	4c 5	18,766.	ATGM 2		18,7	66.
				6					
		nanced in	come (Schedule E)	7				 	
			ints from a controlled organization (Schedule F)						
			1(c)(7), (9), or (17) organization (Schedule G)	10				-	
	11 Advertising incom	e (Sched	fule J)	11					
	_		tions, attach schedule)		18,766			18,7	<u></u>
•			ough 12		<u> </u>	deductions) (I	Deducti		_
/			ne unrelated business incorr	~					
	14 Compensation of	officers,	directors, and trustees (Schedule K))					
			Internal Rows				15		
			Resolved US			2 200	4 717		
	18 Interest (attach so	chedule) ((see instructions)			esembles in the con-	18		
	19 Taxes and licenses	S	4562 NOV 3	· · ·	· · · · · · · · · · · · · · · · · · ·		19	 	
			on Schedule A and elsewhere on a				216		
	22 Depletion	/.			,/		22	 	
	23 Contributions to d	leserred o	compensation plans Qqd	H. ()					
			Schedule I)						
			chedule J)				26		
	27 Other deductions	(attach s	chedule)		· · · · · · · · · · · · · · · · · · ·		27		
	28 Total deductions	Add line	s 14 through 27		t t		· · 28	102	<u>c e </u>
	/		le income before net operating g loss arising in tax years beginni			_	30		
	/	•	e income Subtract line 30 from line	•	• • •	(1 13	18,7	66.
	For Paperwork Reducti	on Act N	lotice, see instructions.				J	Form 990-T (2019)
9X2	JSA 740 1 000 1970MF F33	2		۲, 1	19-7 5F	1	\bigcirc	1	
	22.01.1. 100	-			• ••	'		1	

Form	1990-T (2018) ST. LUKE'S-ROUSEVEL! HOSPITAL CENTER	13-	CARLACT PEOP
Pa	rttll Total Unrelated Business Taxable Income		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	986	
-•			18,766
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)		
35			
33	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract if		10 766
20	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 (s	see	
	instructions)	6 38	18,766
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	. 37	
38	Specific deduction (Generally \$1,000, but see line 36 instructions for exceptions)	5 38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 3	37,	
	enter the smaller of zero or line 37 , , , ,	39	0
Pa	rt IV Tax Computation	1	
10	Organizations Taxable as Corporations, Multiply line 39 by 21% (0.21),	. ▶ 40	
11	Trusts Taxable at Trust Rates. See instructions for tax computation. Incomo tax	On I	· · · · · · · · · · · · · · · · · · ·
	the amount on line 39 from: Tax rate schedule or Schodule D (Form 1041),		
2			
3	Proxy tax. See Instructions Alternative minimum tax (trusts only).	43	
4	Tax on Noncompliant Facility Income. See instructions		
5	Total, Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45	
	Tax and Payments		
16 a	Foreign tex credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
Þ	Other credit (see instructions). General business credit. Attach Form 3800 (see Instructions). Credit for ratio year minimum tay (attach Form 9803 or 8923).		
C	General business credit. Attach Form 3800 (see Instructions)		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827).		
θ	Total credits. Add lines 46a through 46d	40e	
17	Subtract line 46e from line 45	47	
8	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ottach schedul	0), 48	
9	Total tax. Add lines 47 and 48 (see instructions)		0.
0	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3./		
	Payments. A 2018 overpayment credited to 2019		
	2019 estimated tax payments		
		 	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see Instructions)		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)	_	
8	Other credits, adjustments, and payments Form 2439	•]	
	Form 4136 Other Total ▶ 51g		
2	Total payments. Add lines 51a through 51g	. 52	44,220.
3	Estimated tax penalty (see instructions). Check if Form 2220 is attached,	53	
4	Tax due. If line 52 is less than the total of lines 49, 50, and 53, onter amount owed	. ▶ 54	
5	Overpayment, If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55	44,220.
6	Enter the amount of line 55 you want. Credited to 2020 estimated tax	\ 	44,220.
	VI Statements Regarding Certain Activities and Other Information (see instruct		
7	At any time during the 2019 calendar year, did the organization have an interest in or a signature		authority Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		
			1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	re inisiñu	i t
	here ▶		X
8	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fe	oreign trust	? X
	If "Yes," see instructions for other forms the organization may have to file		1 1
9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$,	
	Under penalties of perjuly, I declare that I have examined this return, including accompanying schedules and statements, and to be under penalties of perjuly. I declare that I have examined this return, including accompanying schedules and statements, and to be	ne best of m	y knowledge and belief, it is
Sigr	true, comment, and compilete Declaration of preparer (other than taxpayor) is based on all information of which preparer rate only knowledge.	May the	RS discuss this return
ier			preparer shown below
	Signature of colicer Date Title		naj?X Yes No
	Bright Change of the Company Department of the Company		PTIN
aid	1,1110,177	hock L if	P01683199
	7.0000 17 30.0000	ell-employed	
•	Pums name Puntor V 100tto 0.5. Dat	m's EIN	34-6565596
	Firm's address > 5 TIMES SQUARE, NEW YORK, NY 10036	tona no. 21	2-773-3000
J5A			Fam 990-T (2018)

Form 990-T (2019)								Page 3
Schedule A - Cost of Goods Sold. E	nter method	d of inventory valuation	•					
1 Inventory at beginning of year . 1	_	6 Inventory	at end of year	ar	6	_		
2 Purchases 2				d Subtract line				
3 Cost of labor		6 from I	ne 5 Enter	here and in Part				
4a Additional section 263A costs		I, line 2			7			
(attach schedule) 4a				section 263A (w		espect to	Yes	No
b Other costs (attach schedule) . 4b		property	produced	or acquired for	resa	le) apply		
5 Total Add lines 1 through 4b . 5		to the org	anization?	<u> </u>				х
Schedule C - Rent Income (From Real I	roperty a	nd Personal Property	Leased V	Vith Real Proper	ty)			
(see instructions)								
Description of property								
(1)								
(2)								
(3)								
(4)								
2 Rent rece	ived or accrue	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percenta	rom real and personal propert age of rent for personal proper of the rent is based on profit o	y exceeds	3(a) Deductions dir in columns 2(a				ome
(1)								
(2)					-			
(3)								
(4)				1				
Total -	Total							
(c) Total income. Add totals of columns 2(a) and 2	(b) Enter			(b) Total deduction Enter here and on		,		
here and on page 1, Part I, line 6, column (A)			<u> </u>	Part I, line 6, colum	n (B)	<u> </u>		
Schedule E - Unrelated Debt-Financed	Income (se	e instructions)						
4 December of debt forward arrest		2 Gross income from or	3 1	Deductions directly con debt-finance			e to	_
Description of debt-financed property		allocable to debt-financed property		nt line depreciation ich schedule)	(b) Other deduction (attach scheduction)		_
(1)								
(2)						_		
(3)								
(4)								
4 Amount of average adjustion debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted of or allocable adjusted of or allocable adjusted of or allocable adjusted of or allocable adjusted of or	able to I property	6 Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable dedumn 6 x total of 3(a) and 3(b)	colum	
(1)		%						
(2)		%						
(3)		%						
(4)		%						
				re and on page 1, ne 7, column (A)		r here and or t I, line 7, colu		
Totals			L	•				

Form 990-T (2019)

Form 990-T (2019)	ST. LUKE	'S-ROOSE	EVELT	T HOSPIT	AL CE	NTER		13	-29	97301 Page
Schedule F -Interest, Ann	uities, Royalties	s, and Ren	its Fr	om Contro	olled O	rganizat	ions (see	e instruction	ıs)	
Name of controlled organization	2 Employer identification numb	er 3 Ne	et unrel	ated income instructions)	4 Total	ons of specified ints made	included	1		6 Deductions directly connected with income in column 5
(1)										·
(2)							ļ		_	
(3)					ļ		_		_	
(4)							<u> </u>			
Nonexempt Controlled Organi						40.00	d of onlyma	O that is	- 11	Deductions directly
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specifical ayments made		ınclud	t of column ed in the col ation's gross	ntrolling		nected with income in column 10
(1)										
(2)										
(3)										
(4)										
						Enter	columns 5 a here and on , line 8, colui	page 1,	Ente	d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B)
Totals		4: 504/	- \ / 7 \	(0) (47		-!4!				
Schedule G-Investment I	ncome of a Sec	tion 501(C)(/),	(9), or (17		nization				5 Total deductions
1 Description of income	2 Amount of	ıncome		directly con (attach sch	nnected		4 Set-asides (attach schedule)			and set-asides (col 3 plus col 4)
(1)	_								-	
(2)			+					•		
(3)									+	
(4)	Enter here and	00.0000.1							+	Enter here and on page
Totals ▶	Part I, line 9, c	olumn (A)								Part I, line 9, column (B
Schedule I-Exploited Ex-	empt Activity In	come, Oth	er Th	<u>ian Advert</u>	<u>ising Ir</u>	come (see instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	y with n of ed	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thre	ted tradé (column lumn 3) compute	from ac	s income tivity that inrelated is income	6 Expens attributabl column	e 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 a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 25
Schedule J- Advertising II		uctions)		<u></u>				-		
Part I Income From Per			onsol	idated Ba	sis					
Fait income from Fer	louicais report	.ca on a o	011301	T T	<u> </u>					T
1 Name of periodical	2 Gross advertising income	3 Directions		4 Adver gain or (lo 2 minus c a gain, cc cols 5 thr	ss) (col ol 3) If ompute		culation come	6 Readers costs	ship	7 Excess readership costs (column 6 minus column 5, bu not more than column 4)
(1)										
(2)										
(3)										
(4)						<u>L</u>				
Totals (carry to Part II, line (5))	·1					<u> </u>				5 990-T (201

Form **990-T** (2019)

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						
	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	Directors, and Tr	ustees (see instr	uctions)		
1 Name		,	Title	3 Percent of time devoted to business		on attributable to business

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14			

Form 990-T (2019)

13-2997301

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

MOUNT SINAI HOSPITAL GROUP, INC.

46-4242915

	ST.	LUKE	' S -	ROOSEVELT	HOSPITAL	CENTER
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13-2997301

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

18,766.

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

13-2997301

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

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

•