

AMENDED RETURN SECTION 512(A)(7) REPEAL
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 and ending 1817

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 () Check box if name changed and see instructions.
TERENCE CARDINAL COOKE HEALTH CARE CENTER
Number, street, and room or suite no. If a P.O. box, see instructions.
1249 FIFTH AVENUE
City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10029

D Employer identification number (Employees' trust, see instructions)
13-3007801

E Unrelated business activity code (See instructions)

C Book value of all assets at end of year

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. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

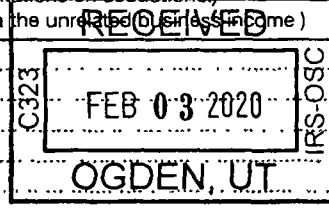
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 2 [X] Yes [] No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ANNMARIE COVONE Telephone number 646-633-4702

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total. Combine lines 3 through 12.

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.)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees (Schedule K), Salaries and wages, Repairs and maintenance, Bad debts, Interest (attach schedule) (see instructions), Taxes and licenses, Charitable contributions (See instructions for limitation rules), Depreciation (attach Form 4562), Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses (Schedule I), Excess readership costs (Schedule J), Other deductions (attach schedule), Total deductions. Add lines 14 through 28, Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), Unrelated business taxable income. Subtract line 31 from line 30.



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TERENCE CARDINAL COOKE HEALTH CARE CENTER

Form 990-T (2018)

13-3007801

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Part III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0.
34	Amounts paid for disallowed fringes
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 0.

Part IV Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)
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 0.

Part V Tax and Payments	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a
b	Other credits (see instructions) 45b
c	General business credit. Attach Form 3800 45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d
e	Total credits. Add lines 45a through 45d 45e
46	Subtract line 45e from line 44 0.
47	Other taxes Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 47
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 0.
50a	Payments: A 2017 overpayment credited to 2018 50a
b	2018 estimated tax payments 50b
c	Tax deposited with Form 8868 50c
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d
e	Backup withholding (see instructions) 50e
f	Credit for small employer health insurance premiums (attach Form 8941) 50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Form 4136 <input checked="" type="checkbox"/> Other 18,385. Total 50g 18,385.
51	Total payments Add lines 50a through 50g SEE STATEMENT 3 51 18,385.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54 18,385.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 55 18,385. Refunded

Part VI Statements Regarding Certain Activities and Other Information (see instructions)	
56	At any time during the 2018 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
57	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.
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here	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 of officer <i>Garrett M Higgins</i>	Date 1/30/20
Paid Preparer Use Only	Preparer's signature <i>Garrett M Higgins CPA</i>	Title EXECUTIVE VP & CFO
	Print/Type preparer's name GARRETT M. HIGGINS	Date 1/28/2020
	Firm's name PKF O'CONNOR DAVIES, LLP	Check <input type="checkbox"/> if self-employed PTIN P00543209
	Firm's address 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Firm's EIN 27-1728945 Phone no. 914-381-8900

FOOTNOTES

STATEMENT 1

THE FORM 990-T HAS BEEN AMENDED DUE TO THE PASSAGE OF THE H.R. 1865 FURTHER CONSOLIDATED APPROPRIATIONS ACT, 2020, WHICH WAS SIGNED INTO LAW ON DECEMBER 20, 2019. THE NEW LEGISLATION REPEALS THE TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS (QTFB) WHICH WAS ORIGINALLY PASSED AS PART OF THE TAX CUTS AND JOBS ACT (TCJA) AND IS RETROACTIVE TO THE DATE OF ENACTMENT. THEREFORE, THE QUALIFIED TRANSPORTATION FRINGE BENEFITS THAT WERE REPORTED ON PART III, LINE 34 HAVE BEEN REMOVED DUE TO THE REPEAL OF SECTION 512(A)(7).

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 2

CORPORATION'S NAME	IDENTIFYING NO
CATHOLIC HEALTH CARE SYSTEM	13-3896624

FORM 990-T OTHER CREDITS AND PAYMENTS STATEMENT 3

DESCRIPTION	AMOUNT
TAX PAID WITH ORIGINAL RETURN	18,385.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	18,385.