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30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 32 Unrelated business taxable income. Subtract line 31 from line 30 30 4,702,272.		28	Other deductions (att	ach sch	edule)					
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		29	Jotal deductions. Ad	id lines	14 through 28			(28)		
32 Unrelated business taxable income. Subtract line 31 from line 30								\		1,702,272.
				_		ry 1, 20	118 (see instructions)			1 100 000
	/							(21 <u>)</u>	32	

Form 990-	J. 110 212 CONE MODITIRED	13-3	971298	Page :
Part	Total Unrelated Business Taxable Income		•	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instru	ictions)	1 \$3 5	,063,610.
34	Amounts paid for disallowed fringes	, , , , , , , , , , , , , , , , , , , ,	34	, , , , , , , , , , , , , , , , , , , ,
- 35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 4		,063,610.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	01111 4	 	,003,010.
•	lines 33 and 34			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		36	
38			37	
30	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		1 1 1	•
Dort I			3,8	0.
	V Tax Computation			
39	Organizations Taxable as Corporations, Multiply line 38 by 21% (0.21)		39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3	38 from;	[:'']	
	Tax rate schedule or Schedule D (Form 1041)	ì	40	
41	Proxy tax. See Instructions	ı	► 41 ·	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		P COM	
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) 456			
6	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedul	(e) 47	
48	Total tax, Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments: A 2017 overpayment credited to 2018 50a			
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868 50c		- -	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		 ,,	
	Backup withholding (see instructions) 50e		- -	
	Credit for small employer health insurance premiums (attach Form 8941)			
	Other credits, adjustments, and payments: Form 2439		-	
9	Form 4136 Other Total > 50g			
51	Total payments. Add lines 50a through 50g		- 51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
			► 53	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			
54 55	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid) Optional and	► 54 ► 55	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax I Statements Regarding Certain Activities and Other Information (see	Refunded	199	
Part V				TV I N-
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If Yes," the organization may have			4 1.32
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign of	country		
	here BARBADOS			_ X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust?		Х
	If "Yes," see instructions of other forms the organization may have to file.			A 60
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			<u> </u>
C:	Under penalties of erjuy, I declare that I have examined this return, including accompanying schedules and statements correct, and complete peclaration of preparer (other than taxpayer) is passed on all information of which preparer has any CHIEF FINAN	i, and to the best of my k _k <u>rowie</u> dge	knowledge and belie	t, it is true,
Sign		ICTAL 1	May the IRS discu	ss this return with
Here	OFFICER OFFICER		the preparer shows	- — I
	Signature of office Date Title		Instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid	TAIDA MIRI CARMENT / com a Kindogomaki 7/6/202	self- employe		
Prepa	TOT LAURA RIELCEWSKI Laura Macagement			40769
Use O	niv Firm's name ► ERNST & YOUNG U.S. LLB	Firm's EIN	▶ 34-6	565596
	5 TIMES SQUARE			
	Firm's address ► NEW YORK, NY 10036	Phone no.	212-773	
323711 01-	09-19		For	n 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter r	nethod of invent	tory valu	uation N/A				
1 Inventory at beginning of year	1			ventory at end of year			6	
2 Purchases	2		7 C	ost of goods sold. Su	btract	line 6		
3 Cost of labor	3		1 fr	om line 5. Enter here a	and in i	Part I,		
4a Additional section 263A costs			1 Ju	ne 2			7	
(attach schedule)	4a		8 D	o the rules of section	263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		1	roperty produced or a				
5 Total. Add lines 1 through 4b	5		th	e organization?			X	
Schedule C - Rent Income (From Real F	Property and	Pers	onal Property I	Leas	ed With Real Pro	perty)	
(see instructions)								
1. Description of property								
(1)								
(2)				 				
(3)			<u> </u>					
(4)				 		,		
	2. Rent received					3(a) Deductions directly	connected with the income in	
rent for personal property is more than of rent for				of property (if the percental operty exceeds 50% or if on profit or income)	ge 	columns 2(a) and	d 2(b) (attach schedule)	
(1)		_	_					
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		r •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Deb	t-Financed	Income (see ii	nstruction	ons)				
		- · - · · ·	2. 0	Gross income from		3. Deductions directly conn to debt-finance		
1. Description of debt-fine	anced property			allocable to debt- nanced property	(8) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
					S'	PATEMENT 5	STATEMENT 6	
(1) 333 EAST 38TH STE	REET		8	,276,464.		1,094,179.	2,509,108.	
(2)						<u></u>		
(3)								
(4)						···		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 7	5. Average a of or allo debt-financ STATEM	ed property		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) 150,000,000.	150,	000,000.		100.00%		8,276,464.	3,603,287.	
(2)				%				
(3)				%				
(4)				%				
		· · · · · · · · · · · · · · · · · · ·				nter here and on page 1, lart I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals				▶		8,276,464.	3,603,287.	
Total dividends-received deductions inc	luded in column 8					>	0.	
				7			Form 990-T (2018)	

-		Exe	mpt Controlled C	rganizati	ons			
1. Name of controlled organiza	identii	nployer 3. fication (lo nber	Net unrelated income ss) (see instructions)		al of specified nents made	5. Part of column included in the colorganization's gros	ntrolling	6. Deductions directly connected with income in column 5
(1)								
(2)				<u> </u>				
(3)								
(4)								
Nonexempt Controlled Organ	izations							
7. Taxable Income	8. Net unrelated inco (see instruction		Total of specified pay made	ments	in the controlli	nn 9 that is include ng organization's income		ductions directly connected income in column 10
(1)			· · · · · · · · · · · · · · · · · · ·		· <u>·</u>	·- <u></u> -	- 	
(2)					<u>, </u>			
(3)							1 -	
	 						 	
(4)					Enter here and	ins 5 and 10 on page 1, Part I, olumn (A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals	···			D		0	<u></u>	0
Schedule G - Investme	ent Income of a ructions)	Section 50	1(c)(7), (9), or	(17) Or	ganization			
	alption of income		2. Amount of	Income	3. Deduction directly connectant (attach sched	cted 4. Se	et-asides n schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								, (as spaces,)
(2)	·							
(3)						-		
(4)	·							
(4)			Enter here and Part I, line 9, co	on page 1,				Enter here and on page Part I, line 9, column (B)
Totals				0.		•	,	0
Schedule I - Exploited	Exempt Activity	/ Income, C	ther Than Ac		ng Income	<u> </u>		
(see instru	uctions)							· · · · · · · · · · · · · · · · · · ·
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connec with production of unrelated business incor	business (comput	trade or blumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business inco	nat attrib	xpenses utable to umn 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 page 1, Part I line 10, col (8	; / .	- 7				Enter here and on page 1, Part II, line 26
Totals -	0.		0.			<u> </u>		0
Schedule J - Advertisi Part I Income From	ng Income (see l Periodicals Rep		Consolidated	Basis				
	2. Gross	3. Dire	4. Adver	ising gain	5. Circulati	6.0	dership	7. Excess readership costs (column 6 minus
1. Name of periodical	advertising Income	advertising					sts	column 5, but not more than column 4)
(1)								
(2)					<u> </u>			Ť
(3)					<u> </u>			
(4)					 			• •
			L L					

Form 990-T (2018) NYU LANGONE HOSPITALS 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. Circutation 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	•	0.	0.		•		0.
		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
Totals, Part II-(lines 1-5)	▶	0.	0.	<u> </u>	<u> </u>		0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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		>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

PHARMACY SALES AND PERFORMANCE CENTER SERVICES TO OTHER THAN PATIENTS, DEBT FINANCED REAL PROPERTY RENTAL, AND LIMITED PARTNERSHIP INVESTMENTS.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS)	FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION			NET INCOME OR (LOSS)
PASS THROUGH FROM LIM	ITED PARTNERSHIP	- ORDINARY BUSINESS	29,345.
TOTAL INCLUDED ON FOR	M 990-T, PAGE 1,	LINE 5	29,345.

NYU Hospitals Center					
EIN 13-39712	98				
Form 990-T					
FYE August 3	1, 2019				
		<u> </u>			
Analysis of Ch	arıtable Contrib	ution Carryforwar	d		
Year	Amount Carried Forward	Charitable Contribution	Amount Used	Expired Carryforward	Carryforward to Next Period
Aug-11		5,502	-		5,502
Aug-12	5,502	5,954	-		11,456
Aug-13	11,456	6,721	-		18,177
Aug-14	18,177	8,423	-		26,600
Aug-15	26,600	•	-		26,600
Aug-16	26,600	-			26,600
Aug-17	26,600	-	-		26,600
Aug-18	26,600				26,600
Aug-19	26,600		-		26,600

NYU Langone Hospitals		1				
EIN 13-3971298			-			
Form 990-T			-	j		
FYE August 31, 2019						
		 				
Analysis of Net Operating Loss	Carryforward	<u>'</u>				
Year	NOL Balance	NOL Generated	NOL Applied	NOL Expired	NOL Carryforward	
Dec-98	-	693,478	693,478	-	•	
. Dec-99	-	2,707,633	2,707,633		•	
Dec-00		-			_	
Dec-01	-					
Dec-02	-	346,979	346,979		-	
Dec-03	_				-	
Dec-04	-				•	
Dec-05	-	317,033	317,033		-	
Dec-06		171,509	171,509			
Dec-07	-	/			-	
Aug-08	-	322,606	322,606		•	
Aug-09	-				-	
Aug-10	-				-	
Aug-11	-				-	
Aug-12	-				-	
Aug-13					-	
Aug-14	-				-	
Aug-15	-	1,210,201	1,210,201 00		-	
Aug-16		4,254,297	3,402,911 26		851,386	
Aug-17	851,386				6,641,636	
Aug-18		7,527,725			14,169,361	
			-			
Business Line		Other Than	Debt Finance and Limited	Partnerhip		
	, , , , , ,	atlents	Invest	ment		
FYE 8/19					-w	
NOL Balance		-		-	-	
NOL Generated		-		-		
Pre-2018 NOL Applied		361,338		4,702,272		
NOL Expired		-		-	-	
Pre-2018 NOL Carryforward					14,169,361	
Post-2018 NOL Carryforward		<u>-</u>			,	<u> </u>

FORM 990-T	SCHEDULE E - DEPRECIA	TION DEDUCT	ION	STATEMENT	5
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION .	- SUBTOTAL -	3 '	1,094,179.	1,094,17	79.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	3(A)		1,094,17	79.

15

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	6
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
GROUND LEASE CAM CHARGE INTEREST EXPENSE REAL ESTATE TAX	- SUBTOTAL -	3	892,612. 310,368. 726,176. 579,952.		08.
TOTAL OF FORM 990-T,	SCHEDULE E, COLUMN	3(B)		2,509,10	08.

FORM 990-T		ACQUISITION TO DEBT-FIN			STATEMENT 7
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
PURCHASE PRICE	-	- SUBTOTAL -	3	150,000,000.	150,000,000.
TOTAL OF FORM 990-	r, SCHEDULI	E E, COLUMN	4		150,000,000.

FORM 990-T	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY			STATEMENT	
DESCRIPTION	•	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEBT FINANCING	- SUBTOTAL -	3	150,000,000.	150,000,00	00.
TOTAL OF FORM 990-T	, SCHEDULE E, COLUMN	5		150,000,00	00.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning SEP 1, 2018, and ending AUG 31, 2019

31, 2019 **2018**

Department of the Treasury Internal Revenue Service (99) ▶ 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

OMB No 1545-0687

ENTITY

1401110	NYU LANGONE HOSPITALS			13-39712	
	Unrelated business activity code (see instructions) 44611 Describe the unrelated trade or business PHARMACY		ERFORMANCE CI	R SALES TO	OTHER THA
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,692,524.		2 602 524	-	
b	Less returns and allowances c Balance >	1c	2,692,524		
2	Cost of goods sold (Schedule A, line 7)	2_	1,540,841.		· · · · · · · · · · · · · · · · · · ·
3	Gross profit Subtract line 2 from line 1c	3	1,151,683.		1,151,683.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b_			
С	Capital loss deduction for trusts	4c		· · · ·	
5	Income (loss) from a partnership or an S corporation (attach			- · · · · · · · · · · · · · · · · · · ·	
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13_	Total. Combine lines 3 through 12	13	1,151,683.		1,151,683.
	+ II Dadustiana Not Takan Eleguibara (Cas instructi		iau limitationa on dos	ustions \ /Eveent	for contributions

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.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	497,692.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	0.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	197,086.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 9	28	95,567.
29	Total deductions. Add lines 14 through 28	29	790,345.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	361,338.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	*
32_	Unrelated business taxable income Subtract line 31 from line 30	32	361,338.
		Calcadada	1/5 000 7) 0040

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018)						D1/111	Pag	ie
NYU LANGO	NE HOSP	ITALS			13-3971	L298	, ug	٠
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. S	ubtract	line 6			_
3 . Cost of labor	3		from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs			line 2		[7		
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to		Yes N	V٥
b Other costs (attach schedule)	4b		property produced or	acquire	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?					_
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	perty)		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								_
(4)								
	2. Rent receiv	ed or accrued			3(a) Deductions directly	connected with the	income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or Income)	age	columns 2(a) and	d 2(b) (attach sched	ule)	
(1)								_
(2)							-	_
(3)								
(4)							·	_
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	C) .
Schedule E - Unrelated Del		I Income (see	instructions)		<u> </u>	······································		_
			2. Gross Income from		Deductions directly conn to debt-finance	ected with or alloca	ible	
1			or allocable to debt-	(a)	Straight line depreciation	(b) Other d	eductions	_
1. Description of debt-fi	папсва ргорепу		financed property	`´	(attach schedule)	(attach so	chedule)	
	· · · · · · · · · · · · · · · · · · ·			ļ		 		
(1)				 				-
(2)				ļ		<u> </u>		_
(3)			 	├──-		 		_
(4)						 		_
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of column nd 3(b))	
(1)			%					
(2)			%		·	<u> </u>		
(3)	 		%			ļ	<u> </u>	
(4)	<u> </u>		%			ļ		
- · · · · · · · · · · · · · · · · · · ·				1		I		

0. 0.

Part I, line 7, column (B)

Total dividends-received deductions included in column 8

Part I, line 7, column (A)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION		AMOUNT
SUPPLIES TELEPHONE POSTAGE & SHIPPING OUTSIDE SERVICES OTHER		77,553. 1,734. 1,208. 11,974. 3,098.
TOTAL TO SCHEDULE M, PART	II, LINE 28	95,567.

NYU Langone Hospitals EIN 13-3971298 Form 990-T FYE August 31, 2019

Section 1.263(a)-1(f) de minimis safe harbor election

Taxpayer Name: NYU Langone Hospitals

Taxpayer Address: 550 First Avenue

New York, New York 10016

EIN: 13-3971298

The above referenced taxpayer is making the de minimis safe harbor election under Treas. Reg §1.263(a)-1(f) for its tax year ending August 31, 2019.

NYU Langone Hospitals EIN. 13-3971298 Form 990-T FYE August 31, 2019

Section 1.263(a)-3(n) Election Statement

Taxpayer Name: NYU Langone Hospitals

Taxpayer Address: 550 First Avenue

New York, New York 10016

EIN: 13-3971298

The above referenced taxpayer is making the election to capitalize repair and maintenance costs under Treas Reg. §1 263(a)-3(n) for its tax year ending August 31, 2019