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H Enter the number of the organization type ▶ ▼ \$501(c) corporation H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only for first) unrelated trade or business here ▶ SEE STATEMENT 1 In this ory 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. 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. 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. III-V. III or the part of							r foreig	n postal code				525	990	
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trade or business here ▶ SEE STATEMENT 1		26,266,8				(c) cor	_	501	(c) trust		401(a) 1	trust		Other trust
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 IIII-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? I During the tax year, was the corporation as ubsidiary in an affiliated group or a parent-subsidiary controlled group? I During the tax year, was the corporation as ubsidiary in an affiliated group or a parent-subsidiary controlled group? I During the tax year, was the corporation in a fill tax year, was the corporation in the corporation. J The books are in care of ▶ SAMUEL TUCHMAN Telephone number ▶ 212-764-8057 Part II Unrelated Trade or Business Income (A) income (B) Expenses (C) Nst 1a Gross profit. Subtract line 2 from line to 3 Gross profit. Subtract line 2 from line to 4a Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, anunties, royaltes, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total, Combine lines 3 through 12 Compensation of officers, directors, and trustees (Schedule Repairs and maintenance) 14 Compensation of officers, directors, and trustees (Schedule I) 15 Salares and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation of officers, directors, and trustees (Schedule I) 19 Taxes and licenses 10 Depreciation of officers, directors, and trustees (Schedule I) 19 Taxes and licenses 10 Depreciation of officers, directors, and trustees (Schedule I) 10 Depreciation of officers, directors, and trustees (Schedule I)			-		-		1							
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If "Yes," enter the name and identifying number of the parent corporation. I the books are in care of ▶ SAMUEL TUCHMAN Telephone number ▶ 212-764-8057 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Nst 1a Gross receipts or sales b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797) c Capital loss deduction for trusts 1 Income (loss) (from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-Innanced income (Schedule E) 8 Interest, annuates, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See/instructions for limitations on deductions) (Deductions must be directly connected with the unrelated statement) 15 Salaries and wages 16 Repairs and maintenance 17 Takes and incenses Depreciation (attach Form 4562) 18 Interest (attach schedule) (see instructions) 19 Taxes and incenses Depreciation (attach Form 4562) 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Depreciation (attach Form 4562) 23 Contributions to deferred compensation plans 24 Employee benefit prografis													77	<u> </u>
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24 Employee benefit programs 24		· · · · · ·	erad aaf	nnanastian alama							-			
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20 CXCCSS exclinit expenses (Scriedule I)			-/	hadula I\							<u> </u>			
26 Excess readershyp costs (Schedule J) 26														
27 Other deductions (attach schedule)		,									}	$\overline{}$		
28 Total deductions. Add lines 14 through 27 28 250.		,									}			250.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 5 , 147.					i loss deduction s	Subtract	t line 29	from line 13			<u> </u>			
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018		/									F			-,,-
(See instructions)	30		oracing I	oos arrowing in the years De	giiiig on or aite	. vanudi	., 1, 20	.5			-	30		0.
31 Unrelated business taxable income. Subtract line 30 from line 29 31 5,147.	31/	<i>,</i> ,	axable in	come. Subtract line 30 fro	m line 29						ŀ			
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)						s.							Form ⁹	

	O-T (20 19) AMERICAN COMMITTEE FOR SHAARE ZEDEK HOSPITAL IN JERUS	SA	13-564 <u>5</u>	878 Page 2		
Part	Jii Total Unrelated Business Taxable Income	+-				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<u>ا ا</u>	32	5,147.		
33	Amounts paid for disallowed fringes	تالاه	3			
34	Charitable contributions (see instructions for limitation rules) STMT 3 STMT 4	ليا مر	4	415.		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and	63) L	5	4,732.		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	کا کہ	36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	4,732.		
3.8		Y) [8			
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	ÄП				
	enter the smaller of zero or line 37	7, 1 !	9	3,732.		
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	Additional Total Comments of the Additional Comments of the Co		io l	784.		
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	Foreign tay credit (corporations attach Form 1119; trusts attach Form 1116)					
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	20 19 ESTIMATED TAX DAVIDED TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•			
		13.				
е						
f	Credit for small employer health insurance premiums (attach Form 8941)					
8			1			
	Form 4136 Other Total ▶ 51gl					
52	Total payments. Add lines 51a through 51g			<u>7,923.</u>		
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		i 3			
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	' ▶ L:	5	7,139.		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	> [6	7,139.		
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		<u> </u>			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No		
	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 ISRAEL			x		
58			-	\rightarrow		
•••			••			
59	· · · · · · · · · · · · · · · · · · ·					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge	and belief, it is tri	10,		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge					
Here	IS//AIA CEO					
	Suprature of officer Date Title					
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Use		N P	42-0/1	14343		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 32 5,147.					
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AMERICAN COMMITTEE FOR SHAARE ZEDEK Form 990-T (2019) HOSPITAL IN JERUSALEM, INC.

13-5645878

Page 3

Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory v	aluation ▶ N/A				_	
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2	·	7	Cost of goods sold. Si		line 6			
3 Cost of labor	3			from line 5. Enter here					
4 a Additional section 263A costs				line 2		•	7		
(attach schedule)		8	Do the rules of section	Yes	No				
(attach schedule) b Other costs (attach schedule) 4a 4b				property produced or a	-	· ·			
5 Total. Add lines 1 through 4b	5		the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty)	
1. Description of property									
(1)									
(2)									
(3)									
_(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) a	r connection (connection)	cted with the income in (attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	nn (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ctions)					
			2	2. Gross income from		Deductions directly connected with or allocated to debt-financed property			
Description of debt-financed property			or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)									
(2)				-			1		
(3)				-			1		
(4)							1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average of or a		adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Allocable dec (column 6 x total o 3(a) and 3(
(1)	-			%	l	1.59	\top		
(2)	1			%			\top		
(3)				%					
(4)	1			%					
• •						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals				_		0			0.
Total dividends-received deductions	ncluded in column	18							0.

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Schedule F - Interest, /		,	- T	Controlled Or		_		(306 1113	tructions	<u></u>	
1 Name of controlled organizat	tion	2. Employer dentification number	3. Net unre	related income e instructions) 4. To		al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)			-								
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income	8. Net unrelated (see instri) 9. Total o	of specified paym made	ents	10. Part of column the controlling gross	nn 9 that ng organi s income	is included zation's		uctions directly connected income in column 10	
(1)		-									
(2)											
(3)										_	
(4)											
T. A. J.						Add colun Enter here and line 8, c		1, Part I,	Enter he	I columns 6 and 11 re and on page 1, Part I, ine 8, column (B)	
Totals Schedule G - Investme	nt Income of	i a Santi	ion 501/c\/7\	(9) or (1	7) Ora	ıanization		0.		0.	
Scnedule G - Investme (see insti		a secti	ion 50 H(C)(7)	,, (3), Or (1	r, org	jai ii ŁaliUN					
·	ription of income		-	2. Amount of	ncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
				Enter here and o Part I, line 9, col						Enter here and on page 1 Part I, line 9, column (B)	
Totals					0.] 0.	
Schedule I - Exploited (see instru	•	vity Inco	ome, Other	Than Adv ——-	ertisin	g Income					
1. Description of exploited activity	2. Gross unrelated busines income from trade or business	s dire	3. Expenses ectly connected ith production of unrelated isiness income	4. Net incom- from unrelated business (col- minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)				_							
(2)					1	_					
(3)											
(4)											
	Enter here and or page 1, Part I, line 10, col (A)	lir	ter here and on page 1, Part I, ne 10, col (B)							Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertisir		0. see instru	O.							0.	
Part I Income From I				olidated l	Basis						
Name of periodical	2. Gr adverti incor	sing	3. Direct advertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 thi	1 2 minus in, computi	5. Circulat e income		6. Reade		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))	•	0.	0.							0	
		<u></u>				<u></u>				Form 990-T (2019	

AMERICAN COMMITTEE FOR SHAARE ZEDEK

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in 13-5645878 Page 5 columns 2 through 7 on a line-by-line basis) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross advertising income 6. Readership costs 3. Direct 5. Circulation 1. Name of periodical advertising costs ıncome (1) (2) (3) (4) 0. 0 0. Totals from Part I \triangleright Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) Totals, Part II (lines 1-5) 0 0 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title (1) %

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0.

%

%

%

▶

923732 01-27-20

(2)

(3)

(4)

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

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

UNRELATED BUSINESS INCOME FROM QUALIFYING PARTNERSHIP INTEREST

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
FORTY SEVENTH FIFTH COMPANY, LLC - ORDINARY BUSINESS INCOME (LOSS)	5,397.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	5,397.

FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
DESCRIPTION/KIND OF PROPERTY METHOD USED TO DETERMINE FMV AMOUNT SHAARE ZEDEK MEDICAL CENTER N/A 17,156,1	17,156,199.	
TOTAL TO FORM 990-T, PAGE 2,	LINE 34	17,156,199.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF FOR TAX OF FOR TAX OF TAX	YEAR 2015 19,100,516 YEAR 2016 16,909,152 YEAR 2017 17,738,343			
TOTAL CARRY	YOVER ENT YEAR 10% CONTRIBUTIONS	90,907,156 17,156,199		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	108,063,355 415	_	
	TRIBUTIONS CONTRIBUTIONS SS CONTRIBUTIONS	108,062,940 0 108,062,940		
ALLOWABLE (CONTRIBUTIONS DEDUCTION			415
TOTAL CONTI	RIBUTION DEDUCTION			415