_	990-T	l F	EXTENDED TO JUE TO BUS	JLY ines	15, 202 ss inco i	20			OMB No 1545-0887			
Form	b-,		(and proxy tax under tender year 2018 or other tax year beginning SEP 1, 20	er se	ction 6033	(e)) [70%		2018			
	tment of the Treasury			Open to Public Inspection for								
	A Revenue Service		Do not enter SSN numbers on this form as it may	3). :	501(c)(3) Organizations Only over identification number							
A L	Check box if address changed		Name of organization (Check box if name c	Empl (Empl	oyees' trust, see ctions)							
B Ex	kempt under section	Print	SUNSET PARK HEALTH COUNCIL, INC.	1	20-2508411							
] 501(c <u>)(23</u>)	or	Number, street, and room or suite no. If a P.O. box		E Unrelated business activity code (See instructions)							
	408(e) 220(e)	Туре	150 55TH STREET									
<u></u>] 408A530(a)] 529(a)		City or town, state or province, country, and ZIP of BROOKLYN, NY 11220-2559	ity or town, state or province, country, and ZIP or foreign postal code								
C Box	ok value of all assets		F Group exemption number (See instructions.)									
- at e	end of year 65,875	187.	G Check organization type ► X 501(c) corp	oration	501	(c) trust	401	(a) trust	Other trust			
			ition's unrelated trades or businesses.	1			he only (or first)					
			JIFIED TRANSPORTATION FRINGE BENEF				complete Parts I					
	scribe the first in the b siness, then complete		ice at the end of the previous sentence, complete Pa -V	irto i ani	s ii, compicie a	Schedule	W 101 Cach addit	ionai iiauc	U			
			poration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled	group?	>	Ye	s X No			
			tifying number of the parent corporation.					4=4=1				
			ASTRID P GONZALEZ de or Business Income		(A) Inco		ne number (B) Expen		(C) Net			
	Gross receipts or sale		de or Business income	ĭ	(A) IIICO	ine	(D) Exhem	500	(O) NEC			
	Less returns and allo		c Balance	1c								
2	Cost of goods sold (S			2								
3	Gross profit. Subtrac	t line 2 f	rom line 1c	3_								
		apital gain net income (attach Schedule D)										
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b											
C E	•	Capital loss deduction for trusts ncome (loss) from a partnership or an S corporation (attach statement) 5										
5 6	Rent income (Schedi		sinp of an a corporation (attach statement)									
7	Unrelated debt-finance		me (Schedule E)									
8			and rents from a controlled organization (Schedule F)									
9			on 501(c)(7), (9), or (17) organization (Schedule G)						<u> </u>			
10	Exploited exempt act	•		10								
11 12	Advertising income (Other income (See in		•	12								
_	Total. Combine line	s 3 thro	ıgh 12	13		0.						
	rt II Deduction	ons N	ot Taken Elsewhere (See instructions for	or limit	ations on ded	uctions)						
Ž —			utions, deductions must be directly connected			business	income.)	144	1			
14	•		rectors, and trustees (Schedule K)	ECE	IVED_			15				
_ 4^	Salaries and wages Repairs and mainte			-		S		16				
O 16 T 17 T 18	Bad debts		see instructions)	JL 2	1 2020	RS-O:		17				
	Interest (attach sch	edule) (:				麗		18				
N 19	Taxes and licenses		00	GDF	N UT	1		19				
7 20 21 22	Taxes and licenses Charitable contributions (See instructions for limitation rules) OGDEN, UT 20											
21	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 228 228								-			
23	Depletion	ciation claimed on Schedule A and elsewhere on return 22a 22b 23										
24	Contributions to de	ferred co	24									
25	Employee benefit p							25				
26	Excess exempt exp							26				
27	Excess readership							27	 			
28 29	Other deductions (a							29	0.			
29 30			income before net operating loss deduction. Subtra	ct line 2	9 from line 13			30	0.			
31			loss arising in tax years beginning on or after Janu			ctions)		31				
32			income. Subtract line 31 from line 30				.	32	0,			
8237	01 01-09-19 LHA I	For Pape	erwork Reduction Act Notice, see instructions.						Form 990-T (2018)			

Form 990-T	(2018)	SUNSET PARK HEALTH COUNCIL,	INC			20-250	8411		Page Z			
Part]]]]]	Total Unrelated Business Taxab	le Income									
33	Total	of unrelated business taxable income compute	d from all unrelated trades or businesses	see instru	ctions)		3	3	0.			
		ints paid for disallowed fringes	3	4								
		ction for net operating loss arising in tax years		5								
		tal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of										
		33 and 34	3	6								
		fic deduction (Generally \$1,000, but see line 3		7	1,000.							
		\ \										
30	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											
[Partil)		Tax Computation					1 0	8	0.			
			an 20 hu 240/ (0.24)					9	0.			
	-	nizations Taxable as Corporations. Multiply li s Taxable at Trust Rates. See instructions for		nt na lina i	00 frame			3	<u>_</u>			
40	$\overline{}$		— i									
44	\sqsubseteq		0									
	-	tax. See instructions				•	_	1 —				
		ative minimum tax (trusts only)						2				
		n Noncompliant Facility Income. See instruct						3				
		Add lines 41, 42, and 43 to line 39 or 40, while	chever applies				14	4	0.			
		Tax and Payments					-					
45 a		on tax credit (corporations attach Form 1118; t	rusts attach Form 1116)	458			-					
b		credits (see instructions)		45b	<u> </u>		-					
C		al business credit. Attach Form 3800		45c			46					
d	Credit	t for prior year minimum tax (attach Form 880	1 or 8827)	45d	<u> </u>		_ 5					
е	Total	credits. Add lines 45a through 45d					4	5e				
46		act line 45e from line 44			_		<u> </u>	16	0.			
47	Other	<u> </u>	7									
48	Total	tax. Add lines 46 and 47 (see instructions)					4	8				
49	2018	net 965 tax liability paid from Form 965-A or F	form 965-B, Part II, column (k), line 2	۱. /			<u> </u>	19	0.			
50 a	Paym	ents: A 2017 overpayment credited to 2018	5°	. 50a		8,395						
b	2018	estimated tax payments	J	50b			_					
C	Tax d	eposited with Form 8868		50c			j					
ď	Foreig	gn organizations: Tax paid or withheld at sourc	e (see instructions)	50d								
е	Backu	up withholding (see instructions)	,	50e								
		t for small employer health insurance premium	ns (attach Form 8941)	50f				;				
			rm 2439	-	1							
•			her Total	► 50g	!			, .				
51	_	payments. Add lines 50a through 50g			<u> </u>		7	1	8,395.			
52		nated tax penalty (see instructions). Check if Fo	rm 2220 is attached					2				
53		ue. If line 51 is less than the total of lines 48,	•			/ -	_	3				
54		payment. If line 51 is larger than the total of lines				(h)		4	8,395.			
55	•	the amount of line 54 you want: Credited to 2			ء ا	funded		55	8,395.			
Parti\		Statements Regarding Certain		tion (se	e instru		`	7				
56		y time during the 2018 calendar year, did the d							Yes No			
30		a financial account (bank, securities, or other)	-						200 100			
		N Form 114, Report of Foreign Bank and Finar	- · ·			•						
		· · · · · · · · · · · · · · · · · · ·	icial Accounts. It ies, enter the name of	ilie loreigi	i counti y				х			
£7	here	g the tax year, did the organization receive a d	introduction from an upon it the greater of a	r transford	r to a fo	rough trunt?			- 			
57		• • • •	·	i transiero	or to, a to	reign trustr			A			
		s," see instructions for other forms the organiz	•									
58		the amount of tax-exempt interest received or ider penalties of perjury, I declare that I have examined		l etatemente	and to the	hoot of my know	dodas	and belief it i	in true			
Sign		rect, and complete Declaration of preparer (other than					- ionAq	Jones, 16 E				
Here		Astrid P Gonza	alez July 14, 12020 📐 vp pinan	OF			•		s this return with			
		Signature of officer	10.00	CE				eparer shown				
		Signature of officer	Date Title				. 1	ctions)? X	Yes No			
		Print/Type preparer's name	Preparer's signature	Date		Check	ıf	PTIN				
Paid		J	And in			self- employe	ed					
Prepa	arer	CHRISTINE KAWECKI	Untakameeke.	07/14/	2020		1	P00743				
Use C		Firm's name DELOITTE TAX LLP				Firm's EIN	<u> </u>	86-10	065772			
	•	TWO JERICHO PLA										
		Firm's address > JERICHO, NY 117	53			Phone no.	(51	6)918-70				
823711 01	-09-19							Forr	ո 990-T (2018			

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory va	aluation N/A					
1 Inventory at beginning of year	1		1	Inventory at end of year	•		6		
2 Purchases	2		7	Cost of goods sold. Su		ine 6			
3 Cost of labor	3		1	from line 5. Enter here a					
4a Additional section 263A costs			1	line 2		····',	7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to	···	Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	•				
5 Total. Add lines 1 through 4b	5		1	the organization?	oquou	Tot roomo, appriy to			
Schedule C - Rent Income (see instructions)	(From Real	Property and	Pers		ease	d With Real Prope	rty)		
1. Description of property									
(1)									
(2)								-	
(3)									
(4)									
		ed or accrued				O(a) Doductions dispative	annoated with the		
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or Income)	98	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)					
(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		nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		Ο.
Schedule E - Unrelated De		Income (see	ınstru	ctions)					
		, ,		. Gross income from		3. Deductions directly conne to debt-finance		ple	
1. Description of debt-	financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of (attach s	deduction: chedule)	9
(1)	· ·		╁						
(2)			+				 		
(3)			+						
(4)			+					•	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocabl (column 6 x to 3(a) a		
(1)			+	<u> </u>					
(2)	<u> </u>		1			.			
(3)	1		1			·			
(4)	<u> </u>			%			 		
	•		•	70		inter here and on page 1, Part I, line 7, column (A)	Enter here an		
Totals						0.		-	0.
Total dividends-received deductions	included in column	n 9					 		

Form 990-T (2018)

Schedule F - Interest,	Aimaides, rioya			lled Organiza		10113 (56	e instruction	s)
1. Name of controlled organiza	ıdentr	nployer fication (. Net unrelated in loss) (see instruct		Total of specified ayments made			
(1)		_						
(2)								
_(3)								
(4)								
Nonexempt Controlled Organ	izations							
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total of speci mai		in the control	umn 9 that is inclu ling organization's is income	aded 11. De s with	ductions directly connected income in column 10
(1)					 			
(2)								
(3)					1			
(4)	 							
					Enter here an	mns 5 and 10 d on page 1, Part column (A)	l, Enter h	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals		0	4(-)(7) (0)	(47) 0	<u> </u>	-	0.	0.
Schedule G - Investme		section 50	1(c)(7), (9)	, or (1 <i>1</i>) O	rganization			
	cription of income		2. A	mount of income	3. Deduction	ected 4	. Set-asides ttach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			_		(attach scrie	oute)		(cor o plus cor 4)
(2)					 			
(3)		-						
(4)		<u> </u>						
3				nere and on page line 9, column (A)				Enter here and on page 1 Part I, line 9, column (B)
Totals			_ ▶	0				0,
Schedule I - Exploited (see instr		/ Income, (Other Tha	n Advertis	ing Income			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly conni- with produc of unrelate business inc	es from bus	Net income (loss) unrelated trade or elness (column 2 us column 3) If a , compute cols 5 through 7	f 5. Gross inc from activity is not unrel	that ated	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 ar page 1, Pa line 10, col	rt I,					Enter here and on page 1, Part II, line 26
Totals	0.	1	0.					0
Schedule J - Advertis			7.1					- <u>`</u>
[Part∤I Income From			Consolid	ated Basi	s			
	2. Gross advertising income		Direct o	4. Advertising ga r (loss) (col 2 min 3) If a gain, com cols 5 through 7	nus 5. Circul npute incom		. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1. Name of periodical				الموالية				
			1,					
(1)								
(1) (2)								
(1) (2) (3)								
(1) (2)				,				

Form 990-T (2018) SUNSET PARK HEALTH COUNCIL, INC. 20-2508411 |Part||| 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)	$\neg \neg$							
(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.		· · · · · · · · · · · · · · · · · · ·		0	

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		>	0.

Form 990-T (2018)