# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 10-92-20 | Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

	ernal Revenue		Go to www.irs.gov/	Form990 for instructions and t	the latest	information.		Inspection		
Α	For the 2	022 calend	dar year, or tax year beginning	and	ending					
В	Check if applicable:	C Name o	f organization			D Employer iden	tificat	tion number		
Г	Address	BROO	KS-TLC HOSPITAL SY	STEM						
Ė	Name change	Water 161 (A)	ousiness as		V-s	16-0743	301	L		
	Initial return	100 May 100 May 100 May 100	r and street (or P.O. box if mail is not de	elivered to street address)	Room/suit			4444		
	Final return/ termin-		CENTRAL AVE.		i i	(716) 3	66-			
_	ated Amended	2 TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$		58,943,976.		
L	return	DONK	IRK, NY 14048			H(a) Is this a group				
	Applica- tion pending		and address of principal officer: <b>KEN AS</b> C <b>ABOVE</b>	NETH R. MORRIS		for subordina  H(b) Are all subordinate				
ī	Tax-exem	70	X 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	or 52	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		t. See instructions		
0.00	Website:		BROOKSHOSPITAL.ORG			H(c) Group exemp				
K	Form of or	ganization:	X Corporation Trust A	ssociation Other	L Yea			State of legal domicile: NY		
		Summary				***************************************	-			
_	1 Br	riefly describ	pe the organization's mission or mos	t significant activities: AN A	CUTE	CARE HOSPIT	AL	SERVING		
Activities 9 Continues	P]		LY RESIDENTS OF NO							
9	2 Ch	neck this bo	if the organization disco	ontinued its operations or dispos	sed of mor	re than 25% of its net	asset	S.		
9	3 Nu	umber of vo	ting members of the governing body	(Part VI, line 1a)			3	10		
Ċ	4 Nu	umber of inc	dependent voting members of the go				4	10		
9	5 To		of individuals employed in calendar				5	446		
i	<b>6</b> To		of volunteers (estimate if necessary)				6	20		
-	<b>7a</b> To	otal unrelate	ed business revenue from Part VIII, co	olumn (C), line 12			7a	904,666.		
	b Ne		business taxable income from Form		7b	0.				
						Prior Year	als.	Current Year		
	8 Cc	ontributions	and grants (Part VIII, line 1h)			4,362,166		6,044,659.		
į	9 Pro	ogram serv	ice revenue (Part VIII, line 2g)			37,930,080		33,541,995.		
3	10 Inv	Investment income (Part VIII, column (A), lines 3, 4, and 7d)				134,216	_	124,148.		
L	<b>11</b> Ot	ther revenue	e (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		7,928,233		19,195,315.		
<u> </u>	<b>12</b> To	tal revenue	- add lines 8 through 11 (must equa	Part VIII, column (A), line 12)		50,354,695	16 (8)	58,906,117.		
			milar amounts paid (Part IX, column				•	0.		
			to or for members (Part IX, column (				•	0.		
9	15 Sa		er compensation, employee benefits (			28,210,488		35,314,032.		
9	16a Pr		fundraising fees (Part IX, column (A),			0	•	0.		
,	×I		sing expenses (Part IX, column (D), lir		0.	00 006 061	1 20 20	00 000 010		
	17 01		es (Part IX, column (A), lines 11a-11d			22,206,361		23,377,719.		
	465		es. Add lines 13-17 (must equal Part	HINTO COUNTY IN COUNTY IN MANUAL STRUCK COUNTY - DESCRIPTIONS		50,416,849		58,691,751.		
-		evenue less	expenses. Subtract line 18 from line	12		-62,154		214,366.		
Net Assets or	nuce -		Day V. France		F	Beginning of Current Yes 37,825,254	_	End of Year 40,958,282.		
SSe	20 To	Marian Company of the				26,012,513		25,648,135.		
et A	21 To		s (Part X, line 26)	Trede as		11,812,741				
Z	art II	et assets or Signature	fund balances. Subtract line 21 from	1 line 20	****	11,014,741	•	15,310,147.		
100				instruction annual contraction and adults.		wants and to the back of	mare ben	and adapting the		
	200	2. (8. (2.)	I declare that I have examined this return			7.5%	IIIy KI	lowledge and beller, it is		
tru	e, correct, a	and complete	e. Declaration of preparer (other than offic	er) is based on all information of wr	nich prepare	er nas any knowledge.		*		
o:	S	ignature of o	fficer			Date				
	911		R. MORRIS, PRESID	ENT AND CEO						
не	A CONTRACTOR OF THE PARTY OF TH		name and title	ENI AND CEC						
	= 10			Dranarar's signatura		Date Check		] PTIN		
Pa			parer's name JOHNSON, CPA	Preparer's signature  JILL M. JOHNSON	CPA	11/09/23 if self-en	unlessed	P01701478		
		irm's name	LUMSDEN & MCCORMI		, OFA			-0765486		
		irm's name irm's address				THINSEIN	_ 0	0,00100		
			,							

X Yes No

Phone no. (716)856-3300

BUFFALO, NY 14202

May the IRS discuss this return with the preparer shown above? See instructions

I a	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O FOR FULL MISSION STATEMENT.	
-		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 48,704,671 • including grants of \$ ) (Revenue \$ 5	1,612,818.
44	NURSING SERVICES - PROVISION OF DAILY CARE INCLUDING INPATIENT	
	OUTPATIENT SERVICES WITHIN THE SYSTEM. OTHER PROFESSIONAL SER	
	ANCILLARY SERVICES PROVIDED WITHIN THE FACILITY INCLUDING LABO	RATORY,
	RADIOLOGY, INHALATION THERAPY, ETC.	
4b	(Code:) (Expenses \$	)
	•	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4 2	Other program continue (Deceribe on Schedule O.)	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	1
4e	Total program service expenses 48,704,671.	
		Form 990 (2022)

# Form 990 (2022) BROOKS-TLC HOSPITAL SYSTEM Part IV Checklist of Required Schedules

		No.	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		72	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
1807	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•		5		X
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		21
6				X
20	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	9 - 9	Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0.000		v
8207	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			***
	Schedule D, Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			967000
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
G-7.6	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
Ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		3
u		11d	X	
•	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
		116	21	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
200	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	-0000-000		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			397000
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			100000
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<u>.                                    </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
er er Fra	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х	0-1540
	MIN THE COLUMN SECTION OF THE COLUMN SECTION	20b	X	
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0.4		x
60	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Λ

Form 990 (2022) BROOKS-TLC HOSPITAL SYSTEM

Part IV | Checklist of Required Schedules (continued)

	continuea)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		103	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current		.9	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			6100704
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
200	any tax-exempt bonds?	24c	la s	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	0. 7	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		X
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	×	Λ
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			46789488
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	02082		v
141	"Yes," complete Schedule L, Part IV	28c	×	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	2	Λ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
-	Schodule N. Dott II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		0. 7	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	50000		v
-	If "Yes," complete Schedule R, Part V, line 2	36	0. /	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37	×	21
38	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		30		
200	Check if Schedule O contains a response or note to any line in this Part V			
Sile.			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 117			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	12-13-22	Form	990	(2022)

	continued)			
0-	Fator the assembles of angles are acted as Form W.O. Transmitted of Ware and Tay Obstanants		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 446			
h	filed for the calendar year ending with or within the year covered by this return  [2a] 440  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	B.10	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	$\vdash$
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	OD		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	-Tu		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	19 19	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	9	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		2	
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		9	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	vi	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	s 3	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
(200)	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	123		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		$\vdash$
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	10 50	
	Note: See the instructions for additional information the organization must report on Schedule O.		3 6	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		⊢
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			<u> </u>
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	24 1 14 17 1		1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

232005 12-13-22

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	70 B	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	e e	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		3	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		22 2	,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	10	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
19	bescribe on ochequie of whether (and it so, now) the organization made its governing documents, conflict of interest policy, and			
19	statements available to the public during the tax year.			
19				

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
   See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			Pos				(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per	(do not check more than one box, unless person is both an				s both	an	compensation	compensation	amount of
	week (list any	1,115,000	officer and a			r/trus	tee)	from the	from related organizations	other compensation
	hours for	or director	991			sated		organization	(W-2/1099-MISC/	from the
	related organizations	trustee	al trustee		996	mpen		(W-2/1099-MISC/ 1099-NEC)	1099- <b>N</b> EC)	organization and related
	below line)	Individual 1	Institutional	Officer	Key employee	Highest compensated employee	Former	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		organizations
(1) CHRISTOPHER LANSKI	2.00		_	)	_	1.0	-			
CHAIRMAN	1.00	X		X				0.	0.	0.
(2) JAMES WILD, MD	2.00									
CHAIRMAN ELECT	1.00	X		X	8 3		2	0.	0.	0.
(3) LOUIS DIPALMA	2.00	i.	8						1000	0.00
TREASURER	1.00	X		X				0.	0.	0.
(4) NATHAN ALDRICH	2.00									10101
SECRETARY	1.00	X		X				0.	0.	0.
(5) DANA ANDERSON, MD	2.00							100		
MEMBER	1.00	X						0.	0.	0.
(6) ANDY BURR	2.00	Hanne							520	14
MEMBER	1.00	X					2	0.	0.	0.
(7) TIMOTHY COOPER	2.00							20	125	
MEMBER	1.00	X						0.	0.	0.
(8) CHRISTINA JIMERSON	2.00									•
MEMBER	1.00	X		0 0	a		_	0.	0.	0.
(9) KEVIN KEARNS, PHD	2.00								0	0
MEMBER	1.00	X	- 8	4 -				0.	0.	0.
(10) STEPHEN KOLISON JR., PHD MEMBER	1.00	X						0.	0.	0.
(11) KENNETH MORRIS	40.00	21	-				3	٠.	0.	0.
PRESIDENT/CEO	1.00			X				172,834.	0.	12,850.
(12) JULIE MORTON	40.00				2		;	2.2/0021		
CHIEF NURSING OFFICER				х				192,976.	0.	7,619.
(13) NAJMUL KHAN	40.00		0 3		47.				0.00	
PHYSICIAN		1				X		293,713.	0.	27,577.
(15) KENNETH LONG	40.00									**
REGISTERED NURSE						X		146,255.	0.	14,316.
(15) DAVID HALLASEY-ROBERTS	40.00							1917		
PHYSICIAN						X		133,372.	0.	24,268.
(17) LISA BARONE	40.00		100	2 1				E		
DIRECTOR OF INFECTION CONTROL						X		128,681.	0.	21,345.
(18) CAROLINE FEARMAN	40.00									
REGISTERED NURSE						X		134,865.	0.	11,125.

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Part VII   Section A. Officers, Directors, Trus (A)	(B)		,	(0				(D)	(E)			(F)	
Name and title	Average hours per	Position (do not check more than one box, unless person is both an					an	Reportable compensation	Reportable compensation			stimat nount	
	week (list any hours for related organizations below line)	tee or director	Institutional trustee			Highest compensated		from the	from related organizations (W-2/1099-MIS/ 1099-NEC)		com fr org	other pensa rom th ganiza d rela anizat	ation ne tion ted
			S. 50	7.2 - 21									
			2 p		<u> </u>								
			6 6	5						33			
,													
	S.		6 8	3 )	83 3			1 202 606		_	11	0 1	0.0
1b Subtotal  c Total from continuation sheets to Part V	II Section A		774707	107100	10.550.15	5715377		1,202,696.		0. 119,100. 0. 0.			
d Total (add lines 1b and 1c)	n, 000001174		175554					1,202,696.		0.	11	9,1	00.
Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			20	14
										ī		Yes	No
3 Did the organization list any <b>former</b> officer										- 1	•		X
line 1a? If "Yes," complete Schedule J for a  4 For any individual listed on line 1a, is the s											3		
and related organizations greater than \$15			-							[	4	Х	
5 Did any person listed on line 1a receive or	accrue comper	satio	on fr	om	any	unre							
rendered to the organization? If "Yes." cor	nplete Schedul	e J fo	or su	ich i	oers	on .					5		X
Complete this table for your five highest complete this table.	ompensated inc	lepe	nder	nt co	ntra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wit	hin		ear.				
(A) Name and business								(B) Description of s	ervices	C	ompe	c) nsatio	n
TRUSTED NURSE STAFFING, DUFFALO STATION, BUFFALO	NY 142							CONTRACT LABO	OR	2	, 24	7,1	58.
PREMIER ANESTHESIA, 2655 PARKWAY, ALPHARETTA, GA	30009						- 1	ANESTHESIA SI PROVIDERS	ERVICE	1	, 36	4,0	38.
AYA HEALTHCARE INC, 5930				C	OU	ΤY							
WEST, SUITE 300, SAN DIE			21				$\overline{}$	CONTRACT LABO		1	, 32	3,0	40.
NASH PHARMACY SERVICES,	TYLZ EAS	т.					Į.	PHARMACY SERV	LCES				

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949,236.

1,160,945.

19

Total number of independent contractors (including but not limited to those listed above) who received more than

SHOREWOOD DRIVE, DUNKIRK, NY 14048

HOLLOW ROAD, BEMUS POINT, NY 14712

\$100,000 of compensation from the organization

CHAUTAUQUA PHYSICIANS, PLLC, 3184 DUTCH

HOSPITALIST PROVIDER

PROVIDER

16-0743301

Form 990 (2022) BROOKS-Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
<u> </u>		oncek ii ochedulo o contains a response	or note to any in-	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S C	1 2	Federated campaigns 1a	3	*			
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Membership dues 1b					
9 5		Transferances (	45,300.				
fts,			15,500.				
2 5	٥		5,753,786.				
ns,	е	Government grants (contributions) 1e	5,755,766.				
er iti	f	All other contributions, gifts, grants, and	045 573				
듗뙴		similar amounts not included above 1f	245,573.				
on bu	g	Noncash contributions included in lines 1a-1f	83	6 044 650			
O g	h	Total. Add lines 1a-1f		6,044,659.			
			Business Code				
9	2 a	PATIENT SERVICE REVENUE	622110	33,541,995.	32637329.	904,666.	
Program Service Revenue	b						
SE	c						
am eve	d	L	55	5			<u> </u>
P B	е	Ly <u>e</u>	50	57			
4	f	All other program service revenue	<i>E</i> .				3
		Total. Add lines 2a-2f		33,541,995.			
	3	Investment income (including dividends, interes	st, and	μ.			
		other similar amounts)	100	144,313.			144,313.
	4	Income from investment of tax-exempt bond p		-20			1.0
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a 4,000.					
		Less: rental expenses 6b 0.					
		Rental income or (loss) 6c 4,000.	8				
		Net rental income or (loss)		4,000.			4,000.
		Gross amount from sales of (i) Securities	(ii) Other	9-04-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0			
	, ,	assets other than inventory 7a	(1) - 2.13.				
	6	Less: cost or other basis					
0		THE STATE OF THE CONCRETE CONCRETE CONTRACTORS AND THE CONTRACTORS	20,165.				
S	_	and sales expenses 7b	-20,165.				
eve		Gain or (loss) 7c	20,103.	-20,165.			-20,165.
her Revenue		Net gain or (loss)		20,103.		:	20,103.
	8 a	Gross income from fundraising events (not					
0		including \$ 45,300. of					
		contributions reported on line 1c). See	11 040				
	2	Part IV, line 18	2025 V 2020 V				
		Less: direct expenses 8b	17,694.	6 654			6 654
		Net income or (loss) from fundraising events		-6,654.			-6,654.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9b	83				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10t					
co - o	С	Net income or (loss) from sales of inventory					
60			<b>Business Code</b>		95.5.1915		
no e	11 a	NEW YORK STATE OPERATING SUBSIDIE	621990	18,975,489.	18975489.		
ane	b	CAFETERIA AND VENDING	900099	135,393.			135,393.
Miscellaneous Revenue	c	MISCELLANEOUS	900099	87,087.			87,087.
lisc B	d	All other revenue					
2	е	Total. Add lines 11a-11d		19,197,969.			
	12	Total revenue. See instructions		58,906,117.	51612818.	904,666.	343,974.

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## Form 990 (2022) BROOKS-TLC HOSPITAL SYSTEM Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		.550		37.
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			8 8 8 10 10 10 10 10 10 10 10 10 10 10 10 10	
	trustees, and key employees	386,279.		386,279.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	29,821,052.	25,658,833.	4,162,219.	
В	Pension plan accruals and contributions (include	12 122 W2 124 1 W 1 W 1 W 1	SERVICE DOS DOMESTICADOS	14253012 60030060	
	section 401(k) and 403(b) employer contributions)	1,369,691.		431,356.	
9	Other employee benefits	2,311,056.		747,369.	
0	Payroll taxes	1,425,954.	1,212,061.	213,893.	
1	Fees for services (nonemployees):		48	-2-5	
а	Management				
	Legal	141,409.	127,268.	14,141.	
	Accounting			5	
	Lobbying	7		50	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	8		8	
	Other. (If line 11g amount exceeds 10% of line 25,				
150	column (A), amount, list line 11g expenses on Sch O.)	7,848,439.	5,769,114.	2,079,325.	
2	Advertising and promotion	56,092.	50,483.	5,609.	
3	Office expenses	544,597.	506,062.	38,535.	
4	Information technology				
5	Royalties			9	
6	Occupancy	1,064,670.		106,467.	
7	Travel	58,197.	52,377.	5,820.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	77,975.	77,975.		
1	Payments to affiliates		141		
2	Depreciation, depletion, and amortization	1,200,369.	1,080,332.	120,037.	
3	Insurance	799,606.	455,405.	344,201.	
1	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MEDICAL AND OTHER SUPPL	6,653,780.	5,839,913.	813,867.	
b	PURCHASED SERVICES	3,431,849.	3,088,664.	343,185.	
1000	MAINTENANCE AND REPAIRS	781,167.	703,897.	77,270.	
d	EQUIPMENT RENTAL AND LE	490,890.	404,786.	86,104.	
1000		228,679.	217,276.	11,403.	
	All other expenses Add lines 1 through 24a	58,691,751.	48,704,671.	9,987,080.	
5	Total functional expenses. Add lines 1 through 24e	50,051,751.	-0,104,011.	3,301,000.	
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		1		

Form 990 (2022)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	3,676,414.	1	2,567,324.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	147,402.	3	2,256,736
	4	Accounts receivable, net	3,957,132.	4	3,036,368.
	5	Loans and other receivables from any current or former officer, director,			
	1	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	8
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
R	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	1,159,204.	8	1,191,427.
ä	9	Prepaid expenses and deferred charges	612,571.	9	648,407.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 103,575,553.			
	b	Less: accumulated depreciation 10b 93,203,437.	9,791,101.	10c	10,372,116.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	2,013,171.	12	1,718,051.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	02-5	14	
	15	Other assets. See Part IV, line 11	16,468,259.	15	19,167,853
	16	Total assets. Add lines 1 through 15 (must equal line 33)	37,825,254.	16	40,958,282
	17	Accounts payable and accrued expenses	10,873,016.	17	15,422,517.
	18	Grants payable		18	de .
	19	Deferred revenue		19	j
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		60000	
jab		controlled entity or family member of any of these persons	1 005 000	22	1 501 005
_	23	Secured mortgages and notes payable to unrelated third parties	1,237,889.	23	1,581,935.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	12 001 600	RECTO	0 (42 (02
	5 E 941 F	of Schedule D	13,901,608.		8,643,683.
	26	Total liabilities. Add lines 17 through 25	26,012,513.	26	25,648,135.
S		Organizations that follow FASB ASC 958, check here			
Ce		and complete lines 27, 28, 32, and 33.	6 600 250		11 200 250
alaı	27	Net assets without donor restrictions	6,608,250. 5,204,491.	27	11,388,350. 3,921,797.
B	28	Net assets with donor restrictions	5,204,491.	28	3,341,131.
Ē		Organizations that do not follow FASB ASC 958, check here			
P	-	and complete lines 29 through 33.		00	
ste	29	Capital stock or trust principal, or current funds		29	
556	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	11,812,741.	31	15 310 147
ž	32	Total net assets or fund balances	37,825,254.	32	15,310,147. 40,958,282.
	33	Total liabilities and net assets/fund balances	31,043,434.	33	Form 990 (2022

Pai	rt XI Reconciliation of Net Assets				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part XI	115112750411010			X
			2012 1201201	<u> 18 - 18 20 18</u>	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	58,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,69		
3	Revenue less expenses. Subtract line 2 from line 1	3		4,30	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,81	2,74	41.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,28	3,04	40.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,31	0,14	47.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			V.	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	y 5	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1	3	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	200000000000000000000000000000000000000		
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche		83031AV 1		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		100 (S)		
200	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	
	. ,		Form	990 (	(2022)

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#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

OMB No 1545-0047

Open to Public Inspection

Name of the organization

BROOKS-TLC HOSPITAL SYSTEM

Employer identification number 16-0743301

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	38 23		20 20		8 8	380400
	membership fees received. (Do not						
	include any "unusual grants.")		,				
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						<del>,</del>
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	1. 1. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.					
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
BONY	and income from similar sources		1		1		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		1		1		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -					
	Gross receipts from related activities,	55		£		12	-
13	First 5 years. If the Form 990 is for the	10.70 March 10.70	irst, second, third,	Tourth, or fifth tax	year as a section 5	001(0)(3)	
Sec	organization, check this box and stop ction C. Computation of Public		rcentage				
_	Public support percentage for 2022 (li		AT ATTACAMENT	column (f))		14	%
	Public support percentage from 2021					15	%
	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies a					ioro, oriook trilo box	
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test		500				
	and if the organization meets the facts						
	meets the facts-and-circumstances tes			The state of the s	necessary and second transfer and the	Thou the organiz	
b	10% -facts-and-circumstances test		보이어 있다. 선생님이 없는데 시간에 있었다면 했다. 아름다고 있다.				
	more, and if the organization meets th						Property 7-51
	organization meets the facts-and-circu						
18	Private foundation. If the organization			_			
	The same of the sa					and the second second second	(Form 990) 2022

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#### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			30 23	8 8	85 82	000000
	membership fees received. (Do not include any "unusual grants.")				3		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
See	Public support. (Subtract line 7c from line 6.)		-			-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1-1	**************************************		****	,-,	o verilla
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				5		
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section :	501(c)(3) organization	on,
	check this box and stop here						
Se	ction C. Computation of Public	c Support Per	rcentage				
15	Public support percentage for 2022 (li	ne 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T T	
17	Investment income percentage for 20	22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
198	33 1/3% support tests - 2022. If the						7 is not
12	more than 33 1/3%, check this box an						
k	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, chec				Not the state of t	The mail out to an analysis and the	

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

  If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
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3b		
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4a		
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4b		
4c	8 8	19
5a		
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9a		
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9c		- 29
	8. 8	
10a		
10b		

	edule A (Form 990) 2022 BROOKS-TLC HOSPITAL SYSTEM 16-	074330	1 Pa	age 5
	The purpose of the second continued.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
004			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	2		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
	don 517 iii 1960 iii capporang organizadono		Yes	No
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		165	NO
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		No 10	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	100	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	4		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ole		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		

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Schedule A (Form 990) 2022

3a

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	-
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
r .	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	-1421
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		G.
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	a a		a.
a	Average monthly value of securities	1a		e
b	Average monthly cash balances	1b		3
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
-	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		3
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		v.
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organizati	Employer identification number					
	BROOKS-TLC HOSPITAL SYSTEM					
Organization type (ch	48	16-0743301				
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	tion is covered by the <b>General Rule</b> or a <b>Special Rule</b> . io1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	ial Rule. See instructions.				
General Rule						
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to n any one contributor. Complete Parts I and II. See instructions for determining a contrib					
Special Rules						
sections 509( contributor, d	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount of 00-EZ, line 1. Complete Parts I and II.	Bb, and that received from any one				
contributor, d literary, or ed	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received during the year, total contributions of more than \$1,000 exclusively for religious, charitab ucational purposes, or for the prevention of cruelty to children or animals. Complete Parmn (b) instead of the contributor name and address), II, and III.	ole, scientific,				
year, contribu is checked, e purpose. Don	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ations exclusively for religious, charitable, etc., purposes, but no such contributions total neter here the total contributions that were received during the year for an exclusively red't complete any of the parts unless the <b>General Rule</b> applies to this organization becautritable, etc., contributions totaling \$5,000 or more during the year	led more than \$1,000. If this box ligious, charitable, etc., use it received nonexclusively				
answer "No" on Part IV	ion that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule  V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990  e filing requirements of Schedule B (Form 990)					

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## BROOKS-TLC HOSPITAL SYSTEM

16-0743301

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$ <u>477,803.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$36,000 <b>.</b> _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$11,376.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 30,973.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>7,500.</u>	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## BROOKS-TLC HOSPITAL SYSTEM

16-0743301

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$2,379,601.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 2,159,413.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ 698,469.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$ <u>197,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

## BROOKS-TLC HOSPITAL SYSTEM

16-0743301

Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	-
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	s <del></del>
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	a
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	3
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
	(b)  Description of noncash property given  (b)  Description of noncash property given	Description of noncash property given  (b)  Description of noncash property given  (c)  FMV (or estimate)  (See instructions.)  (d)  Description of noncash property given  (c)  FMV (or estimate)  (See instructions.)  (d)  FMV (or estimate)  (see instructions.)

Name of organization Employer identification number BROOKS-TLC HOSPITAL SYSTEM 16-0743301 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

**Supplemental Financial Statements** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization

BROOKS-TLC HOSPITAL SYSTEM

**Employer identification number** 16-0743301

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
_	organization answered "Yes" on Form 990, Part IV, lin	e 6.	3
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	T	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	A CONTRACTOR OF THE PROPERTY O
D	impermissible private benefit?		Yes No
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreated	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		2a
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year	1945 AS 197 (AS)	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	servation easements during the year
-	Amount of our consider manifesting inspecting bond	ling of violations and outproing consonue	tion accompants during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and emorcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(b)(a)(B)(i)
•	and section 170(h)(4)(B)(ii)?		SHEAR - CHECK COMME
9	In Part XIII, describe how the organization reports conservation		
-	balance sheet, and include, if applicable, the text of the footn		
	organization's accounting for conservation easements.	ioto to this organization o imanolal otatom.	onto that accompact the
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther Similar Assets.
50	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	18.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and I	balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB A		COR III SCHOOL ELL
а	Revenue included on Form 990, Part VIII, line 1	1000	s
	Assets included in Form 990, Part X		

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

	rt III Organizations Maintaining Co	ollections of Art,	Historical Tre	asures, or Ot	her S	Similar	Assets	(continu	rage Z
3	Using the organization's acquisition, accessio							(Contains	
	collection items (check all that apply):		- Total Community						
а	Public exhibition	d	Loan or exch	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations		72						
4	Provide a description of the organization's col	llections and explain I	now they further th	e organization's	exemp	t purpose	e in Part	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be mai	intained as part of the	organization's col	lection?			[	Yes	No
Par	rt IV Escrow and Custodial Arrang	jements. Complet	e if the organization					ine 9, or	
	reported an amount on Form 990, Part								9
1a	Is the organization an agent, trustee, custodia	in or other intermedia	ry for contributions	or other assets	not inc	cluded	100	201	
	on Form 990, Part X?		~ ^***********		22222222			Yes	No
b	If "Yes," explain the arrangement in Part XIII a	ind complete the follo	wing table:						
								Amount	
C	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f		7	
	Did the organization include an amount on Fo				_	?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII. (								
Га	Trick						ara baak	(a) Four	rooro book
127		(a) Current year 5,204,491.	(b) Prior year	(c) Two years bar 4,388,42					
	Beginning of year balance	5,204,491.	4,686,345.	4,300,42		3,07	0,210.	4,2	239,939.
	Contributions	-774,085.	583,850.	383,90	10	6.1	0,619.		285,723.
C	Net investment earnings, gains, and losses	-774,005.	303,030.	303,90		04	0,019.	- 2	05,725.
a	Grants or scholarships				- 54				-
е	Other expenditures for facilities	116,839.	65,704.	85,97	7	12	2,407.		84,006.
£	and programs	110,033.	05,704.	03,51	*	12	2,407.		04,000.
,	Administrative expenses  End of year balance	4,313,567.	5,204,491.	4,686,34	5.	4 38	8,422.	3 8	370,210.
g 2	Provide the estimated percentage of the curre	The second of the State of the		, d		1,00	0,122,	- ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Board designated or quasi-endowment	ont year end balance	%	Tield as.					
b	Permanent endowment 64.1600	%	-70						
	Term endowment 35.8400 %								
(minds)	The percentages on lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses		on that are held an	d administered for	or the				
	organization by:	THE STATE OF						)	es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	ions listed as required	d on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		ment funds.						-
Par	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Par	t X, lin	ne 10.	- 1		
	Description of property	(a) Cost or oth		6 23 37		umulated	t	(d) Book	value
		basis (investme	35350 AVG84UAAA	(other)	depre	eciation		4 6 4 4	0.15
	Land			1,949.		20 05			,949.
b	Buildings					30,25		2,975	
	Leasehold improvements					02,53			,127.
	Equipment	*			0,02	20,64			,478.
	Other			4,561.				2,514 0,372	
Lota	. Add lines 1a through 1e. (Column (d) must ed	ual Form 000 Part V	column (P) line 11	201			I 1	0,3/4	. TIO.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 BROOKS-TLC H	OSPITAL SYST	EM 16	-0743301 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or			3. W. 90 NV APA
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
1010	(b) Dook value	(c) Method of Valuation. Cool of on	d of your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
# 1960 a 0.0 % 1 20 000 00 00 00 00 00 00 00 00 00 00 00	escription	Control of the Contro	(b) Book value
(1) ADVANCES TO RELATED PARTIE			16,272,348
(2) PERPETUAL TRUST ASSETS			2,203,746
(3) OTHER ASSETS			171,915
(4) RIGHT OF USE ASSETS			519,844
(5)			
(6)			52
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		19,167,853
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			×
(2) ESTIMATED THIRD-PARTY PAYO	R		
(3) SETTLEMENTS			99,094
(4) ACCRUED PENSION LIABILITY			8,023,472
(5) LEASE LIABILITIES			521,117
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

8,643,683.

(8)

Schedule D (Form 990) 2022

#### SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number BROOKS-TLC HOSPITAL SYSTEM 16-0743301 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations e Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) from activity fundraiser organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

16-0743301 Page 2 Schedule G (Form 990) 2022 BROOKS-TLC HOSPITAL SYSTEM Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF NONE (add col. (a) through TOURNAMENT col. (c)) (event type) (total number) (event type) 56,340. 56,340. 1 Gross receipts 2 Less: Contributions 45,300. 45,300. Gross income (line 1 minus line 2) 11,040. 11,040. 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages Entertainment 17,694. 17,694 Other direct expenses 17,694 10 Direct expense summary. Add lines 4 through 9 in column (d) -6,65411 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

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· 教	
232082 10-27-22	Schedule G (Form 990) 2022

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990) 2022 BROOKS-TLC HOSPITAL SYSTEM 16	0 - 0	1433	01	Page 3
11	Does the organization conduct gaming activities with nonmembers?	00000	Ye	es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Ye	es	No
13	Indicate the percentage of gaming activity conducted in:	222			
	The organization's facility		13a		%
			13b		%
	An outside facility	I	IOD		70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				-
				-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	es	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	t			
	of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
(3)	A TEST CONTRACTOR CONTRACTOR OF CONTRACTOR O				
	Name				
	TAGE 15				7
	Address				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	AND				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
u	retain the state gaming license?		Ye	20	No
h					
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3			
Da	organization's own exempt activities during the tax year \$  rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort	10 1022	0.01	40h
ı a		Part	III, lines	9, 91	), 10D,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
					7
,					

Schedule G	(Form 990)	BROOKS-TLC	HOSPITAL	SYSTEM	16-0743301	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)				
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#### SCHEDULE H (Form 990)

**Hospitals** 

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number BROOKS-TLC HOSPITAL SYSTEM 16-0743301 Part I Financial Assistance and Certain Other Community Benefits at Cost

			The Control of the Co	ty Deficites at				Yes	624231		
									No		
1a	Did the organization have a financial	assistance policy	during the tax yea	r? If "No," skip to o	uestion 6a		1a	X			
b	If "Yes," was it a written policy?  If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:										
2											
	Applied uniformly to all hospital facilities  Applied uniformly to most hospital facilities										
	Generally tailored to individual hospital facilities										
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.										
a	Did the organization use Federal Pov	erty Guidelines (FF									
	If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:										
	X 100%										
b	<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which										
	of the following was the family income limit for eligibility for discounted care:										
	200% 250%	300%	350% X	400% Of	ther %	6					
C	If the organization used factors other	than FPG in deter	mining eligibility,	describe in Part VI	the criteria used fo	r determining					
	eligibility for free or discounted care.		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	- 1 are a constant of the first of the second for the second		other					
	threshold, regardless of income, as a					1000 per 1000 per 14 mil					
4	Did the organization's financial assistance policy "medically indigent"?			during the tax year provide			4		X		
5a	Did the organization budget amounts for					propose a confidence and contract and account of	5a	X			
b	If "Yes," did the organization's finance	cial assistance exp	enses exceed the	budgeted amount	7		5b		X		
	If "Yes" to line 5b, as a result of budg										
	care to a patient who was eligible for						5c	): s			
6a	Did the organization prepare a comm						6a	X	- 50		
	If "Yes," did the organization make it						6b	X			
	Complete the following table using the worksheet	s provided in the Schedu	le H instructions. Do no	t submit these worksheets	with the Schedule H.						
7	Financial Assistance and Certain Oth	ner Community Ber	nefits at Cost								
	Financial Assistance and	(a) Number of	(b) Persons	(C) Total community	(d) Direct offsetting	(e) Net community	(f	) Percen	nt		
	activities or served benefit expense revenue benefit expense										
Mea	ins-Tested Government Programs	programs (optional)	served (optional)	benefit expense	revenue	benefit expense		of total expense			
	ins-Tested Government Programs Financial Assistance at cost (from			benefit expense	revenue	benefit expense			*		
	Financial Assistance at cost (from			29,098.	revenue	29,098.			<del></del>		
а	The second of the second secon			113 MANAGE 100 M 114 M 1	revenue	100 (8 t m) 100 (8 t		expense	<b>8</b>		
а	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3,			113 MANAGE 100 M 114 M 1	4587025.	100 (8 t m) 100 (8 t		expense			
а	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3,			29,098.	50-72 3000 M	29,098.		• 05			
а	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)			29,098.	50-72 3000 M	29,098.		• 05			
а	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from			29,098.	50-72 3000 M	29,098.		• 05			
а	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested			29,098.	50-72 3000 M	29,098.		• 05			
а	Financial Assistance at cost (from Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b)			29,098.	4587025.	29,098. 6539217.	11	• 05	<b>8</b>		
а	Financial Assistance at cost (from Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total. Financial Assistance and			29,098. 11126242.	4587025.	29,098. 6539217.	11	.059	<b>8</b>		
a b c	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs			29,098. 11126242.	4587025.	29,098. 6539217.	11	.059	<b>8</b>		
a b c	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits			29,098. 11126242.	4587025.	29,098. 6539217.	11	.059	<b>8</b>		
a b c	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health			29,098. 11126242. 11155340.	4587025.	29,098. 6539217. 6568315.	11	.059	§		
a b c	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and			29,098. 11126242.	4587025.	29,098. 6539217.	11	.059	§		
a b c d	Financial Assistance at cost (from Worksheet 1) Medicaid (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Total. Financial Assistance and Means-Tested Government Programs Other Benefits Community health improvement services and community benefit operations			29,098. 11126242. 11155340.	4587025.	29,098. 6539217. 6568315.	11	.059	§		
a b c d	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and community benefit operations (from Worksheet 4)			29,098. 11126242. 11155340.	4587025.	29,098. 6539217. 6568315.	11	.059	\$ \$		
a b c d	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and community benefit operations (from Worksheet 4)  Health professions education			29,098. 11126242. 11155340. 105,654. 15,538.	4587025. 4587025.	29,098. 6539217. 6568315.	11	.059 .149 .199	8		
a b c d	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and community benefit operations (from Worksheet 4)  Health professions education (from Worksheet 5)			29,098. 11126242. 11155340.	4587025.	29,098. 6539217. 6568315.	11	.059	8		
a b c d f g	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and community benefit operations (from Worksheet 4)  Health professions education (from Worksheet 5)  Subsidized health services			29,098. 11126242. 11155340. 105,654. 15,538.	4587025. 4587025.	29,098. 6539217. 6568315. 105,654. 15,538.	11	.059 .149 .199	8		
a b c d f g h	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and community benefit operations (from Worksheet 4)  Health professions education (from Worksheet 5)  Subsidized health services (from Worksheet 6)			29,098. 11126242. 11155340. 105,654. 15,538.	4587025. 4587025.	29,098. 6539217. 6568315. 105,654. 15,538.	11	.059 .149 .199	8		
a b c d f g h	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and community benefit operations (from Worksheet 4)  Health professions education (from Worksheet 5)  Subsidized health services (from Worksheet 6)  Research (from Worksheet 7)  Cash and in-kind contributions			29,098. 11126242. 11155340. 105,654. 15,538.	4587025. 4587025.	29,098. 6539217. 6568315. 105,654. 15,538.	11	.059 .149 .199	8		
a b c d f g h	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and community benefit operations (from Worksheet 4)  Health professions education (from Worksheet 5)  Subsidized health services (from Worksheet 6)  Research (from Worksheet 7)  Cash and in-kind contributions for community benefit (from			29,098. 11126242. 11155340. 105,654. 15,538.	4587025. 4587025.	29,098. 6539217. 6568315. 105,654. 15,538.	11	.059 .149 .199	8		
a b c d f g h i	Financial Assistance at cost (from Worksheet 1)  Medicaid (from Worksheet 3, column a)  Costs of other means-tested government programs (from Worksheet 3, column b)  Total. Financial Assistance and Means-Tested Government Programs  Other Benefits  Community health improvement services and community benefit operations (from Worksheet 4)  Health professions education (from Worksheet 5)  Subsidized health services (from Worksheet 6)  Research (from Worksheet 7)  Cash and in-kind contributions			29,098. 11126242. 11155340. 105,654. 15,538.	4587025. 4587025.	29,098. 6539217. 6568315. 105,654. 15,538.	11	.059 .149 .199	\$ \$ \$		

232091 11-18-22 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2022

		OKS-TLC HO				16-074			
Га	rt II Community Building A tax year, and describe in Par							during	the
	tax your, and assorbe in the	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expens	(d) Direct offsetting rever	(e) Net	(f	Percen	
1	Physical improvements and housing	111111111111111111111111111111111111111	El .	5161					
2	Economic development								
3	Community support		224	105,65	4.	105,654		.18	ક
4	Environmental improvements								
5	Leadership development and								
6	training for community members  Coalition building		- 5				1		
7	Community health improvement advocacy		<u> </u>						
8	Workforce development		23						
9	Other				*				
10	Total		224	105,65	4.	105,654.		.18	ક
	rt III Bad Debt, Medicare, 8	& Collection Pr		,					
	ion A. Bad Debt Expense						15.6	Yes	No
1	Did the organization report bad deb	t expense in accord	dance with Healtho	are Financial N	Management Asso	ociation			
	Statement No. 15?						1		X
2	Enter the amount of the organization				. 10 <b>4</b> 01	the state of the s	5		
	methodology used by the organizati	on to estimate this	amount	******	2	1,610,166.	<u> </u>		
3	Enter the estimated amount of the o	organization's bad o	lebt expense attrib	outable to	0.00				
	patients eligible under the organizat	ion's financial assis	tance policy. Expl	ain in Part VI th	ne				
	methodology used by the organization	ion to estimate this	amount and the ra	ationale, if any,					
	for including this portion of bad deb	t as community ber	nefit		3		4		
4	Provide in Part VI the text of the foo	tnote to the organiz	zation's financial st	tatements that	describes bad de	bt			
	expense or the page number on wh	ich this footnote is	contained in the at	tached financi	al statements.				
Sect	ion B. Medicare				P 250	C 150 005			
5	Enter total revenue received from M					6,178,235	<u> </u>		
6	Enter Medicare allowable costs of c				STATES TO STATE STATES AND ADDRESS OF THE ST	7,351,843.	<u> </u>		
7	Subtract line 6 from line 5. This is the				TO A CONTRACT OF THE PARTY OF T	-1,173,608.	<u>.                                    </u>		
8	Describe in Part VI the extent to whi								
	Also describe in Part VI the costing	The second secon	urce used to deter	mine the amou	int reported on lin	e 6.			
	Check the box that describes the m	ethod used:  X Cost to char	ge ratio	Other					
	ion C. Collection Practices								
	Did the organization have a written	7/	95 (47) (45)	150000000000000000000000000000000000000			9a	X	+-
b	If "Yes," did the organization's collection				2.73	tain provisions on the	55 <b>5111</b>	77	
Pa	rt IV   Management Compar	nies and Joint	Ventures (owner	al assistance? D	escribe in Part VI	s key employees, and physic	9b ians - see	X	tions)
							24 870 2 2 4 5 7 5 7		
	(a) Name of entity		scription of primary ctivity of entity		c) Organization's profit % or stock	(d) Officers, direct- ors, trustees, or		hysicia ofit %	
			or or order		ownership %	key employees'	-	stock	OI.
					2,27	profit % or stock ownership %	owr	nership	) %
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W.C.						1			

Schedule H (Form 990) 2022

Part v	Facility information		30 - S		_	2	0 - 10 <b>-</b>			y	
	Hospital Facilities  er of size, from largest to smallest - see instructions)	500	ical	=	245	spital					
How many	y hospital facilities did the organization operate	pital	sanc	spita	spital	s ho	ility				
	tax year? 1	_   8	<u>a</u>	5	g	ces	fac	13			
(and if a q	dress, primary website address, and state license number roup return, the name and EIN of the subordinate hospital on that operates the hospital facility):	icensed hospital	sen. medical & surgical	Children's hospital	eaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 BRO	OKS-TLC HOSPITAL SYSTEM, INC.	+-	C	0	-	0	æ	Ш	ш	Other (describe)	
	CENTRAL AVENUE										
DUN	KIRK, NY 14048	-									
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Part V Facility Information (continued)

#### Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: BROOKS-TLC HOSPITAL SYSTEM, INC.

_		-	Yes	No
Cor	nmunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			542424
	current tax year or the immediately preceding tax year?	1		X
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or	2000		**
	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	ti	X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	0084	77	
	community health needs assessment (CHNA)? If "No," skip to line 12	3	X	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	= ·			
b				
C				
-	of the community			
C				
e	The significant health needs of the community			
f	— 3 3000, 400 400 400 400 400 400 400 400 400			
	groups			
9				
r	The state of the s			
1				
ا	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA:  20 22			
0	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
	interests of the community served by the hospital facility, including those with special knowledge of or expertise in public			
	health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the	_	х	
	community, and identify the persons the hospital facility consulted  Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	5	- 22	
Oa			X	
	hospital facilities in Section C	6a	Λ	
L	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	e L	х	
7	list the other organizations in Section C	6b 7	X	
1	Did the hospital facility make its CHNA report widely available to the public?  If "Yes," indicate how the CHNA report was made widely available (check all that apply):		Δ	
	V IMMDG. / / DDOOKGIOGDIMAL ODG / DAMTENM INFORM			
a b	TIMEDO //QUOGOT COM			
500				
0				
11.7	Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
0	identified through its most recently conducted CHNA? If "No," skip to line 11	8		X
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20	-	H	
10	and the second s	10		
	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
	The second secon	10b		
	Describe in Section C how the hospital facility is addressing the significant needs identified in its most	100		
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed.			
100	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			

232094 11-18-22

Schedule H (Form 990) 2022

12b

b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720

for all of its hospital facilities? \$

CHNA as required by section 501(r)(3)?

Financial Assistance Policy (FAP)

Nan	ne of ho	spital facility or letter of facility reporting group: BROOKS-TLC HOSPITAL SYSTEM, INC.			
				Yes	No
	Did the	hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explain	ed eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	X	
	If "Yes,	" indicate the eligibility criteria explained in the FAP:			·
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of			
		and FPG family income limit for eligibility for discounted care of			
b		Income level other than FPG (describe in Section C)			
c	X	Asset level			
c	X	Medical indigency			
e	X	Insurance status			
f	X	Underinsurance status			
ç	7	Residency			
h		Other (describe in Section C)			
	9 18	ed the basis for calculating amounts charged to patients?	14	Х	-
		ed the method for applying for financial assistance?	15	X	
3.77		" indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)	,,,		
		ed the method for applying for financial assistance (check all that apply):			
а	77	Described the information the hospital facility may require an individual to provide as part of his or her application			
b	77	Described the supporting documentation the hospital facility may require an individual to submit as part of his			
•		or her application			
c	X	Provided the contact information of hospital facility staff who can provide an individual with information			
		about the FAP and FAP application process			
		Provided the contact information of nonprofit organizations or government agencies that may be sources			
C					
12		of assistance with FAP applications			
40	\A/aa wi	Other (describe in Section C)	40	X	
10		dely publicized within the community served by the hospital facility?	16	21	
		" indicate how the hospital facility publicized the policy (check all that apply):			
a		The FAP was widely available on a website (list url):			
b		The FAP application form was widely available on a website (list url): HTTP://WWW.BROOKSHOSPITAL.ORG			
C		A plain language summary of the FAP was widely available on a website (list url):			
C		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	X	The FAP application form was available upon request and without charge (in public locations in the hospital			
450	77	facility and by mail)			
f	X	A plain language summary of the FAP was available upon request and without charge (in public locations in			
	[**]	the hospital facility and by mail)			
Q	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
		by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
		displays or other measures reasonably calculated to attract patients' attention			
-	T				
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	2 3	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
		spoken by Limited English Proficiency (LEP) populations			
j	3	Other (describe in Section C)			

Pa	rt V	Facility Information (continued)			
Billi	ng and	Collections			
Nan	e of ho	ospital facility or letter of facility reporting group: BROOKS-TLC HOSPITAL SYSTEM, INC.			
				Yes	No
17	Did the	e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	ance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpa	yment?	17	X	
18	Check	all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	-	ar before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
а	X	Reporting to credit agency(ies)			
b	Щ	Selling an individual's debt to another party			
C		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
d	Щ	Actions that require a legal or judicial process			
е	Щ	Other similar actions (describe in Section C)			
f	Ш	None of these actions or other similar actions were permitted			
19	Did the	e hospital facility or other authorized party perform any of the following actions during the tax year before making		<u> </u>	
		able efforts to determine the individual's eligibility under the facility's FAP?	19	X	
		" check all actions in which the hospital facility or a third party engaged:			
а	X				
b		Selling an individual's debt to another party			
C		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	122	previous bill for care covered under the hospital facility's FAP			
d	Щ	Actions that require a legal or judicial process			
е	San Million Wal	Other similar actions (describe in Section C)		,,	
20	Indicat	e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not ch	ecked) in line 19 (check all that apply):			
а		Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
b		Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section	n C)		
C		Processed incomplete and complete FAP applications (if not, describe in Section C)			
d	X	Made presumptive eligibility determinations (if not, describe in Section C)			
е	Щ	Other (describe in Section C)			
f		None of these efforts were made			
Poli	cy Rela	ting to Emergency Medical Care			
21		e hospital facility have in place during the tax year a written policy relating to emergency medical care			
		quired the hospital facility to provide, without discrimination, care for emergency medical conditions to		223	
		uals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
	If "No,	indicate why:			
а		The hospital facility did not provide care for any emergency medical conditions			
b		The hospital facility's policy was not in writing			
C	Щ	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d		Other (describe in Section C)		E 7	

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BROOKS-TLC HOSPITAL SYSTEM, INC .:

PART V, SECTION B, LINE 5: TO DETERMINE THE MOST RELEVANT HEALTH ISSUES

IN CHAUTAUQUA COUNTY, THE CHAUTAUQUA COUNTY COMMUNITY HEALTH PLANNING TEAM

(CCCHPT) UTILIZED THREE STRATEGIES: INPUT FROM COMMUNITY MEMBERS,

SECONDARY DATA FROM NYSDOH AND OTHER HEALTH RESOURCES, AND INPUT FROM

LOCAL CONTENT AREA EXPERTS ACROSS A BROAD RANGE OF AGENCIES AND

ORGANIZATIONS INCLUDING THOSE PROVIDING DIRECT HEALTH SERVICES, ADDICTION

SERVICES, AGING, SOCIAL SERVICES, AND EDUCATION.

#### COMMUNITY MEMBERS:

THE CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (CCDHHS) CONDUCTED A COMMUNITY HEATLH SURVEY FROM JANUARY THROUGH APRIL, 2022 TO GATHER INFORMATION ABOUT CHAUTAUQUA COUNTY'S CURRENT HEALTH STATUS, NEEDS, AND ISSUES. THE INPUT PROVIDED BY RESIDENTS HAS INFORMED OUR COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLANS BY JUSTIFYING HOW AND WHERE RESOURCES SHOULD BE USED. ALL COUNTY RESIDENTS WERE ENCOURAGED TO PARTICIPATE IN THE PROCESS BY TAKING THE SURVEY, WHICH WAS AVAILABLE IN ENGLISH AND SPANISH, AND PAPER AND ELECTRONIC VERSIONS. THE SURVEY WAS PROMOTED IN A VARIETY OF WAYS INCLUDING BUT NOT LIMITED TO PRESS RELEASES, MEDIA NOTIFICATION, CHAUTAUQUA COUNTY WEBSITE, PARTNER AGENCY SHARING, AND DISTRIBUTION THROUGH SENIOR MEAL DELIVERIES, SOCIAL MEDIA, EMAIL BLASTS, AND MORE. THE SURVEY TOOK 5-10 MINUTES TO COMPLETE. ALL INDIVIDUAL RESPONSES WERE CONFIDENTIAL. SURVEY RESPONDENTS HAD THE OPPORTUNITY TO PROVIDE CONTACT INFORMATION (NOT LINKED TO SURVEY ANSWERS) TO BE ENTERED TO WIN ONE OF FIVE \$40 AMAZON GIFT CARDS THAT WERE GIVEN AWAY BY RANDOM

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AFTER IDENTIFYING POTENTIAL HEALTH IMPROVEMENT STRATEGIES FOR THE PROPOSED

COLLABORATIVE PRIORITY AREAS, THE CCDHHS REACHED OUT TO THE CCCHPT AND

HEAD ONE-ON-ONE CONVERSATIONS WITH LOCAL CONTENT AREA EXPERTS TO ENSURE

THAT THESE STRATEGIES WERE LOGICAL IN THE CONTEXT OF THE COMMUNITY AND

CURRENT EFFORTS.

#### EXPERTS CONSULTED:

THE 2022-2024 COMMUNITY HEALTH ASSESSMENT PROCESS INVOLVED A GREAT DEAL OF

COLLABORATION WITH LOCAL HOSPITALS AND COMMUNITY PARTNERS. CCCHPT FIRST

CONVENED DURING THE 2020-2013 JOINT COMMUNITY HEALTH ASSESSMENT/COMMUNITY

SERVICE PLAN PROCESS AND ONCE AGAIN JOINED FORCES TO PROVIDE IMPORTANT

INPUT TO THIS PROCESS. INDIVIDUAL MEETINGS WERE HELD WITH ADDITIONAL

PARTNERS TO IDENTIFY COMMUNITY NEEDS.

THE CCCHPT CORE GROUP INCLUDED THE FOLLOWING ORGANIZATIONS AND REPRESENTATIVES:

- BROOKS-TLC HOSPITAL SYSTEM, INC. TRACEY STEVENS, DIRECTOR OF PRIMARY

  CARE
- CHAUTAUQUA COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES BREEANNE

  AGETT, EPIDEMIOLOGIST; SHELLY WELLS, PUBLIC HEALTH PLANNER; CHRISTINE

  SCHUYLER, DIRECTOR OF HEALTH AND HUMAN SERVICES
- CHAUTAUQUA COUNTY DEPARTMENT OF MENTAL HYGIENE CARMELO HERNANDEZ,
  DIRECTOR OF MENTAL HYGIENE; RACHEL MEMBER-LUDWIG, PROJECT COORDINATOR
- CHAUTAUQUA COUNTY HEALTH NETWORK JIM SHERRY, EXECUTIVE DIRECTOR
- THE CHAUTAUQUA CENTER MICHAEL PEASE, EXECUTIVE DIRECTOR
- UPMC CHAUTAUQUA CECIL MILLER, ADMINISTRATOR; TONI DEANGELO, DIRECTOR

Part V | Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide

separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.
OF COMMUNITY WELLNESS
- ALLEGHENY HEALTH NETWORK WESTFIELD MEMORIAL HOSPITAL - RODNEY BUCHANAN,
HOSPITAL ADMINISTRATOR
BROOKS-TLC HOSPITAL SYSTEM, INC.:
PART V, SECTION B, LINE 6A: UPMC CHAUTAUQUA
AHN WESTFIELD MEMORIAL HOSPITAL
BROOKS-TLC HOSPITAL SYSTEM, INC.:
PART V, SECTION B, LINE 6B: THE HEALTH FOUNDATION FOR WESTERN & CENTRAL
NEW YORK'S 2022 REPORT COMMUNITY HEALTH NEEDS AND OPPORTUNITIES IN WNY'S
SOUTHERN TIER; AND THE 2021 CHAUTAUQUA COUNTY COMMUNITY-LEVEL YOUTH
DEVELOPMENT EVALUATION (CLYDE) SURVEY. NEW YORK STATE COMMUNITY HEALTH
INDICATOR REPORTS ALSO INFORM OUR CHIP FOCUS AREA OF INTERVENTION.
BROOKS-TLC HOSPITAL SYSTEM, INC.:
PART V, SECTION B, LINE 11: NEEDS IDENTIFIED:
1. PREVENT CHRONIC DISEASE; FOCUS - OBESITY IN ADULTS & CHILDREN.
BROOKS-TLC HOSPITAL SYSTEM, INC.'S DIETITIAN PROVIDES A FULL
ASSESSMENT/CONSULTATION TO INPATIENTS.

 PROMOTE HEALTH WOMEN, INFANTS & CHILDREN; FOCUS - PRECONCEPTION AND REPRODUCTIVE HEALTH, AND MATERNAL AND INFANT HEALTH. INPATIENT OBSTETRIC SERVIES HAVE BEEN TEMPORARILY SUSPENDED SINCE OCTOBER 2021 DUE TO

Part V | Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 28, 15, 68, 69, 74, 11, 34b, 154, 156, 168, 169, 200, 200, 200, 200, 202, 210, 210, 300, 241 (applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A (A, 1, "A, 4," B, 2," B, 3," etc.) and name of hospital facility.

STAFFING CHALLENGES DESPITE ONGOING RECRUITMENT EFFORTS. PRECIPITOUS

DELIVERS ARE MANAGED THROUGH THE EMERGENCY DEPARTMENT.

3. PROMOTE MENTAL HEALTH AND PREVENT SUBSTANCE ABUSE; FOCUS - STRENGTHEN INFRASTRUCTURE ACROSS SYSTEMS.

BROOKS-TLC HOSPITAL SYSTEM, INC. HAS WORKED TO IMPROVE COMMUNICATION WITH CHAUTAUQUA SUBSTANCE ABUSE RESPONSE PARTNERSHIP TO TREAT SUBSTANCE ABUSE
ON MENTAL HEALTH DIAGNOSES SEEN IN THE EMERGENCY ROOM. PATIENTS SEEN IN THE ER RECEIVE REFERRALS FOR FURTHER TREATMENT/COUNSELING TO MENTAL HEALTH AMERICA, PEER RECOVERY SUPPORT SERVICES, CHAUTAUQUA COUNTY MOBILE CRISIS TEAM, AND NY MATTERS.

BROOKS-TLC HOSPITAL SYSTEM, INC .:

PART V, SECTION B, LINE 24: PATIENTS WHO DO NOT APPLY FOR FINANCIAL

ASSISTANCE OR REQUEST A REDUCTION TO THEIR BILL WILL BE CHARGED THE GROSS

CHARGE FOR SERVICES PROVIDED.

#### Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART	T .	LINE	7.
FARI		LILING	1 :

RCC USED AS CALCULATED IN WORKSHEET 2.

#### PART II, COMMUNITY BUILDING ACTIVITIES:

BROOKS-TLC HOSPITAL SYSTEM, INC. ACTIVELY PARTICIPATES IN LOCAL

INITIATIVES INVOLVING CHAUTAUQUA COUNTY HEALTH NETWORK. AS A PARTICIPANT

IN THESE ORGANIZATIONS THE HOSPITAL IS ABLE TO ASSESS NEED, IMPLEMENT

PROGRAMS AND INTERVENTIONS AND FACILITATE COMMUNITY BUILDING AROUND

EMERGING HEALTH RELATED ISSUES TO IMPROVE HEALTH OUTCOMES FOR LOCAL AND

UNDERSERVED COMMUNITIES.

#### PART III, LINE 2:

RCC USED AS CALCULATED IN WORKSHEET 2 FOR PART III, LINE 2 TO CALCULATE

BAD DEBT COST. PATIENT PAYMENTS AND DISCOUNTS ARE NOT COUNTED TOWARD BAD

DEBT IF POSTED PRIOR TO AN ACCOUNT BEING TRANSFERRED TO BAD DEBT. ONCE IN

BAD DEBT, PATIENT PAYMENTS AND DISCOUNTS ARE USED TO REDUCE BAD DEBT.

#### PART III, LINE 3:

Part VI Supplemental Information (Continuation)

THERE WERE NO PATIENTS TURNED OVER TO BAD DEBT WHO QUALIFIED FOR CHARITY

CARE. PATIENTS ELIGIBLE FOR CHARITY CARE WHO OWED BALANCES WERE NOT

TURNED OVER TO BAD DEBT EVEN THOUGH THEY DID NOT PAY THEIR BALANCES. BAD

DEBTS ARE INCLUDED AS A COMMUNITY BENEFIT COST BECAUSE A HIGH PROPORTION

OF BAD DEBT DERIVES FROM PATIENTS WHO ARE NOT ABLE TO PAY FOR SERVICES AND

THAT THE PROVISION OF SUCH SERVICES AT A LOSS CONSTITUTES A FORM OF

COMMUNITY BENEFIT. IT IS DIFFICULT FOR A HOSPITAL TO DISTINGUISH THESE

PATIENTS WHO FAIL TO RESPOND TO ANY COMMUNICATION AND/OR EFFORT TO

DETERMINE ELIGIBILITY FOR CHARITY CARE.

#### PART III, LINE 8:

THE ALLOWABLE MEDICARE COSTS WERE TAKEN DIRECTLY FROM COST REPORT

WORKSHEET D. IRS REV. RUL. 69-545, WHICH ESTABLISHED THE COMMUNITY BENEFIT

STANDARD FOR NONPROFIT HOSPITALS, STATES THAT IF A HOSPITAL SERVES

PATIENTS WITH GOVERNMENT HEALTH BENEFITS, INCLUDING MEDICARE, THEN THIS IS

AN INDICATION THAT THE HOSPITAL OPERATES TO PROMOTE THE HEALTH OF THE

COMMUNITY. THIS IMPLIES THAT TREATING MEDICARE PATIENTS IS A COMMUNITY

BENEFIT.

IN THIS COMMUNITY, MEDICARE IS THE LARGEST PAYER, AND THE HOSPITAL MUST

ACCEPT THESE PATIENTS REGARDLESS OF WHETHER THEY MAKE A SURPLUS OR DEFICIT

FROM PROVIDING SUCH SERVICES. IF THE MEDICARE PARTICIPATION IS PREMISED ON

THIS FACT, THEN PROVIDING MEDICARE SERVICES PROMOTES ACCESS TO HEALTHCARE

SERVICES WHICH IS A COMMUNITY BENEFIT.

THERE ARE A NUMBER OF LOW-INCOME CONSUMERS RECEIVING MEDICARE.

THE ELDERLY ARE OFTEN AN UNDERSERVED POPULATION WHO EXPERIENCE ISSUES WITH

ACCESS TO HEALTHCARE SERVICES. WITHOUT TAX-EXEMPT HOSPITALS PROVIDING

MEDICARE SERVICES, CMS WOULD BEAR THE BURDEN OF DIRECTLY PROVIDING

SERVICES TO THE ELDERLY.

Part VI Supplemental Information (Continuation)

MEDICARE PAYMENT ANOMALIES MAY BE PRESENT IN SOME STATES SO EVEN VERY

EFFICIENT HOSPITALS ARE UNABLE TO AVOID LOSSES. THUS, LOSSES MAY NOT BE

INDICATIVE OF INEFFICIENCY BUT RATHER PROVISION OF A COMMUNITY BENEFIT.

PART III, LINE 9B:

PATIENTS THAT QUALIFY FOR THE FAP OUTSTANDING BALANCES ARE SUBJECT TO

COLLECTION PRACTICES AS DEFINED IN THE FAP POLICY. IF AFTER COLLECTION

ATTEMPTS, THE PATIENT CANNOT PAY THE BALANCE, THE HOSPITAL WILL WORK WITH

THE PATIENT ON A PAYMENT PLAN.

PART VI, LINE 2:

THE HOSPITAL PARTICIPATES WITH OTHER HEALTHCARE PROVIDERS AND INTERESTED

PARTIES IN THE CHAUTAUQUA COUNTY COMMUNITY HEALTH PLANNING TEAM (CCCHPT),

THE CHAUTAUQUA CENTER, THE RESOURCE CENTER, CHAUTAUQUA COUNTY OFFICE FOR

THE AGING, PREVENTION WORKS, CHAUTAUQUA COUNTY MENTAL HYGIENE, CHAUTAUQUA

HEALTH NETWORK, CHAUTAUQUA HOSPICE AND PALLIATIVE CARE, AND THE CHAUTAUQUA

COUNTY TRANSPORTATION COALITION, TO ASSESS THE NEED REGIONALLY. IN 2021 AN

EXTENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT WAS PERFORMED. SEE SECTION V,

PARTS B AND C FOR ADDITIONAL INFORMATION ON THE CHNA.

THE HOSPITAL ALSO UTILIZES PATIENT SATISFACTION SURVEY TOOLS AND LOCAL PUBLIC INFORMATION PERTAINING TO POPULATION CHARACTERISTICS AND HEALTH STATUS.

PART VI, LINE 3:

1. INFORMATION ABOUT THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS

PROVIDED UPON ADMISSION, IS POSTED ON THE HOSPITAL WEBSITE, THROUGHOUT THE

HOSPITAL, AND PROVIDED THROUGH THE CHAUTAUQUA COUNTY HEALTH NETWORK. STAFF

Part VI | Supplemental Information (Continuation)

IN THE HOSPITAL HAVE ALSO BEEN IN-SERVICED ABOUT THE FINANCIAL ASSISTANCE PROGRAM SO THAT THEY CAN PROVIDE INFORMATION TO PATIENTS AS WELL.

- 2. BROOKS-TLC HOSPITAL SYSTEM, INC. HAS ARRANGED WITH AN AGENCY TO

  FACILITATE ENROLLING IN THE MEDICAID PROGRAM. THE AGENCY WILL PROVIDE

  EDUCATION, ASSISTANCE IN COMPLETING THE APPLICATION, AND REPRESENTS THE

  PATIENT AT THE MEDICAID AGENCY. IN ADDITION, THE AGENCY ASSISTS WITH

  ENROLLMENT THROUGH THE STATE'S INSURANCE EXCHANGE SITE.
- 3. FINANCIAL ASSISTANCE PROGRAM BROOKS-TLC HOSPTIAL SYSTEM, INC.

  CONTINUES TO EDUCATE AND PROVIDE FINANCIAL ASSISTANCE OPTIONS FOR THOSE

  THAT ARE UNINSURED OR UNABLE TO PAY. IN ADDITION TO THE HOSPITAL'S OWN

  FINANCIAL ASSISTANCE POLICY BROCHURE, BUSINESS OFFICE PERSONNEL WILL

  CONTINUE TO DISTRIBUTE BROCHURES DEVELOPED BY CCHN TO ASSIST THE UNINSURED

  OR UNDERINSURED TO FIND AFFORDABLE HEALTHCARE. PATIENT FINANCIAL SERVICES

  STAFF WILL CONTINUE TO BE EDUCATED REGARDING ALL AVAILABLE ASSISTANCE IN

  OBTAINING HEALTH INSURANCE.

#### PART VI, LINE 4:

THE HOSPITAL'S PRIMARY SERVICE AREA IS NORTHERN CHAUTAUQUA COUNTY IN NEW
YORK AND INCLUDES THE CITY & TOWN OF DUNKIRK, VILLAGES OF FREDONIA,
BROCTON, CASSADAGA, FORESTVILLE, AND THE TOWNS OF POMFRET, PORTLAND,
STOCKTON, SHERIDAN, AND ARKWRIGHT. THE SECONDARY SERVICE AREA INCLUDES THE
TOWNS OF HANOVER, CHERRY CREEK, VILLENOVA AND WESTFIELD.

#### PART VI, LINE 5:

THE BOARD OF TRUSTEES IS A COMMUNITY BOARD, MADE UP ENTIRELY OF CIVIC AND

COMMUNITY LEADERS, WHO SERVE VOLUNTARILY. THE BOARD APPOINTS THE CEO,

APPROVES BUDGETS, DEVELOPS STRATEGIC PLANS AND PROVIDES OVERSIGHT FOR THE

HOSPITAL IN GENERAL. POTENTIAL CONFLICT OF INTEREST BETWEEN BOARD MEMBERS

Part VI | Supplemental Information (Continuation)

AND THE HOSPITAL ARE REVIEWED ANNUALLY.

THE HOSPITAL'S MEDICAL STAFF IS COMPRISED OF QUALIFIED PHYSICIANS FROM

WITHIN THE COMMUNITY. THE HOSPITAL CONTRACTS DIRECTLY FOR EMERGENCY ROOM

PHYSICIANS, A PATHOLOGIST, A RADIOLOGIST, AN ANESTHESIOLOGIST, AND

HOSPITALIST PHYSICIANS, AND EMPLOYS PHYSICIANS FOR THE PRIMARY AND CD

CLINICS AND THE HOSPITALIST PROGRAM.

THE HOSPITAL OPERATES A FULL-TIME EMERGENCY ROOM OPEN TO ALL PATIENTS,

REGARDLESS OF THEIR ABILITY TO PAY. PATIENTS COME TO THE EMERGENCY ROOM

BY THEIR OWN TRANSPORTATION OR BY AMBULANCE FROM EITHER A LOCAL FIRE

DEPARTMENT OR AN INDEPENDENT AMBULANCE BUSINESS THAT SERVES THE ENTIRE

COUNTY. IN ORDER TO ENSURE 24 HOUR PHYSICIAN COVERAGE IN THE ER, THE

HOSPITAL PROVIDES A SUBSIDY TO THE ER PHYSICIAN GROUP. NON EMERGENCY CARE

IS PROVIDED BASED UPON PHYSICIAN ORDERS TO ALL PATIENTS, REGARDLESS OF

THEIR ABILITY TO PAY.

SURPLUS FUNDS ARE INVESTED IN MEDICAL EQUIPMENT UPGRADES AND NEW

TECHNOLOGIES THROUGH A CAPITAL BUDGET PROCESS. THERE ARE NO "OWNERS" OR

STOCKHOLDERS SO NO SURPLUS FUNDS ARE PAID OUT TO OWNERS OR STOCKHOLDERS.

THE HOSPITAL WORKS TO ENSURE AN ADEQUATE BLOOD SUPPLY IN THE COMMUNITY AND SURROUNDING AREAS BY HOSTING PERIODIC BLOOD DRIVES IN COOPERATION WITH CONNECT LIFE.

THE HOSPITAL STRIVES TO IMPROVE THE QUALITY OF PATIENT CARE BY A VARIETY
OF ACCREDITATIONS, SURVEYS AND BENCHMARKS INCLUDING:

THE HOSPITAL IS ACCREDITED THROUGH DNV, THE AMERICAN COLLEGE OF RADIOLOGY

Part VI | Supplemental Information (Continuation)

FOR MAMMOGRAPHY, MRI, CT SCAN, NUCLEAR MEDICINE AND ULTRASOUND, AND THE

AMERICAN ASSOCIATION OF CARDIOVASCULAR AND PULMONARY REHABILITATION FOR

THE CARDIAC REHABILITATION DEPARTMENT.

THE HOSPITAL TAKES A PROACTIVE APPROACH TO THE PREVENTION OF

HOSPITAL-ACQUIRED INFECTIONS, INCLUDING:

- INSTITUTION WIDE PROGRAM TO PROMOTE EFFECTIVE HAND WASHING
- INSTITUTION WIDE PROGRAM TO REDUCE CATHETER RELATED URINARY TRACT

INFECTIONS

- INSTITUTION WIDE PROGRAM TO REDUCE CENTRAL LINE INFECTIONS
- INSTITUTION WIDE PROGRAM TO REDUCE VENTILATOR-ASSOCIATED INFECTIONS

THE HOSPITAL MEETS OR EXCEEDS NATIONAL AND STATE BENCHMARKS FOR THE USE OF ANTIBIOTICS RELATED TO SURGERY.

THE HOSPITAL EXCEEDS NATIONAL AND STATE BENCHMARKS FOR THE PREVENTION OF BLOOD CLOTS AFTER SURGERY.

THE HOSPITAL UTILIZES BAR CODE MEDICATION ADMINISTRATION TO

REDUCE/ELIMINATE MEDICATION ERRORS.

THE HOSPITAL USES PATIENT SURVEYS THROUGH BOTH PRESS GANEY AND HCAHPS.

AREAS THAT MEASURED BELOW AVERAGE ARE REVIEWED WEEKLY AND BEING ADDRESSED

THROUGH:

- HOURLY ROUNDING
- PRE-OPERATIVE JOINT EDUCATION CLASSES
- SURGICAL AMBASSADOR PROGRAM
- POST DISCHARGE CALLS TO ASSURE PATIENTS UNDERSTAND THEIR MEDICATION

INSTRUCTIONS

- CUSTOMER SERVICE TRAINING

Part VI Supplemental Information (Continuation)
PART VI, LINE 6:
BROOKS-TLC HOSPITAL SYSTEM, INC. WORKS CLOSELY WITH COMMUNITY
ORGANIZATIONS BOTH IN DETERMINING THE HEALTH NEEDS OF THE COMMUNITIES
SERVED AS WELL AS DECIDING HOW BEST TO MEET THESE NEEDS. OFFICIALS FROM
THE HOSPITAL HAVE BEEN SELECTED TO WORK ON VARIOUS PROJECTS TO FURTHER
THIS CAUSE, INCLUDING RESEARCING COMMUNITY HEALTH NEEDS, WORKING WITH
LOCAL HEALTH ORGANIZATIONS THROUGHOUT THE COUNTY AND BEYOND, DEVELOPING A
FREE COMMUNITY WELLNESS PROGRAM CALLED HEALTHQUEST WNY, PROMOTING
HEALTHQUEST WNY AND OTHER HEALTH RELATED EVENTS, DEVELOPING AND PROMOTING
HEALTHY LIFESTYLE CLASSES AT OUR FACILITIES, REACHING OUT TO IDENTIFIED
POPULATIONS OF NEED, AND MORE.
PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:
NY

#### SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

BROOKS-TLC HOSPITAL SYSTEM

Employer identification number 16-0743301

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		,	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
	During the year did any person listed on Form 000. Part VII. Section A line to with respect to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	-	X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	-	X
b	Any related organization?	6b		X
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			X
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Λ
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	Regulations section 53.4958-6(c)?	8		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KENNETH MORRIS	Ξ	172,834.	0.	0.	11,714.	1,136.	185,684.	0
PRESIDENT/CEO	€	0.	0.	0.	0.	0.	0.	0
(2) JULIE MORTON	(i)	192,976.	0.	0.	6,664.	955.	200,595.	0.
CHIEF NURSING OFFICER	€	.0	0.	0.	0.	0.		0.
(3) NAJMUL KHAN	(i)	293,713.	0.	0.	14,500.	13,077.	321,290.	0.
PHYSICIAN	1	0.	0.	0.	0.	0.	0.	0.
(4) KENNETH LONG	Ξ	146,255.	0.	0	0	14,316.	160,571.	0.
REGISTERED NURSE	€		0	0.	0.			0.
(5) DAVID HALLASEY-ROBERTS	(i)	133,37	0.	0.	6,816.	17,452.	157,640.	0.
PHYSICIAN	€	0.	0	0	0.	0	0.	0
(6) LISA BARONE	(i)	128,681.	0	0	6,404.	14,941.	150,026.	0.
DIRECTOR OF INFECTION CONTROL	Ξ	0.	0	0	0.	0	0.	0
	Ξ							3
	€							
	(i)							
	<b>(E)</b>	8						
	Ξ							
	<b>E</b>							
9	Ξ							
	€							
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	<b>E</b>	31			60		3.	
	Ξ				42.0			
	<b>(ii)</b>							
							Schedu	Schedule J (Form 990) 2022

#### SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

BROOKS-TLC HOSPITAL SYSTEM

Employer identification number 16-0743301

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COUNTIES.
PART III, LINE I
MISSION
TO SERVE OUR COMMUNITIES BY PROVIDING ACCESS TO HIGH QUALITY
PERSONALIZED HEALTHCARE
VISION
OUR VISION IS TO BE A MODEL HEALTH CENTER BY CONTINUALLY LEARNING AND
PROVIDING EXTRAORDINARY CARE IN ALL ITS DIMENSIONS:
CLINICAL EXCELLENCE: WE WILL DELIVER THE BEST CLINICAL CARE IN A
CONSISTENT, INTEGRATED WAY.
PATIENT ENGAGEMENT: WE WILL PROVIDE A COMPASSIONATE HEALING EXPERIENCE,
AND WE WILL ENGAGE PATIENTS IN DECISIONS ABOUT THEIR HEALTH AND CARE.
OPERATIONAL EFFECTIVENESS: WE WILL BE WISE AND CAREFUL STEWARDS OF OUR
RESOURCES TO ENABLE EXTRAORDINARY CARE.
PHYSICIAN ENGAGEMENT: WE WILL CREATE SYSTEMS AND PROCESSES THAT HELP
OUR PHYSICIANS BEST SERVE THEIR PATIENTS.
COMMUNITY STEWARDSHIP: WE ARE COMMITTED TO SERVING THE DIVERSE NEEDS OF
THE REGION, AND TO PROVIDE GENERALLY AVAILABLE MEDICAL SERVICES TO ALL
RESIDENTS, REGARDLESS OF ABILITY TO PAY.
EMPLOYEE ENGAGEMENT: WE VALUE OUR EMPLOYEES AS OUR MOST IMPORTANT
RESOURCE.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Name of the organization BROOKS-TLC HOSPITAL SYSTEM Employer identification number 16-0743301

VALUES - I CARE

#### INTEGRITY

OUR ACTIONS ARE GUIDED BY OUR ETHICAL COMMITMENTS

- IN PUBLIC INTERACTIONS AND PRIVATE ACTIONS, WE DEDICATE OURSELVES TO

  SERVICE IN THE BEST INTERESTS OF OUR PATIENTS, THEIR FAMILIES, OUR

  HOSPITAL AND OUR COMMUNITY.
- WE FOLLOW THROUGH ON OUR COMMITMENTS, HOLDING OURSELVES ACCOUNTABLE
  TO FULFILL OUR PROFESSIONAL OBLIGATIONS.
- WHEN WE RECOGNIZE SOMETHING SEEMS WRONG, INAPPROPRIATE OR

  INCONSISTENT WITH OUR VALUES OR STANDARDS, WE PROACTIVELY SPEAK UP AND

  TAKE POSITIVE ACTION.
- WE ACT WITH OPENNESS, HONESTY, TRANSPARENCY AND TRUSTWORTHINESS IN OUR COMMUNICATION.
- -AT ALL TIMES WE RESPECT THE DIGNITY, PRIVACY AND CONFIDENTIALITY OF THOSE WE SERVE.

#### COMPASSION

WE PROVIDE EXCELLENCE WITH PERSONAL KINDNESS

- WITH UNDERSTANDING AND EMPATHY, WE ANTICIPATE THE NEEDS OF OTHERS AND ACT TO APPROPRIATELY AND MEANINGFULLY MEET THESE NEEDS.
- BY ACTIVELY LISTENING TO THE PERSPECTIVES, VALUES AND NEEDS OF OTHERS, WE ACT TO BUILD BRIDGES TOWARD WHOLENESS.
- OUR INTERACTIONS ARE CHARACTERIZED BY RESPECT, COURTESY, WARMTH AND PROFESSIONAL DIGNITY.
- WE MAINTAIN AN ENGAGED, FOCUSED AND PERSONAL PRESENCE WHILE IN SERVICE TO OTHERS, CREATING AND SUSTAINING A THERAPEUTIC MILIEU.

Name of the organization BROOKS-TLC HOSPITAL SYSTEM Employer identification number 16-0743301

#### ACCOUNTABILITY

WE TAKE RESPONSIBILITY FOR PERSONAL AND TEAM ACTIONS

- WE FULLY ADOPT AND EMBRACE OUR CORE PROFESSIONAL IDENTITY AS THOSE WHOSE TALENTS ARE PLACED IN THE SERVICE OF OTHERS FOR THEIR BENEFIT.
- IN ALL OUR INTERACTIONS WE DEMONSTRATE THE HIGHEST PROFESSIONAL

  STANDARDS OF ETHICS, KNOWLEDGE, SKILL AND COMPETENCE IN DECISION-MAKING

  AND WORK PERFORMANCE.
- IN OUR APPEARANCE, DEMEANOR AND DEPORTMENT WE CONTINUOUSLY SEEK TO CONVEY A PROFESSIONAL IMAGE.
- WE APPROACH CHALLENGES IN A MANNER THAT REFLECTS PROFESSIONAL
  MATURITY, CONFIDENCE AND RESPECT.

#### RESPECT

WE ADVOCATE FOR THE DIGNITY OF OTHERS

- IN OUR BEHAVIOR TOWARD OTHERS, WE DEMONSTRATE RESPECT FOR THE

  PERSONAL AUTONOMY, INTRINSIC DIGNITY AND WORTH, AND INDIVIDUAL

  UNIQUENESS OF EACH PERSON WE SERVE, AND THOSE WITH WHOM WE SERVE.
- WE VALUE THE RICH DIVERSITY OF PERSONAL EXPERIENCE, CULTURAL INSIGHT,
- PROFESSIONAL IDENTITY AND TRAINING IN ACHIEVING COLLABORATIVE GOALS.
- WE DEMONSTRATE OUR CONSIDERATION FOR OTHERS BY REGARDING WITH EMPATHY

  THE FEELINGS AND NEEDS OF OTHERS, AND REGARDING WITH INSIGHT THE EFFECT

  ON OTHERS OF OUR OWN BEHAVIOR.
- WE ACTIVELY SEEK OUT OPPORTUNITIES TO DEMONSTRATE OUR REGARD AND APPRECIATION FOR OTHERS.

#### EXCELLENCE

COMMITMENT TO QUALITY, INNOVATION AND CONTINUOUS IMPROVEMENTS

- WE CONTINUOUSLY CHALLENGE THE STATUS QUO IN THE RELENTLESS PURSUIT OF

Name of the organization BROOKS-TLC HOSPITAL SYSTEM Employer identification number 16-0743301

EXCELLENCE.

- WE UTILIZE QUANTITATIVE AND QUALITATIVE INFORMATION TO FORM THE BASIS

FOR MEASURABLE AND DEMONSTRABLE IMPROVEMENTS IN OUTCOMES.

- EACH OF US DEMONSTRATES A PERSONAL COMMITMENT TO THE HIGHEST STANDARDS OF SAFETY, QUALITY AND SERVICE.

- INDIVIDUALLY, AND AS HIGH PERFORMING TEAMS, WE CONSCIENTIOUSLY WORK
TO BETTER OUR BEST ON A DAILY BASIS.

- WE ACTIVELY EMBRACE CHANGE IN THE CONTINUOUS PURSUIT OF INNOVATION AND SUPERIOR CARE.

FORM 990, PART VI, SECTION A, LINE 7B:

THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL OF BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS PREPARED AND REVIEWED BY VARIOUS INDIVIDUALS WITHIN MANAGEMENT

AND PROVIDED TO THE GOVERNING BODY PREVIOUS TO ITS FILING WHEN TIME ALLOWS

OR AT ITS NEXT MEETING WHEN TIME DOES NOT PERMIT REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

DEPARTMENT MANAGERS, ADMINISTRATION, BOARD MEMBERS, AND MATERIAL MANAGEMENT
EMPLOYEES SIGN A CONFLICT OF INTEREST STATEMENT ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT/CEO'S AND OTHER EXECUTIVES' COMPENSATION IS REVIEWED AND

APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD. WAGES AND INCREASES ARE

COMPARED TO INDUSTRY STANDARDS.

Schedule O (Form 990) 2022	Page 2
Name of the organization BROOKS-TLC HOSPITAL SYSTEM	Employer identification number 16-0743301
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC C	N THE HOSPITAL
WEBSITE (WWW.BROOKSHOSPITAL.ORG) AND CERTAIN DOCUMENTS ARE	AVAILABLE AT THE
HOSPITAL AND AT PHYSICIANS' OFFICES.	
<del>-</del>	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
COLLECTION FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	219,586.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	219,586.
PHYSICIAN AND OTHER HEALTHCARE PROVIDER FEES:	
PROGRAM SERVICE EXPENSES	5,204,230.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,204,230.
DDOERGGIONAL REEG.	
PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	674,853.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	
TOTAL BALBRODO	674,853.
SERVICE CONTRACTS:	
PROGRAM SERVICE EXPENSES	564,884.
232212 10-28-22	Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page
Name of the organization BROOKS-TLC HOSPITAL SYSTEM	Employer identification number 16-0743301
MANAGEMENT AND GENERAL EXPENSES	123,944.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	688,828.
MAINTENANCE CONTRACTS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,060,942.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,060,942.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	7,848,439.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET CHANGE IN FUNDS HELD IN TRUST	-804,913.
PENSION LIABILITY ADJUSTMENT	4,087,953.
TOTAL TO FORM 990, PART XI, LINE 9	3,283,040.
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS ASSUME RESPONSIBILITY FOR THE OVER	SIGHT OF THE
AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.	
<u>-</u>	
<del>.</del>	

# SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

2022

OMB No. 1545-0047

Attach to Form 990.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 16-0743301

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. BROOKS-TLC HOSPITAL SYSTEM Name of the organization Part

	(a)	(p)	(0)	Ð	(e)	<b>(</b>
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
egi.						
						-
9 1						
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53						
. a						
				,,		
PartII	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34, becaus	e it had one or more re	elated tax-exempt

organizations during the tax year.							45
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled entity?	(b)(13) ed
				501(c)(3))		Yes	N <sub>o</sub>
LAKE SHORE NURSING HOME, INC - 16-0976895							
845 ROUTES 5 & 20					BROOKS-TLC HEALTH		
IRVING, NY 14081	SKILLED NURSING FACILITY	NEW YORK	501(C)(3)	LINE 3	SYSTEM, INC.	5	×
LSP CORPORATION - 22-2827314	REAL ESTATE - MEDICAL AND						
845 ROUTES 5 & 20	ADMINISTRATIVE OFFICE				BROOKS-TLC HEALTH		
IRVING, NY 14081	FACILITY	NEW YORK	501(C)(3)	LINE 3	SYSTEM, INC.		×
							**
8 4							
50							3
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	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

BROOKS-TLC HOSPITAL SYSTEM

Schedule R (Form 990) 2022

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

Page 2

16-0743301

(j) (k) General or Percentage managing ownership		÷	a
(j) General or P managing partner?		:	
Code V-UBI Ger amount in box ma 20 of Schedule Pa K-1 (Form 1065) <b>Ye</b>			
(h) Disproportionate allocations?			
(g) Share of end-of-year assets			
(f) Share of total income	28		
(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			
(d) Direct controlling entity			
(c) Legal domicile (state or foreign country)			
(b) Primary activity			
(a) Name, address, and EIN of related organization			

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. PartIV

ogamizations acated as a corporation of a control of the control o	and all the year.								265
(a)	(q)	(c)	(p)	(e)	( <del>(</del> )		(h)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (C corp, S corp,	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	8.5	512(b)(13) controlled entity?	E 23 €
		country)		or trust)				Yes	No
LAKE ERIE MEDICAL SERVICES, P.C								i i	E.
45-2832259, 529 CENTRAL AVENUE, DUNKIRK, NY		ı							
14048	PHYSICIAN GROUP	NY		C CORP					×
. 4	- 4								
		38					10	ii la	
								5	
	ř								į.
							5	- 1	
43									

Schedule R (Form 990) 2022

232162 09-14-22

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Schedule R (Form 990) 2022 BROOKS-TLC HOSPITAL SYSTEM

					Yes	2
Descript of (1) interest (ii) annuities (iii) reveities or (iii) reveities or (iii) reveities or (iii) annuities (iiii) reveities	with one or more re	transactions with one or more related organizations listed in Parts II-17?	In Parts II-1V?	•		×
Gift, grant, or capital contribution to related organization(s)				<b>9</b>		×
(s)				2		×
Loans or loan guarantees to or for related organization(s)				19	×	
Loans or loan guarantees by related organization(s)				9		×
Dividends from related organization(s)				+		×
				10		×
ation(s)				÷		×
Exchange of assets with related organization(s)				<b>=</b>		×
Lease of facilities, equipment, or other assets to related organization(s)				<b>;</b>	×	
Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for related organization(s)				=	×	
Performance of services or membership or fundraising solicitations by related organization(s)				ŧ	×	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	n(s)			Į.	×	
Sharing of paid employees with related organization(s)				10		×
				4	Þ	
nellibuisellielit pald to related organization(s) for expenses. Reimbursement paid hy related organization(s) for expenses				2 5	4 ×	
				200		4 Þ
Other transfer or cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who mirst complete this line, including covered relationships and transaction thresholds	o mist complete thi	Paravoc pribuloui adil a	elationships and transaction thresholds	.:.		4
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nt involved		
						- E.C
	65		Sche	Schedule R (Form 990) 2022	m 990	) 2022

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centage nership	9		2		49			) 2022
Perc	0		, ,	45	,	45		06 u
(j) neral or naging								Forn
Comman 7				2.2				le R
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-I periner (Form 1065)								Schedule R (Form 990) 2022
Disproportionate allocations?						St.	100	
Disp tio alloca	3			ξ.		8		
(g) Share of end-of-year assets								
(f) Share of total income								
Are all partners sec. 501 (c)(3) orgs.?								
partin 500				<u> </u>		-0.		
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of entity								

## Form 8879-TE

## IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

	nent of the Treasury		Do not send to the IRS. Keep fo		
Name (	Revenue Service		Go to www.irs.gov/Form8879TE for the		l or SSN
Name (		MIC HOCD	TMAT CYCMEM		6-0743301
	Andread to Make	The same party was	YITAL SYSTEM KENNETH MORRIS		0-0743301
Name a	and title of officer or pe	rson subject to tax	PRESIDENT AND CEO		
Par	Type of	Return and R	eturn Information		
Chack			are using this Form 8879-TE and enter the	applicable amount if any from the	e return Form 8038-CP and
or 10a which	below, and the amo	ount on that line fo ank (do not enter	s. For all other forms, enter whole dollars on the return being filed with this form was -0-). But, if you entered -0- on the return, the Total revenue, if any (Form 990, P	blank, then leave line 1b, 2b, 3b, hen enter -0- on the applicable line	<b>4b</b> , <b>5b</b> , <b>6b</b> , <b>7b</b> , <b>8b</b> , <b>9b</b> , or <b>10b</b> , below. <b>Do not</b> complete more
2a	Form 990-EZ che		b Total revenue, if any (Form 990-EZ	7 line 9)	2h
3a	Form 1120-POL (		<b>b Total tax</b> (Form 1120-POL, line 22)	-, iiii 0,	3b
4a	Form 990-PF che		b Tax based on investment income	(Form 990-PF Part V line 5)	4b
5a	Form 8868 check	Search Control of the Control of			
6a	Form 990-T check	The state of the s	b Balance due (Form 8868, line 3c) b Total tax (Form 990-T, Part III, line	4)	6b 0.
7a	Form 4720 check		b Total tax (Form 4720, Part III, line	1)	7b
8a	Form 5227 check		b FMV of assets at end of tax year		
9a	Form 5330 check		b Tax due (Form 5330, Part II, line 19		9b
10a		(S)	b Amount of credit payment reque	sted (Form 8038-CP, Part III, line 2	
Par	t II Declarat	ion and Signa	ature Authorization of Officer or		
financi later ti payme person	ial institution to debi nan 2 business days ent of taxes to receiv nal identification nun check one box only	t the entry to this prior to the paym e confidential info nber (PIN) as my s	icated in the tax preparation software for paccount. To revoke a payment, I must content (settlement) date. I also authorize the primation necessary to answer inquiries and signature for the electronic return and, if a MCCORMICK, LLP	ntact the U.S. Treasury Financial A financial institutions involved in the d resolve issues related to the pay	gent at 1-888-353-4537 no e processing of the electronic ment. I have selected a c funds withdrawal.
_			ERO firm name		Enter five numbers, but do not enter all zeros
Signatur	with a state age on the return's of As an officer or preturn. If I have i	ncy(ies) regulating isclosure consent person subject to indicated within the rogram, I will enter kenneth	022 electronically filed return. If I have indigenderated as part of the IRS Fed/State protests as part of the IRS Fed/State protests as part of the IRS Fed/State protests as with respect to the entity, I will enter rais return that a copy of the return is being army PIN on the return's disclosure consecutive.	ogram, I also authorize the aforement only PIN as my signature on the tax filed with a state agency(ies) regu	y of the return is being filed entioned ERO to enter my PIN year 2022 electronically filed
Par		tion and Auth	nentication		Dato ==/ ob/=o
ERO's	EFIN/PIN. Enter vo	ur six-digit electro	onic filing identification		
	er (EFIN) followed by	The same of the sa		16377899111 Do not enter all zeros	I
submi			PIN, which is my signature on the 2022 ele e requirements of <b>Pub. 4163</b> , Modernized		
ERO's	signature JIL	L M. JOHN	ISON, CPA	Date	/23
	¥6			W	
		Do Not S	ERO Must Retain This Form - 9 Submit This Form to the IRS Unl		

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

For	" 990-T	E	exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	r <b>n</b>	OMB No. 1545-0047
		For cal	endar year 2022 or other tax year beginning, and ending		2022
	artment of the Treasury nal Revenue Service	ı	Go to www.irs.gov/Form990T for instructions and the latest information. o not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	). 5	Open to Public Inspection for 01(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (	DEmplo	yer identification number
В	Exempt under section	Print	BROOKS-TLC HOSPITAL SYSTEM	10	5-0743301
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 529 CENTRAL AVE.	E Group (see in	exemption number structions)
	408A 530(a) 529(a) 529A	8	City or town, state or province, country, and ZIP or foreign postal code DUNKIRK, NY 14048	F .	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State o	college/university
Н	Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439		
1_	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J	Enter the number of	attache	ed Schedules A (Form 990-T)	1	
K	가게 있다. 하는 경우가 되었다면 어떤 사람이 얼마나 되었다.		e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  d identifying number of the parent corporation.		Yes X No
L	The books are in car	- 10	DAWN TURK Telephone number	(716)	363-7225
P	art I Total Uni	relate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see	14 2	18
	instructions)		200 10000 1000 100 100 100 100 100 100 1	1	0.
2	D				
3	Add lines 1 and 2			3	
4	Charitable contrib	utions (	see instructions for limitation rules)	4	0.
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5	
6	Deduction for net	operati	ng loss. See instructions	6	
7			es taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro		ally \$1,000, but see instructions for exceptions)		1,000.
8				182 P. ASSOCIATION	1,000.
9	Total deductions		016	40	1,000.
10			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7.	, 10	1,000.
•	enter zero	SS Ld A d	ble income. Subtract line to from line 7. If line to is greater trial line 7,	11	0.
P	art II Tax Com	putati	on		
4			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			ates. See instructions for tax computation. Income tax on the amount on	*	
_	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins				3.5
4	Other tax amounts			AU	
5	Alternative minimu			*/- Table 1	-0
6			cility income. See instructions		
7			n 6 to line 1 or 2, whichever applies	7	0.
LH			on Act Notice, see instructions.		Form 990-T (2022)

Form 990-T (2022) Page 2 Part III Tax and Payments Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions) 1b b General business credit. Attach Form 3800 (see instructions) 10 Credit for prior year minimum tax (attach Form 8801 or 8827) d Total credits. Add lines 1a through 1d Subtract line 1e from Part II, line 7 2 2 Other amounts due. Check if from: Other (attach statement) 3 Check if includes tax previously deferred under Total tax. Add lines 2 and 3 (see instructions). section 1294. Enter tax amount here 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) 5 Payments: A 2021 overpayment credited to 2022 2022 estimated tax payments. Check if section 643(g) election applies 6b Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 6d Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 7 Total payments. Add lines 6a through 6g Estimated tax penalty (see instructions). Check if Form 2220 is attached 8 8 9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid 10 10 Enter the amount of line 10 you want: Credited to 2023 estimated tax 11 Part IV | Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority No Yes 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 X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a X If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year 3 Enter available pre-2018 NOL carryovers here Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6. Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions **Business Activity Code** Available post-2017 NOL carryover 621500 6,249,314. X **6a** Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. 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. Sign May the IRS discuss this return with Here PRESIDENT AND CEO the preparer shown below (see Signature of officer Date instructions)? X Yes No Print/Type preparer's name Preparer's signature Date Check if PTIN JILL M. JOHNSON, JILL M. JOHNSON, self- employed Paid CPA CPA 11/09/23 P01701478 Preparer 16-0765486 LUMSDEN & MCCORMICK, Firm's EIN Firm's name **Use Only** 

223711 01-16-23

Form 990-T (2022)

Phone no. (716)856-3300

369 FRANKLIN STREET BUFFALO, NY 14202

Firm's address

#### SCHEDULE A (Form 990-T)

## Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service 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

A Name of the organization BROOKS-TLC HOSPITAL SYSTEM			B Employer		
C Unrelated business activity code (see instructions)	621500		D Sequenc	e: 1	of 1
E Describe the unrelated trade or business LABORAS	TORY SERVI	CES			
Part I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a Gross receipts or sales 904,666.				9	7450 FT
b Less returns and allowances c i	Balance 1c	904,666.			
2 Cost of goods sold (Part III, line 8)		202/0001		_	
3 Gross profit. Subtract line 2 from line 1c		904,666.			904,666
4a Capital gain net income (attach Schedule D (Form 1041					7
1120)). See instructions					
b Net gain (loss) (Form 4797) (attach Form 4797). See inst					
c Capital loss deduction for trusts					
5 Income (loss) from a partnership or an S corporation (at					
statement)					
6 Rent income (Part IV)					
7 Unrelated debt-financed income (Part V)					
8 Interest, annuities, royalties, and rents from a controlled	********				
organization (Part VI)	· I I				
9 Investment income of section 501(c)(7), (9), or (17)					
organizations (Part VII)	9				
10 Exploited exempt activity income (Part VIII)				==	
11 Advertising income (Part IX)				- 39	
12 Other income (see instructions; attach statement)					
13 Total. Combine lines 3 through 12		904,666.			904,666
Part II Deductions Not Taken Elsewhere See directly connected with the unrelated but	isiness income	5 m 40 m 40 m	2 101 101		must be
<ol> <li>Compensation of officers, directors, and trustees (Part )</li> <li>Salaries and wages</li> </ol>				2	672,912
**************************************				3	072,312
The state of the s				4	
4 Bad debts 5 Interest (attach statement). See instructions				5	
				6	250
<ul><li>Taxes and licenses</li><li>Depreciation (attach Form 4562). See instructions</li></ul>		7			
Less depreciation claimed in Part III and elsewhere on r				8b	
9 Depletion				9	
10 Contributions to deferred compensation plans				10	
11 Employee benefit programs				11	
12 Excess exempt expenses (Part VIII)				12	
13 Excess readership costs (Part IX)				13	
14 Other deductions (attach statement)		SEE STATE	EMENT 1	14	2,099,779
				15	2,772,941
16 Unrelated business income before net operating loss de					
column (C)				16	-1,868,275
17 Deduction for net operating loss. See instructions				17	0.
18 Unrelated business taxable income. Subtract line 17				18	-1,868,275
LHA For Paperwork Reduction Act Notice, see instruction	ATTENDED TO			Schedule	e A (Form 990-T) 202

		1	L
Pag	je		2

Part	III Cost of Goods Sold Enter metho	od of inventory valuation	on	705 - 500	1 age 2
1	Inventory at beginning of year			1	
2	Purchases				-
3	Cost of labor			10	8
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				4.0
6	Total. Add lines 1 through 5				**
7	Inventory at end of year			100	-
8	Cost of goods sold. Subtract line 7 from line 6. Enter he				
9	Do the rules of section 263A (with respect to property pr				Yes No
Part					23
1	Description of property (property street address, city, sta				
	A				
	В				35
	С				÷.
	D				3
	1000 100	Α	В	С	D
2	Rent received or accrued	20.00	1000	1.1	
а	From personal property (if the percentage of				
177.1	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the	:	-		
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.		-		
·	A CONTROL OF THE PROPERTY OF T				
	Add lines 2a and 2b, columns A through D		1	-	45
•	Tatal waste seasified as assessed Add line On Johnson A	harrah D. Fatas hara a	and an Dank I fine of an in-	(4)	0.
3	Total rents received or accrued. Add line 2c columns A t	nrough D. Enter here a	ind on Part I, line 6, colu	min (A)	0.
	Deductions directly connected with the income				
4	in lines 2(a) and 2(b) (attach statement)	25	25		3.
250	TALL 1 18	- L	(D)		0.
Part	Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see		ne 6, column (B)		0.
	- CON 100 - ACT ON PROPER SORT IN SIX 10000 - 10000	The second secon	ask if a dual usa. Cas in	atm ration a	
1	Description of debt-financed property (street address, cit	ly, state, ZIP code). Ch	eck if a dual-use. See in	structions.	
	<u> </u>				2
	B				2
	<u> </u>				
	D	9 <b>2</b> 2	===	020	122
120		Α	В	С	<u>D</u>
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)		92		20
b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
1,50	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	70	,,	- i	70
8	Total gross income (add line 7, columns A through D). I	Enter here and on Part	L line 7 column (A)	3	0.
	. Courting A through D). I	LING HOLD GIRL OIL FAIL	i, into 7, column (A)		•
9	Allocable deductions. Multiply line 3c by line 6	1	ľ	1	
10	Total allocable deductions. Add line 9, columns A thro	ugh D Enter here and	on Part I line 7 column	(B)	0.
11	Total dividends-received deductions included in line 1		on raiti, inic r, column	(0)	0.
					0.

Part VI Interes	est, Annuities	, Royalties, and Re	ents fror	m Control			,	ee instruct		r ago c
					E	xempt Contro	lled Or	ganization	IS	
SELECTION OF SELECTION	of controlled nization	2. Employer identification number	incor	unrelated me (loss) structions)		al of specified ments made	that is	art of colur included olling orga gross inc	in the aniza-	Deductions directly connected with income in column 5
(1)				0.		0.		NAT 2	0.	0.
(2)										
(3)			6							
(4)										
<u> </u>		No	nexempt (	Controlled Or	ganizati	ions				
7. Taxable In	come	Net unrelated income (loss) (see instructions)	7-04/2-24/20	otal of <mark>specif</mark> syments mad		10. Part that is ind controlling gross	luded	in the zation's	C	eductions directly onnected with ome in column 10
(1)						8				
(2)										
(3)										
(4)										
						Add columns 5 and 10. Enter here and on Part I, line 8, column (A)		Part I,	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals								0.		0.
Part VII Inve		me of a Section 50	1(c)(7), (			nization (s	ee inst	ructions)		1
;	1. Description	n of income		2. Amou incon		3. Deduction directly connumber (attach state)	ected	4. Set- (attach st		5. Total deductions and set-asides (add cols 3 and 4)
(1)				00						
(2)				13		ē	55			
(3)				12		0				
(4)										
Totals				Add amou column 2. here and or line 9, colu	Enter Part I,					Add amounts in column 5. Enter here and on Part I, line 9, column (B)
	ploited Exem	pt Activity Income,	Other 1	Than Adve	ertisino	Income	see ins	structions)	0.	
-	of exploited acti						000 1110	ou douono,		
		come from trade or busing	ness Ente	r here and or	Part L	line 10. colum	n (A)		2	
3 Expenses	directly connected	d with production of unre	elated bus	iness income	. Enter I	here and on Pa	art I,		10	
	e (loss) <mark>from unrel</mark>	ated trade or business.	Subtract lin	ne 3 from line	2. If a	gain, complete		CONTRACTOR STATE	3	
lines 5 thro	ough 7								4	
		hat is not unrelated busi							5	
		ome entered on line 5							6	
	empt expenses. S are and on Part II	ubtract line 5 from line 6	, but do no	ot enter more	than th	ne amount on I	ine		7	

	IX Advertising Income		25
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a consolidated basis.	
	A		
	В		
	c		<del></del> :
	D L	AND THE RESERVE TO THE PROPERTY OF THE PROPERT	
Enter a	amounts for each periodical listed above in the o	corresponding column.	
		A B	C D
2	Gross advertising income		
	Add columns A through D. Enter here and on	11.010.00.00.00.00.00.00.00.00.00.00.00.	0.
а	3		
3	Direct advertising costs by periodical		1
а	Add columns A through D. Enter here and on		0.
a	Add coldnins A tillough b. Enter here and on	Part I, line 11, column (B)	
12			
4	Advertising gain (loss). Subtract line 3 from lin	e	
	2. For any column in line 4 showing a gain,		
	complete lines 5 through 8. For any column in	'S	
	line 4 showing a loss or zero, do not complete	···	
	lines 5 through 7, and enter zero on line 8		
5	Readership costs		
6	Circulation income		
7	Excess readership costs. If line 6 is less than	2.505(25.H)(46.5)	
	line 5, subtract line 6 from line 5. If line 5 is les	s	
	than line 6, enter zero		
8	Excess readership costs allowed as a		1
•	deduction. For each column showing a gain o		
	line 4, enter the lesser of line 4 or line 7		
а		eater of the line 8a, columns total or zero here and on	0.
Part	X Compensation of Officers, Dir	actors and Trustage	
r ai t	A Compensation of Officers, Diff	100	
	8 24	3. Perc	o Roman Daniel Daniel Description
	1. Name	2. Title of time of	
Same .	I I	to buo	iness unrelated business
		to bus	
(1)		to bus	%
		to bus	3
(2)		to bus	%
(2) (3)		to bus	% %
(2) (3)		to bus	% % %
(2) (3) (4)	. Enter here and on Part II. line 1	to bus	% % % %
(2) (3) (4) Total.	. Enter here and on Part II, line 1  XI Supplemental Information (see		% % %
(1) (2) (3) (4) Total.			% % % %
(2) (3) (4) Total.			% % % %

FORM 990-1	(A)	OTHER DED	UCTIONS	STATEMENT 1
DESCRIPTION	DN			AMOUNT
DIRECT LAR	EXPENSES			877,902
ALLOCATED	LAB EXPENSES			761,247
ALLOCATED	OVERHEAD			460,630
TOTAL TO S	SCHEDULE A, PART I	I, LINE 14		2,099,779
				<u> </u>
990-T SCH	A POST-2	017 NET OPERAT	ING LOSS DEDUCTION	STATEMENT 2
	A POST-2	LOSS		
	A POST-2  LOSS SUSTAINED	efectives charity site selection Attended to		STATEMENT 2  AVAILABLE THIS YEAR
990-T SCH		LOSS PREVIOUSLY APPLIED	Loss	AVAILABLE
990-T SCH  TAX YEAR  12/31/18	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
990-Т SCH	LOSS SUSTAINED  2,421,219. 1,014,370.	LOSS PREVIOUSLY APPLIED	LOSS REMAINING 0. 2,421,219.	AVAILABLE THIS YEAR
990-T SCH  TAX YEAR  12/31/18 12/31/19	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING 0. 2,421,219. 0. 1,014,370.	AVAILABLE THIS YEAR 2,421,219. 1,014,370.



Department of Taxation and Finance

New York State E-File Authorization for Tax Year 2022

#### For Certain Corporation Tax Returns and Estimated Tax **Payments for Corporations**

Electronic return originator (ERO)/pa  Legal name of corporation BROOKS-TLC HO			o the Tax Departmen	it. Noop it for y	our records.
Return type (mark an X for all that apply): CT-3	CT-3-A	CT-3-M	CT-3-S	CT-13	X CT-33
CT-33-A CT-33-C CT-33-M					
CT-186-E CT-300 CT-400					
Form TR-579-CT must be completed to authorize an Electronic funds withdrawal.  General instructions  Part A must be completed by an officer of the corporation tax return and to transmit bank account in electronic funds withdrawal.  General instructions  Part A must be completed by an officer of the corporation that the corporation is return before the Electronically filed Form CT-3, General Business Corporation Contax Return; CT-3-A, General Business Corporation Contax Return; CT-3-B, New York S Corporation Franchise Tax Unrelated Business Income Tax Return; CT-33, Life Insurance Corporations Tax Return; CT-33-A, Life Insurance Corporation Tax Return; CT-33-M, Insurance Corporation MTA Surce CT-33-NL, Non-Life Insurance Corporation Franchise Tax Return; CT-33-M, Insurance Corporation Franchise Tax Return; CT-183-M, Transportation and Transmission Corporation and Transmission Capital Stock; CT-183-M, Transportation and Transmission Capital Stock; CT-184-M, Transportation and Transmission Capital Stock; CT-	tion who is ERO transmits the ration Franchise abined Franchise Return; CT-13, urance Corporation tion Combined apany Franchise harge Return; CT-183, at Return; CT-183, at Tax Return on sion Corporation MTA ission Corporation ansportation CT-186-E, x Return; CT-300, Corporations; Or	electronical ERO are rec both the pa as the paid this case. N TSB-M-20(1 Using a Paid website at a Do not maid keep this for request. Do not use Six-Month I or both); Cl franchise ta CT-5.4, Rec Franchise T Form CT-18 return, or both certain Artic for Three-M tax return at New York S 2022 Corpo	quired to sign Part Baid preparer and the preparer. It is not not be preparer. It is not not not be that an electron (C), (2), E-File Author of Preparer for Electron www.tax.ny.gov to find this form to the Torm for three years a substitution of the form for electron for the form for electron for the form for three years and this form for electron for the form for electron for the form for six-Month for Six-Month for utility corporation for the form for the	ax returns. Bo However, if a ERO, he or shi ceessary to inci ic signature ca prizations (TR-t ponically Filed To ax Departmer by ax Departmer ax Departmer by by ax Departmer by by by by by by by comparison by	th the paid preparer and the an individual performs as e is only required to sign clude the ERO signature in an be used as described in 579 forms) for Taxpayers Fax Returns. Go to our lent.  at. EROs/paid preparers muot he Tax Department upon lens taxes, MTA surcharge, sion to File (for combined)
1 Amount of authorized debit					
2 Financial institution routing number				2	
3 Financial institution account number				3	
Part A - Declaration of authorized corporate office	r for Form CT-3, CT-	-3-A, CT-3-M,	CT-3-S, CT-13, CT	-33, CT-33-A,	

### CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2022 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, Reportable Transactions, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2022 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2022 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title	Date
Kenneth K Moms	KENNETH MORRIS, PRESIDENT AND CEO	11-09-23

#### Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature JILL M. JOHNSON, CPA	Print name JILL M. JOHNSON, CPA	Date 11-09-23
Paid preparer's signature  JILL M. JOHNSON, CPA	Print name JILL M. JOHNSON, CPA	Date 11-09-23



## CT-2

Department of Taxation and Finance

### **Corporation Tax Return Summary**

THIS FORM MUST BE FILED WITH YOUR RETURN

1	Legal name of corporation					
	1. BROOKS-TLC HOSPITAL SYSTEM enclo					
	3,000					
3	Return type		3		CT	13
4	Employer ID number (EIN)		4. 1	L6 - 074	133	01
5	File number (FCC)			5.	M	М5
6	Period beginning date (mm-dd-yy)		6.	01-0	01	22
7	Period ending date (mm-dd-yy)		7.	12 -	31 -	22
8	Amended (Y=1; N=0)				8.	0
9	Final (Y=1; N=0)		_		9.	
10	NAICS code			10. 62	215	00
11	MTA indicator (None = 0; $Y = 1$ ; $N = 2$ ; Both = 3)			193	11.	
12	Federal 1120-H filed $(Y = 1; N = 0)$				12.	
13	REIT/RIC indicator $(Y = 1; N = 0)$	<u> 194 - 10</u>	2		13.	
14	Tax due/MTA surcharge	14.		25	50.	00
15	Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000	15.			8 8	6 (
16	Balance due	16.			9 8	
17	Amount of overpayment credited to next period - NYS	17.				
18	Refund of overpayment	18.				
19	Refund of unused tax credits	19.				
20	Tax credits to be credited as an overpayment to next year's return	20.				
21	Amount of overpayment credited to next period - MTA	21.				
22	Amount of MTA surcharge retaliatory tax credit to be refunded	22.				
23	Fixed dollar minimum	23.			88.8	
24	Designated agent's (Article 9-A) or combined parent's (Article 33) EIN					
25	New York receipts	25.				
26	Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?				26.	
27	Paid preparer's EIN		27. 1	L6 076	554	86
28	Preparer's NYTPRIN		2	8.		
99	Excl code				29	03



For office use only

#### BROOKS-TLC HOSPITAL SYSTEM

Page 2 of 2 CT-2 (2022)

### Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.
32	Total excise tax on telecommunication services	32.
33	Tax on gross income - NYS	33.
34	MTA surcharge related to telecommunication services	34.
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.
36	Total MTA surcharge related to telecommunication services	36.
37	MTA surcharge on gross income	37.
38	Balance due - NYS	38.
39	Balance due - MTA	39.
40	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$ ; $N = 2$ ; Both = 3)	40.
40 41	Provided telecommunication services in the MCTD this year? (None = 0; $Y = 1$ ; $N = 2$ ; Both = 3)  Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None	
10075		
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non	e = 0; Y = 1; N = 2; Both = 3) 41.
41 42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS	e = 0; Y = 1; N = 2; Both = 3) 41.
41 42 43	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS  Overpayment credited to next year's tax - MTA	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43.
41 42 43 44	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS  Overpayment credited to next year's tax - MTA  Refund of overpayment - NYS	42. 43. 44.
41 42 43 44 45	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non Overpayment credited to next year's tax - NYS  Overpayment credited to next year's tax - MTA  Refund of overpayment - NYS  Refund of overpayment - MTA	42. 43. 44. 45.
41 42 43 44 45 46	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (Non-Overpayment credited to next year's tax - NYS  Overpayment credited to next year's tax - MTA  Refund of overpayment - NYS  Refund of overpayment - MTA  Refund of unused tax credits - NYS	e = 0; Y = 1; N = 2; Both = 3) 41. 42. 43. 44. 45.

5	NEW CT-13	155		ess Incom	IC		
~	amended return	Tay Law - /	Article 12		01-01-22	endi	na 12-31-22
E	nployer identification number (EIN)	Tax Law - A	Business telephon		01 01 22	GIIGI	If you claim an
	16-0743301	MM5	716-366	5_1111			overpayment, mark an $\chi$ in the box
L	egal name of corporation	1113	710 300	Trade name/I	DBA		an X in the box
_	ROOKS-TLC HOSPITAL SYSTE	EM		State or coun	try of incorporation		
С	are of (c/o)						
N	umber and street or PO Box			Date of incorp	poration Fo	reign corpo	orations: date began business in NYS
5	29 CENTRAL AVE.						
С	ty U.S. state/Canadian province	e ZIP/Postal co	de Country (if r	ot United States)	Fo	r office use	only
I	UNKIRK, NY 14048						
N	AICS business code number (from federal return)  If you	need to update	your address or	phone information			
1	601500		other tax types,				
P	incipal unrelated business activity (see instructions)		A STATE OF THE PARTY OF THE PAR	ness information it	n e		
I	ABORATORY SERVICES		Form CT-1.	neco miernatori -	**************************************		
	rk an x in this box if you ceased operating the universe section. Who must file Form CT-13 in the instance. Pay amount shown on line 22. Make payable. Attach your payment here. Detach all checks	to: New York S	tate Corporation	Tax			Payment enclosed
Co	mputation of income and tax	stubs. (See Instr	uctions for details	s. <i>)</i>	A		
-	Federal unrelated business taxable income before net	operating loss de	duction and after \$	1 000 specific deduct	ion	1	-1,868,275.
	New York State Article 13 and Article 23 tax de	10.70		15.1	_555555555555555555	2	
	Additions required for shareholders of federal S					3	
	Grossed-up taxes for shareholders of New York					4	
	Other additions (see instructions)		CONTROL OF STREET CONTROL WOOD CONTROL			5	
	Add lines 1 through 5					6	-1,868,275.
	Other income (see instructions)			7			
	Federal S corporation shareholder subtractions	(see instruction	ne)			i i	
	Other subtractions (see instructions)						
	Total subtractions (add lines 7, 8, and 9)					10	
	Taxable income before net operating loss dedu					11	-1,868,275.
	New York net operating loss deduction (attach					12	
	Taxable income (subtract line 12 from line 11)					13	-1,868,275.
	Allocated taxable income (multiply line 13 by					,,,	
	from line 13 if allocation is not claimed)					14	-1,868,275.
15	Tax based on income (multiply line 14 by 9% (.0					15	0.
	Minimum tax					16	250 . 00
	Tax (line 15 or line 16, whichever is larger)					17	250.
	(m.o 10 of mio 10, Willollovor is larger)		*****************	*************	*******	1000	

See page 3 for third-party designee, certification, and signature entry areas.

Total prepayments from line 46

Balance (if line 18 is less than line 17, subtract line 18 from line 17)

Interest on late payment (see instructions)

Late filing and late payment penalties (see instructions)

22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above) ......

Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)



24 Amount of overpayment on line 23 to be credited to next year

25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)

20

21

250.

18 19

20

21

22

23

24

25

Have	you been audited by the Internal Revenue Service in the past 5 y	years?	Yes	N	If Yes, list years:		
Fede	ral return was filed on: 990-T X Other:		🗆	A	ttach a complete copy	of yo	ur federal return.
If you	edule A - Unrelated business allocation  I did not maintain a regular place of business outside New York Shouse, or other space regularly used by the taxpayer in its unrelated ocation, nature of activities, and number and duties of employees	ted bus					
Ave	rage value of:	20	A New York St	ate	B Everywhere		
	Real estate owned (see instructions)	26					1
	Gross rents (attach list; see instructions)	Sec. 2					1
28	Inventories owned	2555					1
29	Other tangible personal property owned (see instructions)	10000000					1
	Total (add lines 26 through 29)						1
31	Percentage in New York State (divide line 30, column A, by line seipts in the regular course of business from:		umn B)			31	%
	Sales of tangible personal property shipped to	11-2					1
	points within New York State	32					
33	All sales of tangible personal property	33					İ
	Services performed	34					]
	Rentals of property	35					]
	Other business receipts				0		]
	Total (add lines 32 through 36)						
	Percentage in New York State (divide line 37, column A, by line		umn B)			38	%
39	Wages, salaries, and other compensation of employees	1058: 10	5				
	(except general executive officers; see instructions)	39					
40	Percentage in New York State (divide line 39, column A, by line	39, col	umn B)		**************	40	%
	Total of New York State percentages (add lines 31, 38, and 40					41	%
42	Business allocation percentage (divide line 41 by three or by the	numb	er of percentages)		B-+!-I	42	%
_	nposition of prepayments claimed on line 18*		-		Date paid		Amount
	Payment with extension request, Form CT-5, line 5			43	05-15-23	8	250.
	Second installment from Form CT-400			44a		8	
	Third installment from Form CT-400			44b			
	Fourth installment from Form CT-400			44c			
	Amount of overpayment credited from prior years				45		
46	Total prepayments (add lines 43 through 45; enter here and on li	ine 18)			46		250.
	* Taxpayers subject to the unrelated business income tax are r If you did make these unrequired payments, report them on li	not req ines 44	uired to make estir a, 44b, and 44c.	nated t	ax payments.		
Ame	ended return information						
If filin	g an amended return, mark an $\chi$ in the box for any items that ap	ply and	d attach document	tation.			
Final	federal determination • If marked, enter	date o	f determination:	•_			
Capit	al loss carryback • Federal return fil	led	*************************		Form 1139 •		
Amer	nded Form 990-T						



Third - part designee (see	Yes No Designee's name (print)	Designee's phone number			
instructions	Designee's email address			PIN 99111	
Certification	: I certify that this return and any attachments are to the best of my knowled	ge and I	belief true, correct, and co	mplete.	
Authorized	THINTEN D MODDIG				
person	Email address of authorized person  KMORRIS@BROOKSHOSPITAL.ORG		Telephone number 716-366-11	Date 11-09-23	
24 194544 A	Firm's name (or yours if self-employed)  LUMSDEN & MCCORMICK, LLP		Firm's EIN 16-0765486	Preparer's PTIN or SSN P01701478	
Paid preparer use only	2	369 FRANKLIN STREET			
(see instr.)	Email address of individual preparing this return  JJOHNSON@LUMSDENCPA.COM	Prepare	r's NYTPRIN or Excl. co	Date 11-09-23	

See instructions for where to file.