

REAL PROPERTY TRANSFER TAX RETURN
 (Pursuant to Title 11, Chapter 21, NYC Administrative Code)

▲ DO NOT WRITE IN THIS SPACE ▲
 FOR OFFICE USE ONLY

GRANTOR

● Name **DOWNSTATE AT LICH HOLDING COMPANY, INC.**

● Grantor is a(n): individual partnership corporation other _____ Telephone Number _____
 (check one) single member LLC multiple member LLC (see instructions)

● Permanent mailing address after transfer (number and street) **450 CLARKSON AVENUE**

● City and State **BROOKLYN, NY** Zip Code **11203**

● Single member's name if grantor is a single member LLC _____

SOCIAL SECURITY NUMBER
 [][] [][] [][]

OR

EMPLOYER IDENTIFICATION NUMBER
 [4][5] [1][4][7][1][1][2][3]

SINGLE MEMBER EIN OR SSN
 [][][][][][][][][][]

GRANTEE

● Name **NYU LANGONE HOSPITALS**

● Grantee is a(n): individual partnership corporation other **HOSPITAL** Telephone Number _____
 (check one) single member LLC multiple member LLC (see instructions)

● Permanent mailing address after transfer (number and street) **550 5TH AVE**

● City and State **NEW YORK, NY** Zip Code **10036-5007**

● Single member's name if grantee is a single member LLC _____

SOCIAL SECURITY NUMBER
 [][] [][] [][]

OR

EMPLOYER IDENTIFICATION NUMBER
 [1][3] [3][9][7][1][2][9][8]

SINGLE MEMBER EIN OR SSN
 [][][][][][][][][][]

PROPERTY LOCATION

LIST EACH LOT SEPARATELY. ATTACH A RIDER IF ADDITIONAL SPACE IS REQUIRED

Address (number and street)	Apt. No.	Borough	Block	Lot	# of Floors	Square Feet	Assessed Value of Property
339-357 HICKS STREET		BROOKLYN	284	7	0	1	1,539,000.00

● DATE OF TRANSFER TO GRANTEE: 3/13/2020 ● PERCENTAGE OF INTEREST TRANSFERRED: 100 %

CONDITION OF TRANSFER. See Instructions

- Check (✓) all of the conditions that apply and fill out the appropriate schedules of this return. Additionally, Schedules 1 and 2 must be completed for all transfers.
- a. Arms length transfer
 - b. Transfer in exercise of option to purchase
 - c. Transfer from cooperative sponsor to cooperative corporation
 - d. Transfer by referee or receiver (complete Schedule A)
 - e. Transfer pursuant to marital settlement agreement or divorce decree (complete Schedule I)
 - f. Deed in lieu of foreclosure (complete Schedule C)
 - g. Transfer pursuant to liquidation of an entity (complete Schedule D)
 - h. Transfer from principal to agent, dummy, strawman or conduit or vice-versa (complete Schedule E)
 - i. Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will)
 - j. Gift transfer not subject to indebtedness
 - k. Gift transfer subject to indebtedness
 - l. Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F)
 - m. Transfer to a governmental body
 - n. Correction deed
 - o. Transfer by or to a tax exempt organization (complete Schedule G)
 - p. Transfer of property partly within and partly without NYC
 - q. Transfer of successful bid pursuant to foreclosure
 - r. Transfer by borrower solely as security for a debt or a transfer by lender solely to return such security
 - s. Transfer wholly or partly exempt as a mere change of identity or form of ownership. Complete Schedule M)
 - t. Transfer to a REIT or to a corporation or partnership controlled by a REIT. (Complete Schedule R)
 - u. Other transfer in connection with financing (describe): _____
 - v. A grant or assignment of a leasehold interest in a tax-free NY area
 - w. Transfer to an HDFC or an entity controlled by an HDFC. (Complete Schedule L)
 - x. _____ Reserved
 - y. _____ Reserved
 - z. Other (describe)

● TYPE OF PROPERTY (✓)	● TYPE OF INTEREST (✓)																				
<ul style="list-style-type: none"> a. <input type="checkbox"/> 1-3 family house b. <input type="checkbox"/> Individual residential condominium unit c. <input type="checkbox"/> Individual cooperative apartment d. <input type="checkbox"/> Commercial condominium unit e. <input type="checkbox"/> Commercial cooperative f. <input type="checkbox"/> 4 family dwelling g. <input type="checkbox"/> Apartment building h. <input type="checkbox"/> Office building i. <input type="checkbox"/> Industrial building j. <input type="checkbox"/> Utility k. <input checked="" type="checkbox"/> OTHER (describe): <u>NON-RESIDENTIAL VACANT LAND</u> 	<p>Check box at LEFT if you intend to record a document related to this transfer. Check box at RIGHT if you do not intend to record a document related to this transfer.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">REC.</th> <th style="width:50%; text-align: left;">NON REC.</th> </tr> </thead> <tbody> <tr><td>a. <input checked="" type="checkbox"/> Fee.....</td><td><input type="checkbox"/></td></tr> <tr><td>b. <input type="checkbox"/> Leasehold Grant</td><td><input type="checkbox"/></td></tr> <tr><td>c. <input type="checkbox"/> Leasehold Assignment or Surrender</td><td><input type="checkbox"/></td></tr> <tr><td>d. <input type="checkbox"/> Easement</td><td><input type="checkbox"/></td></tr> <tr><td>e. <input type="checkbox"/> Subterranean Rights</td><td><input type="checkbox"/></td></tr> <tr><td>f. <input type="checkbox"/> Development Rights</td><td><input type="checkbox"/></td></tr> <tr><td>g. <input type="checkbox"/> Stock</td><td><input type="checkbox"/></td></tr> <tr><td>h. <input type="checkbox"/> Partnership Interest</td><td><input type="checkbox"/></td></tr> <tr><td>i. <input type="checkbox"/> OTHER. (describe):</td><td><input type="checkbox"/></td></tr> </tbody> </table>	REC.	NON REC.	a. <input checked="" type="checkbox"/> Fee.....	<input type="checkbox"/>	b. <input type="checkbox"/> Leasehold Grant	<input type="checkbox"/>	c. <input type="checkbox"/> Leasehold Assignment or Surrender	<input type="checkbox"/>	d. <input type="checkbox"/> Easement	<input type="checkbox"/>	e. <input type="checkbox"/> Subterranean Rights	<input type="checkbox"/>	f. <input type="checkbox"/> Development Rights	<input type="checkbox"/>	g. <input type="checkbox"/> Stock	<input type="checkbox"/>	h. <input type="checkbox"/> Partnership Interest	<input type="checkbox"/>	i. <input type="checkbox"/> OTHER. (describe):	<input type="checkbox"/>
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SCHEDULE 1 - DETAILS OF CONSIDERATION

COMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER COMPLETING THE APPROPRIATE SCHEDULES ON PAGES 5 THROUGH 12. ENTER "ZERO" ON LINE 11 IF THE TRANSFER REPORTED WAS WITHOUT CONSIDERATION.

1. Cash.....	● 1.	10,100,000	00
2. Purchase money mortgage.....	● 2.	0	00
3. Unpaid principal of pre-existing mortgage(s).....	● 3.	0	00
4. Accrued interest on pre-existing mortgage(s).....	● 4.	0	00
5. Accrued real estate taxes.....	● 5.	0	00
6. Amounts of other liens on property.....	● 6.	0	00
7. Value of shares of stock or of partnership interest received.....	● 7.	0	00
8. Value of real or personal property received in exchange.....	● 8.	0	00
9. Amount of Real Property Transfer Tax and/or other taxes or expenses of the grantor which are paid by the grantee.....	● 9.	0	00
10. Other (describe):	● 10.	0	00
11. TOTAL CONSIDERATION (add lines 1 through 10 - must equal amount entered on line 1 of Schedule 2) (see instructions).....	● 11.	\$ 10,100,000	00

See instructions for special rules relating to transfers of cooperative units, liquidations, marital settlements and transfers of property to a business entity in return for an interest in the entity.

SCHEDULE 2 - COMPUTATION OF TAX

A. Payment	Pay amount shown on line 15 - See Instructions	Payment Enclosed	
1. Total Consideration (from line 11, above).....	● 1.	10,100,000	00
2. Excludable liens (see instructions).....	● 2.	0	00
3. Consideration (line 1 less line 2).....	● 3.	10,100,000	00
4. Tax Rate (see instructions).....	● 4.	0	%
5. HDFC Exemption (see Schedule L, line 15)	● 5.	0	00
6. Consideration less HDFC Exemption (line 3 less line 5)	● 6.	10,100,000	00
7. Percentage change in beneficial ownership (see instructions)	● 7.	100	%
8. Taxable consideration (multiply line 6 by line 7).....	● 8.	10,100,000	00
9. Tax (multiply line 8 by line 4).....	● 9.	0	00
10. Credit (see instructions).....	● 10.	0	00
11. Transfer tax previously paid (see Schedule L, line 18).....	● 11.	0	00
12. Tax due (line 9 less line 10 and 11) (if the result is negative, enter zero).....	● 12.	0	00
13. Interest (see instructions).....	● 13.	0	00
14. Penalty (see instructions).....	● 14.	0	00
15. Total Tax Due (add lines 12, 13 and 14).....	● 15.	\$ 0	00

GRANTOR'S ATTORNEY

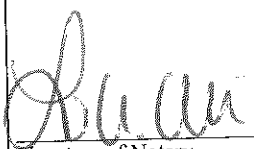
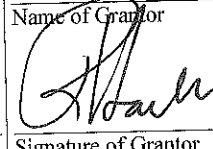
Name of Attorney JOSEPH MASCIA , ESQ		Telephone Number (212) 883-4900	
Address (number and street) C/O COZEN O'CONNOR 277 PARK AVENUE		City and State NEW YORK, NY	Zip Code 10172
EMPLOYER IDENTIFICATION NUMBER	<input type="text"/>	OR	SOCIAL SECURITY NUMBER

GRANTEE'S ATTORNEY

Name of Attorney ANDREW J. WEINER, ESQ		Telephone Number (212) 858-1034	
Address (number and street) C/O PILLSBURY WINTHROP SHAW PITTMAN LLP 31 WEST 52ND STREET		City and State NEW YORK, NY	Zip Code 10019
EMPLOYER IDENTIFICATION NUMBER	<input type="text"/>	OR	SOCIAL SECURITY NUMBER

CERTIFICATION

I swear or affirm that this return, including any accompanying schedules, affidavits and attachments, has been examined by me and is, to the best of my knowledge, a true and complete return made in good faith, pursuant to Title 11, Chapter 21 of the Administrative Code and the regulations issued thereunder.

GRANTOR		GRANTEE	
Sworn to and subscribed to		Sworn to and subscribed to	
before me on this <u>09</u> day	45-1471123 <small>EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER</small>	before me on this _____ day	13-3971298 <small>EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER</small>
of <u>MAN</u> , <u>2020</u>	DOWNSTATE AT LICH HOLDING COMPANY, INC.	of _____	NYU LANGONE HOSPITALS
	Name of Grantor		Name of Grantee
			
Signature of Notary	Signature of Grantor	Signature of Notary	Signature of Grantee
<p>Lori A. Aldi Notary Public in the state of New York Qualified in Schenectady County Reg. No. O1AL6903477 My commission Expires March 2, 2022</p>		<p>Notary's stamp or seal</p>	

Form NYC-RPT

GRANTOR'S ATTORNEY ▼


Name of Attorney JOSEPH MASCIA , ESQ		Telephone Number (212) 883-4900	
Address (number and street) C/O COZEN O'CONNOR 277 PARK AVENUE		City and State NEW YORK, NY	Zip Code 10172
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GRANTOR		GRANTEE	
Sworn to and subscribed to		Sworn to and subscribed to	
before me on this _____ day	<u>45-1471123</u> EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER	before me on this <u>12th</u> day	<u>13-3971298</u> EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
of _____	DOWNSTATE AT LICH HOLDING COMPANY, INC. Name of Grantor	of <u>March</u> , <u>20<u>10</u></u>	NYU LANGONE HOSPITALS Name of Grantee
Signature of Notary	Signature of Grantor	<i>[Signature]</i> Signature of Notary	<i>[Signature]</i> Signature of Grantee
		SHEILA EISENBERG Notary Public, State of New York Reg. No. 4932212 Qualified in New York County Commission Expires <u>1/28/2023</u>	By: Dr. Robert I. Grossman Title: Chief Executive Officer

SCHEDULE G - TRANSFER BY OR TO A TAX EXEMPT ORGANIZATION

NONPROFIT ORGANIZATIONS PLEASE REFER TO THE INSTRUCTIONS "EXEMPTIONS FROM THE TRANSFER TAX"

NOTE

A transfer by or to an eligible tax exempt organization is exempt from the Real Property Transfer Tax. To be eligible, an organization must be operated exclusively for religious, charitable or educational purposes and must provide proof of the organization's tax exempt status. If claiming tax exempt status, please answer questions 1 and 2. Additionally, the organization must provide copies of any letters granting an IRS or New York State sales tax exemption or New York City exemption and ATTACH AN AFFIDAVIT stating whether such an exemption remains in effect.

1. Is the grantor or grantee an organization exempt from taxation pursuant to IRS Code Section 501(c)(3)? (✓) YES NO
If "yes", attach a copy of the letter from the U. S. Treasury Department granting the exemption.
2. Has the grantor or grantee received an exemption from sales tax from the NYS Department of Taxation and Finance? (✓)... YES NO
If "yes", attach a copy of the letter from the NYS Department of Taxation and Finance granting the exemption.

SCHEDULE H - TRANSFER OF CONTROLLING ECONOMIC INTEREST

A. Name, address and Employer Identification Number (EIN) of entity with respect to which a controlling economic interest has been transferred:

Name: _____ Zip Code: _____

Address: _____

EIN -

NOTE

If the real property that is the subject of this transfer is owned by an entity other than the entity listed above, check (✓) the box and attach a schedule listing the name, address and Employer Identification Number of the entity.

B.	Total percentage of economic interest transferred in this transaction	B.	%
C.	Total percentage of economic interest transferred by this grantor(s) or others in related transfers or pursuant to plan (including this transaction)	C.	%
D.	Total percentage of economic interest transferred by this grantor(s) or others within the preceding three years (including this transaction)	D.	%
E.	Total percentage of economic interest acquired by this grantee(s) or others in related transfers or pursuant to plan (including this transaction)	E.	%
F.	Total percentage of economic interest acquired by this grantee(s) or others within the preceding three years (including this transaction)	F.	%

NOTE

If any of the above percentages is 50% or more, complete lines 1 and 2 below and Schedules 1 and 2. Attach a rider explaining apportionment of consideration.

COMPUTATION OF CONSIDERATION

1.	Total consideration for this transfer	1.	<input type="text"/>	<input type="text"/>
2.	Amount apportioned to item of NYC real property or interest therein (see instructions)	2.	<input type="text"/>	<input type="text"/>