

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 2019, and ending 12/31/2019

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

Department of the Treasury Internal Revenue Service

POSTMARK MISSING

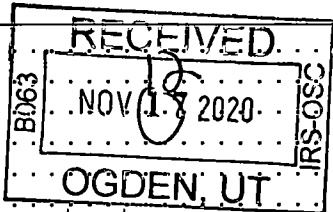
Header section containing organization name (THE MARY IMOGENE BASSETT HOSPITAL), address (ONE ATWELL ROAD, COOPERSTOWN, NY 13326), and employer identification number (13-5596796).

Section H: Enter the number of the organization's unrelated trades or businesses (1) and describe them (PARTNERSHIP INVESTMENTS).

ENVELOPE POSTMARK DATE NOV 12 2020 SCANNED SEP 9 2021

Table for Part I: Unrelated Trade or Business Income. Columns include (A) Income, (B) Expenses, and (C) Net. Total net income is -66,431.

Table for Part II: Deductions Not Taken Elsewhere. Includes rows for compensation, salaries, repairs, and other deductions. Total deductions are 250.



For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32 through 39.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40 through 45.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a through 56.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57, 58, and 59.

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.

Signature and Preparer information section including fields for Signature, Date, Title, Print/Type preparer's name, Date, Firm's name, Firm's address, and PTIN.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

<b>1</b> Inventory at beginning of year . . . . .	<b>1</b>		<b>6</b> Inventory at end of year . . . . .	<b>6</b>	
<b>2</b> Purchases . . . . .	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	
<b>3</b> Cost of labor . . . . .	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>				
<b>b</b> Other costs (attach schedule) . . . . .	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b . . . . .	<b>5</b>				N/A

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

<b>1. Description of property</b>		
(1)	N/A	
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
<b>Totals</b> . . . . . ▶				
<b>Total dividends-received deductions</b> included in column 8 . . . . . ▶				

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes a Totals row with instructions for adding columns.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col 3 plus col 4). Includes a Totals row with instructions.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col 2 minus col 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Includes a Totals row with instruction to carry to Part II, line (5).

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

PARTNERSHIP INCOME	-66,431.
INCOME (LOSS) FROM PARTNERSHIPS	<u>-66,431.</u>

THE MARY IMOGENE BASSETT HOSPITAL  
FOR THE YEAR ENDED 12/31/19  
EIN: 13-5596796

ATTACHMENT 2

FORM 990-T, LINE 20  
CHARITABLE CONTRIBUTIONS

<u>TAX YEAR</u>	<u>GENERATED</u>	<u>UTILIZED IN PRIOR YEARS</u>	<u>UTILIZED IN CURRENT YEAR</u>	<u>CONVERTED TO NOL</u>	<u>AMOUNT REMAINING</u>
12/31/2012	1,190	-	-	(1,190)	-
12/31/2013	995	-	-	(995)	-
12/31/2014	-	-	-	-	-
12/31/2015	224	-	-	(224)	-
12/31/2016	195	-	-	(195)	-
12/31/2017	819	-	-	-	819 *
12/31/2018	43,966	-	-	-	43,966 *
12/31/2019	6,537	-	-	-	6,537
	<u>53,926</u>	<u>-</u>	<u>-</u>	<u>(2,604)</u>	<u>51,322</u>

\* CONTRIBUTION CARRYOVER ADJUSTED TO REMOVE 2018 UTILIZATION THAT WAS SOLELY DUE TO QUALIFIED TRANSPORTATION FRINGE BENEFIT INCOME IRC SECTION 512(A)(7). IRC SECTION 512(A)(7) WAS REPEALED ON A RETROACTIVE BASIS.

THE MARY IMOGENE BASSETT HOSPITAL  
 FOR THE YEAR ENDED 12/31/19  
 EIN: 13-5596796

ATTACHMENT 3

FORM 990-T, PART II, LINE 31  
 NET OPERATING LOSS CARRYFORWARD

<u>TAX YEAR</u>	<u>LOSS GENERATED</u>	<u>CHARITABLE CONVERSION</u>	<u>UTILIZED IN PRIOR YEARS</u>	<u>UTILIZED IN CURRENT YEAR</u>	<u>AMOUNT REMAINING</u>
12/31/2015	87,204	224	(19,058)	-	68,370 *
12/31/2016	-	195	-	-	195 *
12/31/2017	3,018	-	-	-	3,018 *
12/31/2018	25,222	-	-	-	25,222
12/31/2019	66,681	-	-	-	66,681
	<u>182,125</u>	<u>419</u>	<u>(19,058)</u>	<u>-</u>	<u>163,486</u>

\* NOL ADJUSTED TO REMOVE 2018 UTILIZATION THAT WAS SOLELY DUE TO QUALIFIED TRANSPORTATION FRINGE BENEFIT INCOME IRC SECTION 512(A)(7). IRC SECTION 512(A)(7) WAS REPEALED ON A RETROACTIVE BASIS.