

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 1912, and ending

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 Check box if address changed
B Exempt under section 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization () Check box if name changed and see instructions.
CHENANGO MEMORIAL HOSPITAL, INC.
Number, street, and room or suite no. If a P.O. box, see instructions.
179 NORTH BROAD STREET
City or town, state or province, country, and ZIP or foreign postal code
NORWICH, NY 13815

D Employer identification number (Employees' trust, see instructions)
15-0532180
E Unrelated business activity code (See instructions)
531120

C Book value of all assets at end of year
56,498,249.

F Group exemption number (See instructions.)
G Check organization type (X) 501(c) corporation () 501(c) trust () 401(a) trust () Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here RENTAL OF CMH OCCUPIED BUILDING. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

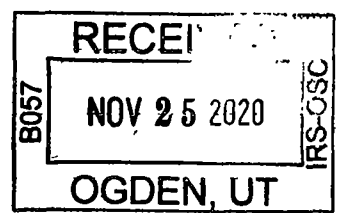
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? () Yes (X) No

J The books are in care of DRAKE LAMEN M.D. Telephone number (607) 337-4111

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Capital gain net income, etc. Total Income: 11,700; Total Expenses: 13,429; Total Net: -1,729.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Interest; Taxes and licenses; Depreciation; Total deductions: 250; Unrelated business taxable income before net operating loss deduction: -1,979; Unrelated business taxable income: -1,979.



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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) -1,979.; 33 Amounts paid for disallowed fringes; 34 Charitable contributions (see instructions for limitation rules) 0.; 35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 -1,979.; 36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 1 0.; 37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 -1,979.; 38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 1,000.; 39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 -1,979.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 0.; 41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041); 42 Proxy tax. See instructions; 43 Alternative minimum tax (trusts only); 44 Tax on Noncompliant Facility Income. See instructions; 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 0.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116); 46b Other credits (see instructions); 46c General business credit. Attach Form 3800; 46d Credit for prior year minimum tax (attach Form 8801 or 8827); 46e Total credits. Add lines 46a through 46d; 47 Subtract line 46e from line 45 0.; 48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule); 49 Total tax. Add lines 47 and 48 (see instructions) 0.; 50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 0.; 51a Payments: A 2018 overpayment credited to 2019; 51b 2019 estimated tax payments; 51c Tax deposited with Form 8868; 51d Foreign organizations: Tax paid or withheld at source (see instructions); 51e Backup withholding (see instructions); 51f Credit for small employer health insurance premiums (attach Form 8941); 51g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total; 52 Total payments. Add lines 51a through 51g; 53 Estimated tax penalty (see instructions). Check if Form 2220 is attached; 54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed; 55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid; 56 Enter the amount of line 55 you want credited to 2020 estimated tax Refunded

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

Table with 2 columns: Question and Yes/No. Rows include: 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here X; 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. X; 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Sign Here

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 of officer: [Signature] Date: 11/12/2020 Title: PRESIDENT/CEO

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only section with fields for: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.