Form <b>S</b>	90-T	Ех	empt Organization				n	OMB No 1545-0047	· -
Form 990-1 (and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning, 2019, and ending, 20							, I	2019	
Donates									
	partment of the Treasury email Revenue Service  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								٦
A	Check box if	eck box if Name of organization ( Check box if name changed and see instructions ) D Employer identification number							_
	address changed						(Emplo	oyees' trust, see instructions )	
B Exempt	Exempt under section O'CONNOR HOSPITAL								
X 501	Number, street, and room or suite no. If a P.O. box, see instructions  16-1540394								
	408(e) 220(e) T								_
408	408A S30(a) 460 ANDES ROAD (See instructions )								
529	529(a) City or town, state or province, country, and ZIP or foreign postal code								
	C Book value of all assets at end of year DELHI, NY 13753 446110								_
	•		up exemption number (See instructi						_/
29,	607,734.	G Che	ck organization type 🕨   X   501	(c) co	rporation 501(c)	trust	401(a)	trust Other trust	_ '
			nization's unrelated trades or busine	sses	<b>▶</b> 1	Describe	the only	(or first) unrelated	
trade	or business her	e ►INC	OME FROM PHARMACY		If only one,	complete Parts I	-V If more	e than one, describe the	
first ir	n the blank spa	ce at the	end of the previous sentence, cor	nplete	Parts I and II, complete a S	chedule M for each	ch additior	nai	
	or business, the								_
			corporation a subsidiary in an affili	_	· · ·	ontrolled group?		▶  Yes X No	,
			identifying number of the parent cor	poration		e number ▶ 60	7 716	0226	_
-			CONNOR HOSPITAL		,	<del></del>			_
			2,202,611.	l .	(A) Income	(B) Expen	ses	(C) Net	7
	oss receipts or s		c Balance ▶	4.0	2,202,611.				1
	s returns and allowa		ule A, line 7)	1c 2	2,202,011.			<del>                                     </del>	<del>-</del>
			2 from line 1c	3	2,202,611.			2,202,611.	
			ttach Schedule D)	4a	2/202/0121			2,202,022	÷.
		-	Part II, line 17) (attach Form 4797)	4b			/		_
	•		rusts	4c					_
	•		an S corporation (attach statement)	5					_
			and surporation (all and a state mental).	6	***				_
	•	•	come (Schedule E)	7		<del>/</del>			_
			nts from a controlled organization (Schedule F)	8					_
	-		f(c)(7), (9), or (17) organization (Schedule G)						_
			ncome (Schedule I)	10					_
		-	ule J)	11					
			tions, attach schedule)	12					_
13 To	tal Combine lir	nes 3 thro	ough 12	13/	2,202,611.			2,202,611.	<u>.                                    </u>
Part II	Deduction	ns Not	<b>Taken Elsewhere</b> (See instr	úctio	ons for limitations on d	eductions.) (I	Deduction	ons must be directly	
			ne unrelated business incom				···- γ-··-		_
			directors, and trustees (Schédule K)				14		_
15 Sa	laries and wage	s			······································	Ξ[7: · · ] ·	15	~ 268,204.	<u>-</u>
16 Re	pairs and main	tenance	<i></i>			<u> </u>	16		_
17 Ba	d debts		see instructions)		[8] NUN 4.4 79	<u>SSI</u>	17		_
<b>18</b> Inte	erest (attach so	chedule) (	see instructions)		[음]개야시 1.4 시		18	250	_
19 Ta:	xes and license:	s	<b>.</b>		· ·   · · <del>[ </del>	<u>· · · ·  </u> <u>6</u> 2  · · ·	19	250	÷
20 De	preciation (atta	ch Form	4562)			HT-			•
21 10.	ss depreciation	Claimica	on ocheable A and elsewhere on re	, tuiii			21b		_
									-
			compensation plans						_
			Sabadida IX						_
			Schedule I)						-
			chedule J)					2,903,060.	_
			s 14 through 27					3,171,514.	_
			le income before net operating					-968,903.	_
			g loss arising in tax years beginnin					1 230,233.	-
/			e income Subtract line 30 from line	-				-968,903.	<del>-</del>
			otice, see instructions.		<u> </u>			Form 990-T (2019	_

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Form	880- (2019) O'CONNOR HOSPITAL	16-1540394
Pai	rt III Total Unrelated Business Taxable Income	
32	Aotal of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	-968,9
33	Instructions)	\$3
34	Charitable contributions (see instructions for limitation rules)	3,4
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line-	
	34 from the sum of lines 32 and 33	35 -968,9
36	Deduction for net operating loss arising in tex years beginning before January 1, 2018 (see	<b>     </b>
••	Instructions)	36
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35.	37 -968,5
		<del></del>
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38
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 fine 37	39 -968,9
Par	Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40
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)	41
42	Proxy tax. See instructions	42
	Alternative minimum tax (trusts only).	43
	Tax on Noncompliant Facility Income. See Instructions	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	
		45 [
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	
	Other credits (see instructions)	
	General business credit. Attach Form 3800 (see Instructions)	Ì
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	
e	Total credits: Add lines 46a through 46d	46e
7	Subtract line 46e from <u>line</u> 45	47
		48
9	Total tax, Add lines 47 and 48 (see instructions)	49
	· · · · · · · · · · · · · · · · · · ·	50
	Payments: A 2018 overpayment credited to 2019	
	2019 estimated tax payments	Ì
	Tax deposited with Form 8868	ļ
_	Foreign organizations Tax paid or withheld at source (see Instructions)	l l
	Backup withholding (see instructions)	
	Credit for small employer health insurence premiums (attach Form 8941)	
gı	Other credits, adjustments, and payments: Form 2439  Form 4136  Other  Total	i
_	Form 4136   Other   Total ▶	
2 1	Fotal payments. Add lines 51s through 51g	52
3 E	Estimated tax penelty (see instructions) Check if Form 2220 is attached	53
4 1	Tax due. If line 52 is less than the total of tines 49, 50, and 63, enter amount owed ,	54
5 C	Overpayment. If line 52 is larger then the total of lines 49, 50, and 53, enter amount overpaid	55
5 E	inter the amount of line 55 you want. Credited to 2020 estimated tax	56
art		<del></del>
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	ther authority Yes
	over a financial account (bank, secunities, or other) in a foreign country? If "Yes," the organization may	·
	inCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the fo	
		reigh country
	lere >	
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	uustr
	"Yes," see instructions for other forms the organization may have to file.	
<u> </u>	inter the amount of tax-exampt interest received or accrued during the tax year > 5	Lad and beautiful and the state
	Under penalties of perjury. I declare that, I have examined this return, including accompanying schedules and statements and to the basitrue, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	. vimy anowidoge and beliaf
ign	May May	the IRS discuss this ret
ere	With With	the preparer shown be
		structions)? X Yes
	Print/Type preparer's name Preparer's signature Date Check	H PTIN
aid	rodd P Teresco 11/11/2020 self-emi	
	rer Firm's name > KPMG LLP	
epai		
repai se O	Firm's address > 515 BROADWAY, 4TH FLOOR, ALBANY, NY 12207-2974 Phone n	518-427-4600
epai	Firm's address ► 515 BROADWAY, 4TH FLOOR, ALBANY, NY 12207-2974 Phone n	518-427-4600 Form <b>990-</b> T (2

% %

%

Form **990-T** (2019)

Enter here and on page 1,

Part I, line 7, column (B)

(2)

(3)

(4)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A)

1. Name of controlled organization  (1) (2) (3) (4)  Nonexempt Controlled Organization  7 Taxable Income  (1) (2) (3) (4)  Totals  Schedule G-Investment Income	8 Net unrelated ind (loss) (see instructi	come ons)	;)(7), (9), or (1	payme	Add of Enter I	included	ntrolling s income	111 con	6. Deductions directly connected with income in column 5  Deductions directly nected with income in column 10  d columns 6 and 11 er here and on page 1, 11, line 8, column (B)
(2) (3) (4) Nonexempt Controlled Organiza 7 Taxable Income (1) (2) (3) (4) Totals	8 Net unrelated ind (loss) (see instructi	tion 501(c	payments made	e 	Add of Enter I	ed in the col ation's gross	ntrolling s income	Ad Ente	d columns 6 and 11 er here and on page 1,
(3) (4) Nonexempt Controlled Organiza 7 Taxable Income (1) (2) (3) (4)	8 Net unrelated ind (loss) (see instructi	tion 501(c	payments made	e 	Add of Enter I	ed in the col ation's gross	ntrolling s income	Ad Ente	d columns 6 and 11 er here and on page 1,
Nonexempt Controlled Organiza 7 Taxable Income  1) 2) 3) 4)	8 Net unrelated ind (loss) (see instructi	tion 501(c	payments made	e 	Add of Enter I	ed in the col ation's gross	ntrolling s income	Ad Ente	d columns 6 and 11 er here and on page 1,
7 Taxable Income  1) 2) 3) 4)  Fotals	8 Net unrelated ind (loss) (see instructi	tion 501(c	payments made	e 	Add of Enter I	ed in the col ation's gross	ntrolling s income	Ad Ente	d columns 6 and 11 er here and on page 1,
7 Taxable Income (1) (2) (3) (4)	8 Net unrelated ind (loss) (see instructi	tion 501(c	payments made	e 	Add of Enter I	ed in the col ation's gross	ntrolling s income	Ad Ente	d columns 6 and 11 er here and on page 1,
1)	(loss) (see instructi	tion 501(c	payments made	e 	Add of Enter I	ed in the col ation's gross	ntrolling s income	Ad Ente	d columns 6 and 11 er here and on page 1,
2) 3) 4)	come of a Sec	tion 501(d	;)(7), (9), or (1	▶ 7) Orga	Enter I Part I	nere and on	page 1,	Ente	er here and on page 1,
3) 4)	come of a Sec	tion 501(d	;)(7), (9), or (1	▶ 7) Orga	Enter I Part I	nere and on	page 1,	Ente	er here and on page 1,
4)	come of a Sec	tion 501(d	;)(7), (9), or (1	▶ 7) Orga	Enter I Part I	nere and on	page 1,	Ente	er here and on page 1,
Fotals	come of a Sec	tion 501(d	;)(7), (9), or (1	► 7) Orga	Enter I Part I	nere and on	page 1,	Ente	er here and on page 1,
Fotals	come of a Sec	tion 501(d	;)(7), (9), or (1	▶ 7) Orga	Enter I Part I	nere and on	page 1,	Ente	er here and on page 1,
	2 Amount of	IDCOMO.	3 Dedu		nization	(see inst	ructions)		-
1. Description of income			directly co	3. Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)			5. Total deductions and set-asides (col. 3 plus col. 4)
(1)									
(2)									
3)						<del>_</del> .			
4)	Enter here and o								Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	mpt Activity Inc	ome, Oth	er Than Adver	tising In	come (s	ee instru	ctions)		
Description of exploited activity	escription of exploited activity  2. Gross unrelated business income from trade or business  3 Expe direct connected product unrelated business		tly or business (column a line) or of life a gain, compute coles 5 through 7		5 Gross income from activity that is not unrelated business income		ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)									
(2)		•							
3)									-
4)									
Γ∪tals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rt I,	,			Enter here and on page 1, Part II, line 25		
Schedule J- Advertising Inc	come (see instru	ictions)		<u> </u>			<u>'</u>		
Part I Income From Perio			nsolidated Pa	eie		<u> </u>			
income i foni i en	bulcais Reporte	su on a co	nisolidated ba	313					<del></del>
1 Name of periodical	2 Gross advertising income  3 Direct advertising of		gain or (lo costs 2 minus o a gain, c	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7			6. Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)				, -					
2)									_
3)		***			· · · · · ·				_
(4)									
Totals (carry to Part II, line (5))								_	Form <b>990-T</b> (2019

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.)

Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)			_			
Totals from Part I ▶						
	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
Totals, Part II (lines 1-5) ▶						

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

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

Form **990-T** (2019)

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

UBTI - OTHER EXPENSES UBTI - INDIRECT COSTS

2,366,608. 536,452.

PART II - LINE 28 - OTHER DEDUCTIONS

2,903,060.

O'CONNOR HOSPITAL EIN: 16-1540394 12/31/2019

FORM 990-T, LINE 31

NET OPERATING LOSS CARRYOVER

		UTILIZED IN	UTILIZED IN	AMOUNT
TAX YEAR	<b>GENERATED</b>	PRIOR YEARS	CURRENT YEAR	<u>REMAINING</u>
12/31/2006	8,071	-	-	8,071
12/31/2007	27,960	-	-	27,960
12/31/2008	6,038	-	-	6,038
12/31/2009	74,876	-	-	74,876
12/31/2010	140,645	-	-	140,645
12/31/2011	135,580	-	-	135,580
12/31/2012	110,114	-	<u>.</u>	110,114
12/31/2013	114,174	-	-	114,174
12/31/2014	76,533	-	-	76,533
12/31/2015	127,810	_	-	127,810
12/31/2016	435,555	-	-	435,555
12/31/2017	461,060	-	-	461,060
12/31/2018	350,389	-	-	350,389
12/31/2019	968,903	_	-	968,903
_	3,037,708		-	3,037,708
<del>-</del>				