29393/6328500 1

	Form	990-T	Ex	empt Organ			iness Incom ler section 603		rn	OMB N	0 1545-0047
			For cale	ndar year 2019 or other	_				20	୬ (ก 10
	Denart	ment of the Treasury		_	-		structions and the la	- 			913
	•	Revenue Service	▶ Do	not enter SSN numbers					c)(3)	Open to Pu 501(c)(3) O	iblic Inspection for Organizations Only
	A	Check box if address changed		Name of organization (ne changed and see instru		D Emp		ation number
	ВЕхе	mpt under section	h	HUDSON EAST	RIVER S	YSTEN	MS LLC				
	X	501(C)(3 💋	Print	Number, street, and ro	om or suite no 1	faPO	box, see instructions		82-2	253311	
		408(e) 220(e)	Type								ss activity code
		408A 530(a)	1,260	525 EAST 68'	TH STREET	Г, во	X 156		(See i	nstructions)	
		529(a)		City or town, state or p	rovince, countr	y, and Zi	P or foreign postal code		1		
		k value of all assets]	NEW YORK, N	Y 10065				5239	0.0	
	at e	end of year	F Gro	up exemption number	r (See instructi	ions)	<u> </u>				м'
		7364076465.	G Che	eck organization type	► X 501	(c) cor	poration 50	01(c) trust	401(a)	trust	Other trust
	H Er	nter the number of	the orga	inization's unrelated tra	ades or busine	sses I	→ <u>1</u>	Describ	e the only	y (or first) un	ırelated
	tra	ade or business her	e ► <u>A'</u>	TCH_1			If only o	one, complete Parts	I-V If mo	e than one,	describe the
	fır	st in the blank spa	ice at the	e end of the previous	sentence, cor	nplete	Parts I and II, complete	a Schedule M for ea	ich additio	nal	
		ade or business, th			<u> </u>		_ -				
				corporation a subsidi				ary controlled group?	·	▶ <u> X</u>	」Yes ∟ No
				identifying number of		rporatio					
				ICHAEL BRESLII				phone number ▶ 2			
				or Business Inco	<u>me</u>		(A) Income	(B) Expe	nses	 	(C) Net
		Gross receipts or			┥						
		Less returns and allows			c Balance ▶	\vdash	_				
9	2			fule A, line 7)		3				 	
2021	3	\		2 from line 1c		4a	3,554,03			 	3,554,035.
0	4a	•		attach Schedule D) Part II, line 17) (attach F		4a 4b	3,331,03			 	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	b			trusts		4c					
	5		_	or an S corporation (attach star		5	-11,915,90	4. ATCH 3		-11	1,915,904.
SEP	6			and corporation (attach sta		6		111011		 	
_	7	,	-	come (Schedule E) .		7					
	8			ents from a controlled organization							
Z	9			1(c)(7), (9), or (17) organiza							
SCANNED	10			ncome (Schedule 1)		10	I RI	CENTED	7		
\ddot{c}	11	Advertising incom	ne (Sched	dule J)	\	11	1-1	PLIALD			
S	12	Other income (Se	ee instruc	ctions, attach schedule) ;	12	18 NO	14 64	၁		
	13			ough 12		13	- \$ 7 3 5 1 , 8 8	g. K 3 2020			8,361,869.
	Par			Taken Elsewhere					De ducti	ons must	be directly
				he unrelated busin			L_OGI	DEN. HT	=		
	14	•		directors, and trustees			· · · · · · · · · · · · · · · · · · ·		. 14		
	15										
	16										
	17 18			(see instructions)							943,478.
	19			(see instructions)							250.
	20			4562), , , , , , , ,					19	+	
	21			on Schedule A and e					216		
	22								22		803,892.
	23			compensation plans .					- 1		
	24			s							
	25			Schedule I)				-			
	26			Schedule J)							
	27			schedule)							7,087,405.
	28			es 14 through 27						{	8,835,025.
	29	Unrelated busine	ss taxab	ole income before n	et operating	loss o	deduction Subtract I	ine 28 from line	13 29	-17	7,196,894.
	30			ig loss arising in tax y	•	-	•				
	31			le income Subtract lin		29	<u> </u>	<u> </u>	31		7,196,894.
	For F	Paperwork Reduct	ion Act I	Notice, see instruction	s.			^		For	m 990-T (2019)

JSA 9X2740 1 000 1117OM B85P 11/6/2020 12:44:07 PM V 19-7.5F G16

Par	t III k	Total Unrelated Business Taxabl	e Income					
32		f unrelated business taxable income cor		trades or businesses	see t			
\		ons)			1 1	-17,1	96.89	94.
33		s paid for disallowed fringes			• 1	 	•	
		ble contributions (see instructions for limitation			· · · 			
34		nrelated business taxable income before	· · · · · · · · · · · · · · · · · · ·		· · · 	<u> </u>		
35						-17,1	96 90	a n
		the sum of lines 32 and 33				 	20,0	
36		on for net operating loss arising in			I\			
		ons)			_		06.06	
37		unrelated business taxable income before spe			- 1	-17,1		
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for exceptions)		38		1,00	50.
39	Unrelate	ed business taxable income. Subtract line	38 from line 37 If line 3	8 is greater than line	37			
	enter the	e smaller of zero or line 37	<u>.,.,.</u>	<u> </u>	<u> </u>	-17,1	96,89	<i>34.</i>
Par	t IV	Tax Computation						
40	Organiz	ations Taxable as Corporations. Multiply line 3	39 by 21% (0 21)		. ▶ 40			
41	Trusts	Taxable at Trust Rates. See ins	structions for tax compu	itation Income tax	on			
	the amo	unt on line 39 from Tax rate schedule o	r Schedule D (Form 1	041)	. ▶ 41			
42		x. See instructions						
43	-	ive minimum tax (trusts only)						
44		Noncompliant Facility Income. See instructions						
		dd lines 42, 43, and 44 to line 40 or 41, which			· · · —			
45			iever applies	<u> </u>	45			
Par		Tax and Payments		40-				
		tax credit (corporations attach Form 1118, tru						
		edits (see instructions)				1		
С		business credit Attach Form 3800 (see instruc				1		
d	Credit fo	or prior year minimum tax (attach Form 8801 o	r 8827)	[46d]		l		
е	Total cr	edits. Add lines 46a through 46d			46e	<u> </u>		
47		t line 46e from line 45						
48	Other tax	es Check if from Form 4255 Form 8611	1 Form 8697 Form 88	66 Other (attach schede	ule) . 48			
49	Total ta:	x. Add lines 47 and 48 (see instructions)			49			0.
50	2019 ne	t 965 tax liability paid from Form 965-A or For	rm 965-B, Part II, column (k), line	e 3	50			
51 a	Paymen	ts A 2018 overpayment credited to 2019		51a		ŀ		
b	2019 es	timated tax payments		51b				
		osited with Form 8868						
		organizations Tax paid or withheld at source (İ		
e		withholding (see instructions)				}		
f		or small employer health insurance premiums (1		
			439					
g		orm 4136 Other	Total ▶	510		1		
					52	1		
52	•	syments. Add lines 51a through 51g			-			
53		ed tax penalty (see instructions) Check if Form			53			
54		. If line 52 is less than the total of lines 49, 50				 		
55		ment. If line 52 is larger than the total of line				 		
56		amount of line 55 you want Credited to 2020 est		Refunde		<u> </u>		
Par		Statements Regarding Certain A		•				
57		time during the 2019 calendar year, did					Yes	No
	over a	financial account (bank, securities, or other	her) in a foreign country? I	f "Yes," the organization	n may ha	ve to file	1	
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts If "Yes	s," enter the name of	the foreig	in country		
	here 🕨		<u>.</u>					X
58	During t	he tax year, did the organization receive a dis-	tribution from, or was it the gra	antor of, or transferor to, a	foreign trus	st? [<u> </u>	X
	If "Yes,"	see instructions for other forms the organization	on may have to file					
59	•	e amount of tax-exempt interest received or ac	•					
	Un	der penalties of perjury, I declare that I have examined	this return, including accompanying so		the best of	my knowledge a	nd belief,	, it is
Sigi	n L tru	e, correct and complete Declaration of preparer (other than t	axpayer) is based on all information of wh	nich preparer has any knowledge	17-11-11	100	thus :	
Her		complete Kinden	11/12/2020 PRES	SIDENT		IRS discuss preparer shi		
		gnature of officer	Date Title		(see instruc		s X	
		Print/Type preparer's name	Preparer's signature	Date		PTIN		
Paid	l	NICOLE M SOKOLOWSKI	nucole M. Bokolnozec	11/7/2020	Self-employe	IT	3199	j
Prep	oarer	- EDNOW & VOING II C	J			34-6565		
Use	Only	Firm's name ERNST & TOUNG U.S		<u> </u>		12-317-3		

Form 990-T (2019)										Page 3
Schedule A - Cost of G	oods Sold. Er	ter method	d of invent	ory valuation	>					
1 Inventory at beginning of y	/ear . 1			6 Inventory	at end of yea	ar	6			
2 Purchases	2					ld. Subtract line				
3 Cost of labor	3			6 from li	ne 5 Enter	here and in Part				
4a Additional section 263A co	osts			I, line 2 .			7			
(attach schedule)	4a					section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu						or acquired for		Г		
5 Total. Add lines 1 through						· · · · · · · · · · · · · · · · · · ·				x
Schedule C - Rent Income	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
1 Description of property										
(1)										
(2)										
(3)								_		
(4)										
	2 Rent recei	ved or accru	ed					<u>"</u>		
					y exceeds	3(a) Deductions dir in columns 2(a				ome
(4)										
(1)										
(2)					- -					
(3)										
(4)										
Total		Total				(b) Total deduction	ns.			
(c) Total income Add totals of c here and on page 1, Part I, line 6	• • •	•				Enter here and on Part I, line 6, colum				
Schedule E - Unrelated D			o instruct	ions)		Fart 1, line 6, coluir	ш (Б)	<u> </u>		
Schedule E - Officiated D	ebt-Financeu i	ilcome (se			3 [Deductions directly con	nected	with or allocable	e to	
1 Description of de	bt-financed property			income from or to debt-financed		debt-finance	ed prop	erty		
	,		1	allocable to debt-financed property		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)			
(1)					, ,,,,,	on senedate,		(attaon soneat	u.c,	
(2)										
(3)		-	İ						•	
(4)										-
4 Amount of average	5 Average adju	sted basis								
acquisition debt on or allocable to debt-financed property (attach schedule)	of or alloca debt-financed (attach sche	ble to property	4	Column divided column 5		income reportable n 2 x column 6)		Allocable dedu imn 6 x total of 3(a) and 3(b	colum	
(1)		-	İ	%						
(2)			i	%						
(3)				%						
(4)				%	!			-		
	•		•			e and on page 1, le 7, column (A)	Ente Part	r here and or t I, line 7, colu	n page mn (E	≥ 1, 3)
Totals										

Form **990-T** (2019)

Schedule F – Interest, Annu				ntrolled Org			<u> </u>	<u> </u>			
Name of controlled organization	2 Employer identification number			ated income instructions)	4 Total payme	of specifi ints made	ed included	f column 4 t in the contr ion's gross in	olling	g connected with income	
(1)											
(2)											
(3)											
(4)	····				_						
Nonexempt Controlled Organiz	ations					40	Dark - Carl	0.05-1			
7 Taxable Income	8 Net unrelated in (loss) (see instruct	l l		otal of specific syments made	ed	incl	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10	
1)										 .	
2)											
(3)									ļ		
(4)					•		ld columns 5 a		<u> </u>	dd columns 6 and 11	
Totals						Pa		mn (A)		ter here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of		directly cor (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)		
(1)											
(2)			+				 				
(3)			1								
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	er Th	an Adverti	sing Ir	come	(see instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with of d	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed tradé (column umn 3) ompute	from is no	ross income activity that of unrelated less income	ne 6 Expenses nat attributable to		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,		I					Enter here and on page 1, Part II, line 25	
Totals ► Schedule J- Advertising In											
Part I Income From Peri	odicals Report	ed on a Co	onsol	dated Bas	SIS	Ι		1			
1 Name of periodical	2 Gross advertising income	3 Directad advertising		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)	 								-		
										<u> </u>	
Totals (carry to Part II, line (5))										Form 990-T (201)	

82-2253311

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)						
(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 - Compensatio	n of Officers, D	Directors, and Tr	ustees (see instr	uctions)		
				3 Percent of		

1 Name	3 Percent of time devoted to business	4 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

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENT INCOME FROM LIMITED PARTNERSHIPS

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

THE NEW YORK AND PRESBYTERIAN HOSPITAL 13-3957095

INCOME (LOSS) FROM PARTNERSHIPS

-11,915,904.

ATTACHMENT 3

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

ORDINARY INCOME - PARTNERSHIP RENTAL INCOME - PARTNERSHIP INTEREST INCOME - PARTNERSHIP DIVIDEND INCOME - PARTNERSHIP ROYALTY INCOME - PARTNERSHIP CANCELLATION OF DEBT OTHER PORTFOLIO INCOME	-11,162,2381,077,935. 591,142. 88,292. 3,025. 393,579.
OTHER PORTFOLIO INCOME	. 189,725.
OTHER INCOME	-941,494.

ATTACHMENT	4		
	_	 	

FORM 990T - PART II - LINE 18 - INTEREST

INVESTMENT INTEREST EXPENSE - PARTNERSHIP

PART II - LINE 18 - INTEREST

943,478.

943,478.

ATTACHMENT 5

FORM	990T	-	PART	ΙI	-	LINE	27	_	TOTAL	OTHER	DEDUCTIONS

DEDUCTIONS ROYALTY INCOME	1,634.
SECTION 59 (E)(2) EXPENDITURES	3,333,885.
INTANGIBLE DRILLING COST	1,986,975.
FOREIGN TAX PAID/ACCRUED	11,063.
DEDUCTIONS- PORTFOLIO (OTHER)	783,161.
OTHER DEDUCTIONS	965,937.
TAX PREPARATION FEES	4,750.

PART II - LINE 27 - OTHER DEDUCTIONS

7,087,405.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2019

Employer identification number HUDSON EAST RIVER SYSTEMS LLC 82-2253311 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter or (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) whole dollars column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 -178,516 -178,516. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h -178,516. Part II Long-Term Capital Gains and Losses (See instructions See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (q) whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Howe if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 3,308,135 3,308,135. Enter gain from Form 4797, line 7 or 9 424,416. Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 15 3,732,551. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 3,554,035. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7).... Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 3,554,035. 18 Note: If losses exceed gains, see Capital Losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2019

Form 8949

Sales and Other Dispositions of Capital Assets

▶ Go to www irs gov/Form8949 for instructions and the latest information

OMB No 1545 0074

2019

Department of the Treasury Internal Revenue Service Name(s) shown on return

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No 12A

HUDSON EAST RIVER SYSTEMS LLC

Social security number or taxpayer identification number

82-2253311

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(a) Description of property	(b) Date acquired	(c) Date sold or		Cost or other basis See the Note below	Adjustment, if a lif you enter an a enter a coo	(h) Gain or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of (Mo , day, yr)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
FORM K1	VARIOUS	VARIOUS	5,055				5,055
FORM K1	VARIOUS	VARIOUS	-183,571				-183,571
	<u> </u>						
	ļ					-	
	 					_	
	<u> </u>					_	
			·	_			
						-	_

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Form 8949 (2019) Attachment Sequence No 12A Page 2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

Social security number or taxpayer identification number

HUDSON EAST RIVER SYSTEMS LLC

82-2253311

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss if you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
FORM K1	VARIOUS	VARIOUS	7,582				7,582
FORM K1	VARIOUS	VARIOUS	3,300,553				3,300,553
							-
Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above)	I here and incl is checked), line	ude on your e 9 (ıf Box E	3,308,135				3,308,135
above is checked), or line 10 (if Bo	x F above is ch	ecked) >	3,300,135	L	L		3,300,135

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2019)

Hudson East River System 82-2253311 Form 990T Tax Year December 31, 2019

Federal Net Operating Loss Schedule

Investments

After Tax Cut Job Act Law

Used Against 965 Transition

	Tax	Year	NOL Available	Used	Tax	Remaining
) T	, , , ,	2018	6,014,212			6,014,212
	,	2019	17,196,894			17,196,894
		Available for 2020	23,211,106	-		23,211,106

Hudson East River System 82-2253311 Form 990T Tax Year December 31, 2019

Charitable contributions carryover schedule

<u>Tax Year</u>	Contribution C/F	<u>Used</u>	Remaining	
2018	3,827		3,827	
2019	7,708		7,708	
Available for 2020	11,535	-	11,535	