Form 990-T	Exempt Organization B	usiness Income 1	Tax Return	OMB No 1545-0687
g de-	(and proxy tax u	nder section 6033(e))		2010
•	For calendar year 2018 or other tax year beginning	, and ending		_ 2018
Department of the Treasury Internal Revenue Service	► Go to www irs gov/Form990T fo Do not enter SSN numbers on this form as it r		ration is a 501(c)(3).	Open to Public Inspection to 50 1(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name	ne changed and see instructions.)		Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print York Hospital			01-0212444
X 501(c <u>103</u>)	Number, street, and room or suite no. If a P.O.	box, see instructions.	E	Unrelated business activity code (See instructions)
408(e)220(e)	Type 15 Hospital Drive			
408A530(a)	City or town, state or province, country, and ZI York, ME 03909	P or foreign postal code	ŀ	521500
C Book value of all assets	F Group exemption number (See instructions.) 🕨		
132,172,	646. G Check organization type X 501(c) o	corporation 501(c) trust	401(a) t	rust Other trust
L Cufet file manifes of file	organization 5 unrelated trades of businesses.	5 Describe	the only (or first) unre	elated
	► See Statement 1		complete Parts I-V. If	
describe the first in the	blank space at the end of the previous sentence, complete	e Parts I and II, complete a Scheduk	e M for each additional	I trade or
business, then complet				
	s the corporation a subsidiary in an affiliated group or a pa	arent-subsidiary controlled group?	▶	Yes X No
	and identifying number of the parent corporation.			
	f ► Robin LaBonte, CFO			207) 363-4321
L	ed Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sa				
Less returns and alle		1c		
Cost of goods sold (2		
45 Gross profit. Subtrail		3		
4-a Capital gain net inco		4a 4b		
Capital loss deduction	n 4797, Part II, line 17) (attach Form 4797)	40		
	a partnership or an S corporation (attach statement)	5		
Rent income (Sched		6		
<u></u>	iced income (Schedule E)	7		
Se Interest annuities re	pyalties, and rents from a controlled organization (Schedule	 		
Investment income	of a section 501(c)(7), (9), or (17) organization (Schedule	' 		
10 Exploited exempt ac	tivity income (Schedule I)	10		
11 Advertising income		11		
-	nstructions; attach schedule)	12		
13 Total. Combine line	s 3 through 12	13 0.		
	ons Not Taken Elsewhere (See instructions	s for limitations on deductions.)		
(Except for	contributions, deductions must be directly connec	cted with the unrelated business	s income)	
14 Compensation of o	fficers, directors, and trustees (Schedule K)	=° (CD		14
15 Salaries and wages	F	ECEIVED	L	15
16 Repairs and mainte	nance	NOV 12 2019 OGDEN, UT	L	16
17 Bad debts	<u> </u>	NOV 12 2019 (3)	L	17
•	edule) (see instructions)	MOLT	-	18
19 Taxes and licenses		PODEN UT	-	19
	tions (See instructions for limitation rules)	OGDEN	-	20
21 Depreciation (attacl	h Form 4562)	21		
·	laimed on Schedule A and elsewhere on return	22a	-	22b
23 Depletion			ļ-	23
	ferred compensation plans		-	24
25 Employee benefit p	-		-	25
26 Excess exempt exp	•		F	26 27
27 Excess readership	•		-	
28 Other deductions (a			-	28 0.
	Add lines 14 through 28	tract line 20 from line 12	<u> </u>	30 0.
	taxable income before net operating loss deduction. Subliperating loss arising in tax years beginning on or after Jar		 	31
	taxable income. Subtract line 21 from line 20	iodiy 1, 2010 (See ilistiuctions)	-	31 0

Form **990-T** (2018) 85585-01

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Part I	Total Unrelated Business Taxable Income			- -	_	
33	Total of unrelated business taxable income computed from all unrelated trac	des or businesses	(see instru	ctions)	33	80,133.
34	Amounts paid for disallowed fringes		,	· · · · /	34	6,601.
35	Deduction for net operating loss arising in tax years beginning before Janua	rv 1 2018 (see in	estructions)	Stmt 2	35	86,734.
36	Total of unrelated business taxable income before specific deduction. Subtra	-		200 2	00	007,020
30	lines 33 and 34	act fille 55 from ti	ic sum or		36	
27		uone)			37	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for except	•	no 26		31	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 33 enter the smaller of zero or line 36	is greater than i	ille 30,		20	0.
D				•	38	<u> </u>
	V Tax Computation				1 00	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Incom	e tax on the amou	unt on line 3	8 from.		
	Tax rate schedule or Schedule D (Form 1041)				40	
41	Proxy tax. See instructions			•	41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instructions				43	
44	TotaL Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	0.
Part \						
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116))	45a		_	
b	Other credits (see instructions)		45b		_	
C	General business credit. Attach Form 3800		45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d			
е	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8	8697 🔲 Form	8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, colui	mn (k), line 2			49	0.
50 a	Payments: A 2017 overpayment credited to 2018		50a	8,070		
	2018 estimated tax payments		50b		7	
	Tax deposited with Form 8868		50c		1	
	Foreign organizations: Tax paid or withheld at source (see instructions)		50d		 	
	Backup withholding (see instructions)		50e		7 1	
	Credit for small employer health insurance premiums (attach Form 8941)		50f		d i	
	Other credits, adjustments, and payments: Form 2439				-	
9	Form 4136 Other	Total D	▶ 50g			
51	Total payments. Add lines 50a through 50g		UUS		51	8,070.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached				52	0,0,00
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount				53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount				54	8,070.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	•	8,070.	Refunded	55	0.
Part V				<u> </u>] 33]	
56	At any time during the 2018 calendar year, did the organization have an inter					Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "\"					165 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," e					
		inter the hame or	ille loreign i	ound y		l x
E 7	here During the tax year, did the organization receive a distribution from, or was it	t the granter of a	r transforor	to a foreign trust?		$\frac{x}{x}$
57	,	i tile grafitor of, o	i uansieror	io, a ioreign musir		⊢
58	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax y	oar 🕨 ¢				
	Under penalties of persury, I declare that I have examined this return, including accomp		nd statements	and to the best of my kn	owledge ar	nd belief, it is true.
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all info	ormation of which pre	eparer has any	knowledge	-	
Here	12/2/ (1)	CFO				S discuss this return with
	Shartature of officer Date	Title			he prepare nstructions	r shown below (see
			Data			
	Print/Type preparer's name Preparer's signature	\sim	Date	Check	ıf PTII	V
Paid	Nigholog E Porto	$\cup \setminus $,	10/20	self- employed		01210202
Prepa	I Complete to the Delice of Mercanian Control of		L 0 /-30/			01310283
Use C	nly Firm's name ▶ Baker Newman & Noyes			Firm's EfN	· U.	1-0494526
	P.O. Box 507			Dhares	/ 207	1070 2100
	Firm's address ► Portland, ME 04112			Phone no.	(20/) 879-2100
823711 01	nà- ia					Form 990-T (2018)

Schedule A - Cost of Good	Is Sold. Enter	method of invei	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. S	ubtract l	ıne 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	1 263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	.y)
1. Description of property							
(1)		· · ·				-	
(2)			· -			<u>-</u>	
(3)							
(4)							
		red or accrued			3(a)Deductions directl	v coono	stad with the income in
 (a) From personal property (if the personal property is more than 50% but not more than 50% 	re than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	tage f	columns 2(a) a	nd 2(b)	(attach schedule)
(1)							
(2)							
(3)			•				
(4)							
Total	0.	Total		0.	<u>-</u>		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		nter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated De	bt-Financed	l Income (see	instructions)		•		
		-	Gross income from or allocable to debt-		Deductions directly conto debt-finant		perty
1. Description of debt-f	inanced property		financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)	· · · · ·			<u> </u>			
(2)			<u> </u>				
(3)							
(4)						1	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 8)	(8 Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)			%			+	
(2)			%			T	
(3)			%				
(4)			%				
					nter here and on page 1, art I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0		0.
Total dividends-received deductions in	ncluded in column	1 8	•		•	.	0.

Form 990-T (2018)	_							Page :
York Hosp	ital					01-0212	2444	
Schedule A - Cost of Good	s Sold. Enter	method of invent	tory v	raluation N/A	A			
1 Inventory at beginning of year	1		6	Inventory at end of ye	ar		6	
2 Purchases	2 3	,218,177.	7	Cost of goods sold. S	Subtract I	ine 6		
3 Cost of labor	3	288,320.]	from line 5. Enter here	and in I	Part I,	1	
4 a Additional section 263A costs]	line 2			7 3,50	6,497.
(attach schedule)	4a		8	Do the rules of section	n 263A (1	with respect to		Yes No
b Other costs (attach schedule)	4b]	property produced or	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5 3	,506,497.		the organization?				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Prop	perty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				3(a) Deductions directly of	connected with the	income in
rent for personal property is more than of rent for personal property is more than				nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)				
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	ot-Financed	Income (see i	nstru	ctions)		· · · · · · · · · · · · · · · · · · ·		
		· · · · · · · · · · · · · · · · · · ·		Gross income from		3. Deductions directly conne to debt-finance	ected with or alloca d property	ble
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so	eductions :hedule)
(1)						··		
(2)				-		- -		
(3)						•		
(4)						<u> </u>		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columns and 3(b))
(1)				%				

Form 990-T (2018)

0.

0.

Enter here and on page 1, Part I, line 7, column (B)

(2)

(3)

(4)

Totals

%

%

%

Enter here and on page 1, Part I, line 7, column (A)

0 .

Total dividends-received deductions included in column 8

Schedule F - Interest,				Controlled C						
1 Name of controlled organiz	ıde	Employer ntification number				ments made include		Part of column 4 that is luded in the controlling inization's gross income		6 Deductions directly connected with income in column 5
(1)			<u> </u>							
(2)										
(3)						· ·				
(4)										
Nonexempt Controlled Organ	nizations								•	
7 Taxable Income	8 Net unrelated in (see instruct		9. Total	of specified pay made	ments	10 Part of colui in the controlli gross	mn 9 that is ing organiz s income	s included ation's		ductions directly connected n income in column 10
(1)										
(2)										
(3)										
(4)										
						Enter here and	nns 5 and I on page 1 column (A)			dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					•			0.		0.
Schedule G - Investm (see ins	ent Income of tructions)	a Sectio	n 501(c)((7), (9), or	(17) Or	ganization)			
	scription of income			2 Amount of	income	3 Deduction directly connect (attach schedu	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)								-		
(3)										
(4)										
				Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals			•		0.					0.
Schedule I - Exploited	-	ity Incon	ne, Othe	r Than Ac	lvertisi	ng Income	•			•
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of u	xpenses connected production nrelated sss income	4. Net incomfrom unrelated business (cominus colum gain, computithrough	trade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)					Ì					
(3)					Ì			_		1
(4)					Ì					
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)		1		 			Enter here and on page 1, Part II, line 28
Totals Schedule J - Advertis			0.	<u> </u>						<u> </u>
	Periodicals Re			solidated	Basis					
1. Name of periodical	2. Gross advertisin income	g ad	3 Direct vertising costs		ol 2 minus iin, compute	5 Circulati		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more
(1)				cols 5 th		-	-+			than column 4)
(2)		-+		_						
(3)	_ +			7		-				
(4)										
Totals (carry to Part II, line (5))	>	0.	0	•						0.
										Form 990-T (2018)

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	▶	0.	0.	,			0.
		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 27
Totals, Part II (lines 1-5)	•	0.	0.				0.

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		•	0.

Form 990-T (2018)

		_	=
Form 990-T	Description of Organization's Primary Unrelated	Statement	1
		50400110	_
	Business Activity		

Laboratory Diagnostic Services/Pharmacy Services

To Form 990-T, Page 1

Form 990-T	Net	Operating Loss D	eduction	Statement 2
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/14	40,150.	0.	40,150.	40,150.
12/31/15	107,356.	0.	107,356.	107,356.
12/31/16	126,353.	0.	126,353.	126,353.
12/31/17	65,571.	0.	65,571.	65,571.
NOL Carryo	ver Available This	Year	339,430.	339,430.

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

446110

► 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).

501(c)(3) Organizations Only

-388,892.

Name of the organization

11

12

Advertising income (Schedule J)

Total. Combine lines 3 through 12

Other income (See instructions, attach schedule)

York Hospital

Employer identification number 01-0212444

Unrelated business activity code (see instructions) ▶ Retail Pharmacy Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 3,117,605. 1a Gross receipts or sales 3,117,605. **b** Less returns and allowances c Balance 1c 3,506,497. Cost of goods sold (Schedule A, line 7) 2 2 -388,892. -388,892. 3 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled R organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

12

13

-388,892.

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	2	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	2	2a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)	See	Statement 3	28	7,862.
29	Total deductions. Add lines 14 through 28			29	7,862.
30	Unrelated business taxable income before net operating loss deduction. Subtract	ct line 2	9 from line 13	30	-396,754.
31	Deduction for net operating loss arising in tax years beginning on or after Januar	ry 1, 20	18 (see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	-396,754.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (M)	Other Deductions	Statement 3
Description		Amount
Indirect Expenses		7,862.
Total to Schedule M, Part II,	line 28	7,862.

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning

► 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).

501(c)(3) Organizations Only

	York Hospital			01-021	. 24	44
	Unrelated business activity code (see instructions) > 44611	0				
	Describe the unrelated trade or business Casual Sa	les		_		
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 15,692.		-	- . , <u></u>		
b	Less returns and allowances c Balance	1c	15,692.			
2	Cost of goods sold (Schedule A, line 7)	2	16,831.			
3	Gross profit Subtract line 2 from line 1c	3	-1,139.			-1,139.
4 a	Capital gain net income (attach Schedule D)	4a				· · · · · · · · · · · · · · · · · · ·
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	-1,139.			-1,139.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken between the connected with the connected wi				ept f	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			L	14	
15	Salaries and wages			L	15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		1		20	
21	Depreciation (attach Form 4562)		21			

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Employee benefit programs

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

22b

23

24

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22

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24

25

26

27

28

29

30

31

Depletion

instructions)

0.

-1,139.

-1,139.

Form 990-T·(2018)							Page 3
York Hosp	ital				01-0212	2444	
Schedule A - Cost of Good	s Sold. Enter	method of inven	itory valuation 🕨 N/A	7			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2	16,831.	7 Cost of goods sold. S	ubtract l	line 6		
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,		
4 a Additional section 263A costs			line 2		L	7 16	<u>,831.</u>
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		res No
b Other costs (attach schedule)	4b		property produced or	acquired	d for resale) apply to		
5 Total Add lines 1 through 4b	5	16,831.					X
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Leas	ed With Real Prop	perty)	
(see instructions)							
Description of property							
							
(1)							
(2)							
(3)							
(4)	2. Rent receiv	ed or accrued			 		
(a) From personal property (if the per			nd personal property (if the percent	age	3(a) Deductions directly		
rent for personal property is more 10% but not more than 50%	e than	of rent for p	ersonal property exceeds 50% or if it is based on profit or income)		columns 2(a) and	d 2(b) (attach schedule)	
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.]		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columr		ter >		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)		<u> </u>		
			2. Gross income from		3 Deductions directly conn to debt-finance		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions	
				(attach schedule)		(attach schedule)	
(1)		· · ·					
(1)							
(3)							
(4)							
4. Amount of average acquisition	5 Average	adjusted basis	6 Column 4 divided		7 Gross income	8. Allocable de	
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	illocable to nced property schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of 3(a) and 3	of columns
(1)			%				
(2)			%		·		
(3)			%				
(4)			%				
					nter here and on page 1, lart I, line 7, column (A)	Enter here and on Part I, line 7, colu	
Totals			•		0.		0.

Total dividends-received deductions included in column 8

Unrelated Business Taxable Income for Unrelated Trade or Business

0.

Department of the Treasury Internal Revenue Service (99)

statement)

Rent income (Schedule C)

Total. Combine lines 3 through 12

For calendar year 2018 or other tax year beginning

► 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). Entity

OMB No 1545-0687

501(c)(3) Organizations Only

Employer identification number Name of the organization York Hospital 01-0212444 621500 Unrelated business activity code (see instructions) ▶ Physician Practices Describe the unrelated trade or business **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances 502. c Balance ▶ 1c 502. Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 3 4 a Capital gain net income (attach Schedule D) 4a 4b **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c

7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule)

5

6

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

13

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	

LHA For Paperwork Reduction Act Notice, see instructions.

Income (loss) from a partnership or an S corporation (attach

Schedule M (Form 990-T) 2018

Form 990-1`(2018)								Page
York Hosp	ital					01-0212	2444	
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	/aluation ► N/A				
 Inventory at beginning of year 	1		6	Inventory at end of year	ar	<u> </u>	6	
2 Purchases	2	502.	7	Cost of goods sold. Si	ubtract l	ine 6		
3 Cost of labor	3		J	from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs				line 2			7	502.
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5	502.		the organization?				X
Schedule C - Rent Income	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Prop	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)		·	_					. <u> </u>
(3)					-			
(4)								
	2 Rent receiv	ed or accrued				2/a) Daduations dispettive		
(a) From personal property (if the pe rent for personal property is mor 10% but not more than 50%	e than	` of rent for p	nd personal property (if the percentage ersonal property exceeds 50% or if it is based on profit or income)			3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)	-							
(2)								
(3)								
(4)							_	
Total	0.	Total			0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del		I Income (see i	nstru	ictions)				
		(-2		2. Gross income from		3 Deductions directly conne to debt-finance	ected with or alloc d property	able
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deductions schedule)
(1)								
(2)					<u> </u>			
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ole deductions total of columns and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				

Form 990-T (2018)

0.

0.

Enter here and on page 1, Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

0 .

Totals

Total dividends-received deductions included in column 8

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

► 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

Name	of the organization York Hospital	Employer identification number 01-0212444				
	Unrelated business activity code (see instructions) $ ightharpoonup = 62150$ Describe the unrelated trade or business $ ightharpoonup Reference$)			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales Less returns and allowances 361,916. 197,136. c Balance ▶	1c	164,780.			
2	Cost of goods sold (Schedule A, line 7)	2		·		
3	Gross profit Subtract line 2 from line 1c	3	164,780.	···		164,780.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach				Ĩ	
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled				İ	. .
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	164,780.			164,780.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the unit of the connected with the unit of the connected with the connecte				ept for	contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	8,577.
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	_
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 4	28	76,070.
29	Total deductions. Add lines 14 through 28	29	84,647.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	80,133.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	80,133.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T-(2018)

York Hosp	oital					01-021	2444		
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	/aluation ► N/A					_
1 Inventory at beginning of year	1			Inventory at end of yea	<u> </u>		6		_
2 Purchases	2		7 Cost of goods sold. Subtract line 6					_	
3 Cost of labor	3	-	1	from line 5. Enter here		L			
4 a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes No	,
b Other costs (attach schedule)	4b		7	property produced or a	-				_
5 Total. Add lines 1 through 4b	5		7	the organization?		, , , , , ,		Ī	,—
Schedule C - Rent Income	(From Real	Property an	d Pe		Leas	ed With Real Pro	perty)		_
(see instructions)	•	, ,				'	, ,,		
Description of property					-				
(1)									-
(2)									_
(3)						<u> </u>			_
(4)									_
<u> </u>	2. Rent receiv	red or accrued							_
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directly columns 2(a) an	connected wi d 2(b) (attach	th the income in schedule)	
(1)									
(2)				-					_
(3)									
(4)						<u> </u>			_
Total	0.	Total			0.				
(c) Total income Add totals of columns	2(a) and 2(b). Er	nter				(b) Total deductions.			
here and on page 1, Part I, line 6, column	<u> </u>				0.	Enter here and on page 1, Part I, line 6, column (B)	>	0	•
Schedule E - Unrelated Del	bt-Financed	l Income (see	ınstru	ictions)					
			2	Gross income from		 Deductions directly confitted to debt-finance 		allocable	
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation	(b) o)ther deductions	_
·				manese property		(attach schedule)	(att	ach schedule)	
(4)			+				<u> </u>	 	
(1) (2)			+				+		_
(3)			+				-		_
(4)	-		1				 		_
4. Amount of average acquisition	5 Average	adjusted basis	-	Column 4 divided		7 Gross income	8 411	locable deductions	-
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to inced property h schedule)		by column 5		reportable (column 2 x column 8)	(column	n 6 x total of columns 3(a) and 3(b))	i
(1)				%					_
(2)				%					_
(3)				%		•			
(4)				%			Î		_
						nter here and on page 1, Part I, line 7, column (A)		ere and on page 1, line 7, column (B)	
Totals						0.		0	
Taket divides de second de dividence o	بمستناهم مناسماتيات	. 0					1	`	Ť

Form 990-T (M)	Other Deductions	Statement 4
Description		Amount
Laboratory Expenses		76,070.
Total to Schedule M, Part	II, line 28	76,070.