		- 1	_		
Form 990-T Exe	mpt Organization E	Busine	ss Income T	ax Return	OMB No 1545-0047
	(and proxy tax	under se	`	1912	2019
For calendar y	year 2019 or other tax year beginning Go to www.irs gov/Form990T	for instruction	, and ending	ation	2013
Department of the Treasury Internal Revenue Service	ot enter SSN numbers on this form as a				Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed Nam	e of organization (Check box if na	ame changed	and see instructions.)	[(Em	ployer identification number ployees' trust see ructions)
B Exempt under section Print Yo	rk Hospital			(01-0212444
X 501(c(f)(3) or Num	ber, street, and room or suite no. If a P	O. box, see in	structions.		elated business activity code
408(e) 220(e) Type 15	Hospital Drive				, , , , , , , , , , , , , , , , , , , ,
	or town, state or province, country, and rk, ME 03909	ZIP or foreigi	n postal code	62:	1500
Book value of all assets E Cr	oup exemption number (See instruction	s.) >		<u> </u>	
at end of year 128, 368, 248. GCh	neck organization type 🕨 🐰 501(c) corporation	501(c) trust	401(a) trust	Other trust
H Enter the number of the organization's	unrelated trades or businesses.	4	Describe t	the only (or first) unrelate	d
trade or business here 🕨 See	Statement 1		. If only one,	complete Parts I-V. If mo	re than one,
describe the first in the blank space at t	the end of the previous sentence, compl	ete Parts I an	d II, complete a Schedule	M for each additional trai	de or
business, then complete Parts III-V.			•		
	n a subsidiary in an affiliated group or a	parent-subsi	diary controlled group?	▶ □ \	res X No
If "Yes," enter the name and identifying			Talaaha	720°	7) 363-4321
J The books are in care of ► Rob Part I Unrelated Trade of		· · ·	(A) Income	one number (20'	(C) Net
1a Gross receipts or sales	i business income		(A) illedille	(b) Expenses	(0)
b Less returns and allowances	c Balance	▶ 1c			
2 Cost of goods sold (Schedule A, line		2	_		
3 Gross profit. Subtract line 2 from lin	•	3	-	R	CZIVED
4a Capital gain net income (attach Schi		4a			100
b Net gain (loss) (Form 4797, Part II,	•	4b			1/ 2 4 2020 19
c Capital loss deduction for trusts	- · , (4c		6	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
,	r an S corporation (attach statement)	5			
6 Rent income (Schedule C)	,	6			DEN, UT
7 Unrelated debt-financed income (Sc	chedule E)	7			
8 Interest, annuities, royalties, and rer	nts from a controlled organization (Sched	ule F) 8		/	
9 Investment income of a section 501	(c)(7), (9), or (17) organization (Schedu	ıle G) 9			
10 Exploited exempt activity income (S	chedule I)	10			
11 Advertising income (Schedule J)		11			
12 Other income (See instructions; atta	ach schedule)	12			
13 Total. Combine lines 3 through 12		13	0.		
	aken Elsewhere (See instruction ectly connected with the unrelated				
14 Compensation of officers, directors	s, and trustees (Schedule K)	$\overline{}$		14	
15 Salaries and wages				15	
16 Repairs and maintenance				16	•
17 Bad debts				17	
18 Interest (attach schedule) (see inst	tructions)			18	
19 Taxes and licenses		_	_	19	
20 Depreciation (attach Form 4562)			20		- -
21 Less depreciation claimed on Sche	edule A and elsewhere on return		21a	216	
22 Depletion		,		22	
23 Contributions to deferred compens	sation plans			23	
24 Employee benefit programs				24	
25 Excess exempt expenses (Schedul				25	
26 Excess readership costs (Schedule	•			26	
27 Other deductions (attach sehedule				27	
28 Total deductions. Add lines 14 thr			.,	28	
	before net operating loss deduction. Su			29	0.
	rising in tax years beginning on or after .	January 1, 20	18		
(see instructions)	0 10			30	0.
31 Unrelated business taxable income	Baduction Act Notice See instructions				Form 990-T (2019)

Fo	rm 990 ₇	yr(2d19) York Hospital	01-0212444 Page 2
F	Part	III Total Unrelated Business Taxable Income	
_	32/ 1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 119,807.
	33 /	Amounts paid for disallowed fringes	33
	34 (Charitable contributions (see instructions for limitation rules)	34 0.
	35 T	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 34.	35 119,807.
		Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36 119,807.
	37 1	Total of unrolated business taxable income before specific deduction. Subtract line 36 from line 35	37
	38 3	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
	39 l	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
	Æ	enter the smaller of zero or line 37	39 0.
\	Part I	IV Tax Computation	
		Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
))	/	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)	4
	42 F	Proxy tax. See instructions	42
	43 <i>A</i>	Alternative minimum tax (trusts only)	48
		Tax on Noncompliant Facility Income. See instructions	44
`	45/ 1	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
\ [E	art '	V Tax and Payments	-}
17	46a F	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a 46a	
	b (Other credits (see instructions)	
		General business credit. Attach Form 3800	
	d (Credit for prior year minimum tax (attach Form 8801 or 8827)	\
	e 1	Total credits. Add lines 46a through 46d	46e
	47 5	Subtract line 46e from line 45	47 0.
	48 (Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
	49 1	Total tax. Add lines 47 and 48 (see instructions)	49 0.
	50 2	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
		Payments A 2018 overpayment credited to 2019	
		2019 estimated tax payments	'
		Tax deposited with Form 8868	
		Foreign organizations Tax paid or withheld at source (see instructions) 51th	
	e E	Backup withholding (see instructions) 51e	
		Credit for small employer health insurance premiums (attach Form 8941)	
		Other credits, adjustments, and payments: Form 2439	
	[☐ Form 4136 ☐ Other ☐ Total ► 51g	,
	52 1	Total payments Add lines 51a through 51g	8,070.
		Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	\$3
	54 1	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
/1	55 (Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5\$ 8,070.
<u>/</u> _	66 " E	Enter the amount of line 55 you want: Credited to 2020 estimated tax 8,070. Refunded	56 0.
F	Part V	VI Statements Regarding Certain Activities and Other Information (see instructions)	
_	57 A	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	o	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
	F	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
	h	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?	X
	lí	If "Yes," see instructions for other forms the organization may have to file.	
	59 E	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$	
_		Under penalties of penalty, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge	edge and belief, it is true,
	ign		the IRS discuss this return with
H	ere		oreparer shown below (see
		(Signature of officer) (Date) Title instru	uctions)? X Yes No
_		Print/Type preparer's name Preparer's signature Date Check if	PTIN
_	aid	// \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		arer Nicholas E. Porto 11/10/20	P01310283
	•	Only Firm's name ▶ Baker Newman & Noyes Firm's EIN ▶	01-0494526
	,JC (P.O. Box 507	
		Firm's address ▶ Portland, ME 04112 Phone no (2	207)879-2100
923	3711 0	01-27-20	Form 990-T (2019)

Page 3

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N/A				_
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. Su	ubtract l	ine 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	263A (with respect to	Yes !	No
b Other costs (attach schedule)	4b	-	property produced or a				\neg
5 Total. Add lines 1 through 4b	5	•	the organization?				
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)	
(see instructions)							—
1 Description of property							
(1)							_
(2)							
(3)							
(4)							
		ed or accrued			3(a) Deductions directly	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age		nd 2(b) (attach schedule)	
(1)						-	
(2)							
(3)			· · ·				
(4)					· -		_
Total	0.	Total	· · · ·	0.		.	_
(c) Total income. Add totals of columns a 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 Deb		I Income (see	instructions)		· !		_
		,	2. Gross income from		3. Deductions directly conto debt-finance		_
1. Description of debt-fin	nanced property		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	F Average	adverted become	6. Column 4 divided	-	7. Gross income	8 Allocable deductions	_
debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of colum 3(a) and 3(b))	
(1)		<u>-</u>	%				_
(2)			%				
(3)			%				_
(4)			%				
		-			nter here and on page 1, Part 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	cluded in columi	18	•		<u> </u>		0.
						Form 990-T (20	019)

		<u> </u>		Exempt (Controlled O	ontrolle rganization	ons				
Name of controlled organiza	ation	2 Emp identific numb	ation		related income a instructions)		al of specified nents made	ınclud	t of column 4 t ed in the contr ation s gross ii	olling	6 Deductions directly connected with income in column 5
(1)				1				-			
(2)					,						
(3)											
(4)				-	-						
Nonexempt Controlled Organ	nizations										
7 Taxable Income		nrelated incom ee instructions		9. Total	of specified payi made	nents	10. Part of colui in the controlli gross		ization's		ductions directly connected income in column 10
(1)				<u> </u>							
(2)											
(3)	1									-	
(4)											
							Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8 column (B)
Totals						▶			0.		0
Schedule G - Investme (see inst	ent Incoi tructions)	me of a S	Section	n 501(c)(7), (9), or	(17) Or	ganizatior)			
1 Des	cription of inco	me			2. Amount of	ıncome	 Deduction directly connected (attach sched) 	cted	4 Set-a (attach se		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 Part I, line 9, column (B)
Totals				•		0.					0
Schedule I - Exploited	•	Activity	Incom	ne, Othe	r Than Ad	vertisi	ng Income)			•
1 Description of exploited activity	2. G unrelated incom	iross business e from business	directly with pr of un	spenses connected oduction related as income	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Expo attributa colum	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	1										
(2)											
(3)											
(4)		e and on , Part I, col (A)	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 25
Totals •	· <u> </u>	0.		0.							0
Schedule J - Advertis											
Part I Income From	Periodic	als Repo	orted o	n a Con	solidated	Basis					
1 Name of periodical		2. Gross advertising income	adv	3. Direct entising costs	or (loss) (co	an, compute	5. Circulate		6 Reade costs		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				_							
(2)											
(3)					_]						
(4)											
				0							

Form 990-T (2019) York Hospital 01-02124 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)		<u>-</u>					
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, Ime 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)	▶	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 (2019)

Form 990-T	Description of Orga	nization's	Primary	Unrelated	Statement	1
	Busi	ness Activit	y			

Laboratory diagnostic services and 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.	40,150.	0.	0	
12/31/15	107,356.	39,983.	67,373.	67,373	•
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	259,297.	259,297	•

Unrelated Business Taxable Income from an Unrelated Trade or Business

int	ity I	
	OMB No 1545-0047	

	PREVENUE Service Do not enter SSN numbers on this form as if				(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	of the organization York Hospital			Employer idea	ntıficat	
	Inrelated Business Activity Code (see instructions) . 44611	0				
	escribe the unrelated trade or business Retail Ph	arm	acy			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 3,392,164.					-
b	Less returns and allowances c Balance	1c	3,392,164.			
2	Cost of goods sold (Schedule A, line 7)	2	3,692,050.			
3	Gross profit Subtract line 2 from line 1c	3	-299,886.			-299,886.
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		1		;	
	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	200			200 006
13	Total. Combine lines 3 through 12	13	-299,886			-299,886.
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			luctions) (De	ducti	ons must be
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	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return	ı	21a		21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)		See State	ment 3	27	8,570.
28	Total deductions. Add lines 14 through 27				28	8,570.
29	Unrelated business taxable income before net operating loss dedu	iction	Subtract line 28 from line	13	29	-308,456.
30	Deduction for net operating loss arising in tax years beginning on o	or after	January 1, 2018 (see			
	instructions)			Stmt 4	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	-308,456.
ιμΔ	For Paperwork Reduction Act Notice see instructions			9	chadu	le M (Form 990-T) 2019

Form 990-T (M) -	Other Deduct	ions	Statement	3
Description				Amount	
Indirect exp	enses			8,5	70.
Total to Sch	edule M, Part II	, line 27		8,5	70.
Schedule M	Net	Operating Loss	 Deduction	Statement	4
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
12/31/18	396,754.		396,754.	396,75	4.
NOL Carryove	r Available This	Year	396,754.	396,75	4.

-	1	τу	

Form 990-T (2019)							Page 3
York Hosp	ital				01-021	244	4
Schedule A - Cost of Goods	Sold. E	nter method of inven	tory valuation ► N/A				
 Inventory at beginning of year 	1		6 Inventory at end of year	r		6	
2 Purchases	2	3,378,909.		ine 6			
3 Cost of labor	3	313,141.	from line 5. Enter here	Part I,			
4 a Additional section 263A costs			line 2		7	3,692,050.	
(attach schedule)	4a		8 Do the rules of section	with respect to		Yes No	
Other costs (attach schedule)	4b		property produced or a	cquired	I for resale) apply to		j
5 Total. Add lines 1 through 4b	5	3,692,050.					X
Schedule C - Rent Income ((see instructions)	From R	eal Property and	d Personal Property	Lease	ed With Real Pro	pert	y)
1. Description of property							
(1)	-				-		
(2)							
(3)							-
(4)					-		
	2 Rent	received or accrued					
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for p	and personal property (if the percental personal property exceeds 50% or if at is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	conne nd 2(b)	cted with the income in (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total		0 . Total		0.			•
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	· •		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Finan	ced Income (see	instructions)				
			2 Gross income from		3 Deductions directly con to debt-finance		perty
1. Description of debt-fin	anced proper	ty	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)						+	
(2)					 	\top	
(3)						\top	
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	det	rerage adjusted basis of or allocable to ot-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)			%				
			-		nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0		0.
Total dividends-received deductions ind	cluded in co	olumn 8	-		•	-	0.
						_	Form 990-T (2019)

Unrelated Business Taxable Income from an Unrelated Trade or Business

Ent	ity	2			
	OMB No	1545-0047			

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Employer identification number 01-0212444 York Hospital

446110 Unrelated Business Activity Code (see instructions) ▶ Casual Sales Describe the unrelated trade or business Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 9,090. 1a Gross receipts or sales 9,090. b Less returns and allowances c Balance 1c 9,500. Cost of goods sold (Schedule A, line 7) 2 -410. -410. Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 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) Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 -410. -410. Total. Combine lines 3 through 12 13 13

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

14	Compensation of officers, directors, and trustees (Schedule K)			<u> </u>		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	Depreciation (attach Form 4562)	20					
21	Less depreciation claimed on Schedule A and elsewhere on return	21a				21b	
22	Depletion				_	22	
23	Contributions to deferred compensation plans					23_	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26_	
27	Other deductions (attach schedule)					27	
28	Total deductions. Add lines 14 through 27					28_	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line	e 28 fr	om line	e 13		29	-410.
30	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018	see				
	instructions)			Stmt	: 5	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29					31	-410.
			·	•			- M (F 000 T) 0040

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Schedule M	Net	Statement		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/18	1,139.		1,139.	1,139.
NOL Carryov	er Available This	Year	1,139.	1,139.

_
Page

York Hosp	ital				01-021	2444	
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2 9,500. 7 Cost of goods sold Subtract line (
3 Cost of labor	3		from line 5 Enter here	art I,			
4a Additional section 263A costs			line 2		7 9,500.		
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes No	
b Other costs (attach schedule) 4b property produced or ac				acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5	9,500.	the organization?			X	
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Lease	ed With Real Pro	perty)	
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)							
(4)	,						
		ed or accrued	- <u>-</u>		3/3\Daductions directly	connected with the income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for p	and personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	age		nd 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		iter	-	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Det		Income (see	instructions)			<u> </u>	
		•	Τ.,		3. Deductions directly con		
			2 Gross income from or allocable to debt-	721	to debt-finance	(b) Other deductions	
1 Description of debt-fir	nanced property '		financed property	(4)	(attach schedule)	(attach schedule)	
•							
(1)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to anced property h 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)			%				
					nter here and on page 1, Part 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	cluded in columi	n 8	·		>	0.	
	****				 	Form 990-T (2019)	

Unrelated Business Taxable Income from an Unrelated Trade or Business

ONIB IND	1545-0047
20	19

Entity

		For calendar year 2019 or other tax year beginning		, and ending		
Department of the Treasury Internal Revenue Service 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 50						Open to Public Inspection for 50 1(c)(3) Organizations Only
	of the organization	York Hospital	t may be	e made public if your organi	Employer identificat	ion number
	Inrelated Business	Activity Code (see instructions) ▶ 62150	0	 -		
		ed trade or business Physician	Pra	actices		
Par		Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or	sales 1,081.	l İ			
	Less returns and allo		1c	1,081.		
2	Cost of goods sol	d (Schedule A, line 7)	2	1,081.		
3	Gross profit Subt	ract line 2 from line 1c	3			
4 a	Capital gain net in	come (attach Schedule D)	4a			
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b			_
С	Capital loss deduc	ction for trusts	4c			
5	Income (loss) from	a partnership or an S corporation (attach				
	statement)		5			
6	Rent income (Sch	edule C)	6			
7	Unrelated debt-fin	anced income (Schedule E)	7			
8	Interest, annuities	, royalties, and rents from a controlled				
	organization (Sche	edule F)	8			
9	Investment incom	e of a section 501(c)(7), (9), or (17)				
	organization (Sche	edule G)	9			
10	Exploited exempt	activity income (Schedule I)	10			
11	Advertising incom	e (Schedule J)	11			
12	Other income (See	e instructions, attach schedule)	12			
13	Total. Combine lin	nes 3 through 12	13	0.		
Par		ns Not Taken Elsewhere (See instruct nnected with the unrelated business in			uctions) (Deducti	ons must be
14	Compensation of	officers, directors, and trustees (Schedule K)			14	· · · · · · · · · · · · · · · · · · ·
15	Salaries and wage	es			15	<u> </u>
16	Repairs and maint	tenance			_16_	
17	Bad debts				_17_	
18	Interest (attach so	thedule) (see instructions)			18	
19	Taxes and license	s		1 1	19	
20	Depreciation (atta	ch Form 4562)		20		
21	Less depreciation	claimed on Schedule A and elsewhere on return	1	21a	21b	
22	Depletion				22	
23	Contributions to d	leferred compensation plans			23	
24	Employee benefit	programs			24	
25	Excess exempt ex	penses (Schedule I)			25	
26	Excess readership	costs (Schedule J)			26	
27	Other deductions				27	ļ
28		. Add lines 14 through 27			28	0.
29		is taxable income before net operating loss dedu			13 29	0.
30	Deduction for net instructions)	operating loss arising in tax years beginning on	or after	January 1, 2018 (see	30	0.
31	Unrelated busines	s taxable income Subtract line 30 from line 29			31	
LHA	For Paperwork F	Reduction Act Notice, see instructions.			Schedu	le M (Form 990-T) 2019

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	Pan

Form 990-T (2019) York Hosp	ital				01-0212	2444	Page 3
Schedule A - Cost of Goods	Sold. Ente	r method of invente	ory valuation N/A				
1 Inventory at beginning of year	11		6 Inventory at end of year		· ·	6	
2 Purchases	2	1,081.	7 Cost of goods sold. Sul				
3 Cost of labor	3		from line 5. Enter here a				
4a Additional section 263A costs		-	line 2		•	7	1,081.
(attach schedule)	4a		8 Do the rules of section 2		Yes No		
b Other costs (attach schedule)	4b		property produced or ac				
5 Total Add lines 1 through 4b	5	1,081.	the organization?		,,		X
Schedule C - Rent Income	From Real			Lease	d With Real Pro	perty)	
(see instructions)	•						
Description of property							
(1)							
(2)							
(3)							
(4)							
	2 Rent recei	ved or accrued			3/a\Daduations directly	sees set of with	the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` of rent for pe	d personal property (if the percentar rsonal property exceeds 50% or if is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (attach sc	hedule)
(1)				Ì			
(2)							
(3)	· · ·			Ī			
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		nter -			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	>	0.
Schedule E - Unrelated Deb	t-Finance	d Income (see ii	nstructions)				
			2 0		3. Deductions directly control to debt-finance		locable
1			Gross income from or allocable to debt-	(a) s	Straight line depreciation		er deductions
Description of debt-fin	anced property		financed property	` '	(attach schedule)	` (attac	h schedule)
				_		ļ	
(1)						ļ	
(2)							
(3)							
(4)							·
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property th schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columns a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					ter here and on page 1, art I, line 7, column (A)		e and on page 1, e 7 column (B)
Totals			▶		0		0.

Total dividends-received deductions included in column 8

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047
00	40

Entity

	Revenue Service Do not enter SSN numbers on this form as it						501(c)(3) Organizations Only
Name	of the organization York Hospital				Employer ide	entificatio	
	Inrelated Business Activity Code (see instructions) \triangleright 62150						
	escribe the unrelated trade or business Reference	Lal	<u> </u>				
Pai	t I Unrelated Trade or Business Income		(A) Income	e	(B) Expense	es	(C) Net
1 a	Gross receipts or sales 551,886.				_		
þ	Less returns and allowances 305,082. c Balance ▶	1c	246,8	304.			
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3	246,8	304.			246,804.
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	18-5-				
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11			_		
12	Other income (See instructions, attach schedule)	12	246	204			246 004
<u>13</u>	Total. Combine lines 3 through 12	13	246,8	504.			246,804.
Pai	directly connected with the unrelated business in			on dedu	ictions) (De	eductio	ons must be
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	11 755
17	Bad debts					17	11,755.
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses		1	1		19	
20	Depreciation (attach Form 4562)		20			<u> </u>	
21	Less depreciation claimed on Schedule A and elsewhere on return	1	21a			21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)		500	Ctato-	ment 6	26	115,242.
27	Other deductions (attach schedule)		ಎಆಆ :	scate	HETTC 0	27	126,997.
28	Total deductions. Add lines 14 through 27		0.11		0	28	119,807.
29	Unrelated business taxable income before net operating loss dedu				3	29	113,00/•
30	Deduction for net operating loss arising in tax years beginning on	or after	January 1, 2018	s (see			0.
	instructions)					30	119,807.
31	Unrelated business taxable income Subtract line 30 from line 29					31	
LHA	For Paperwork Reduction Act Notice, see instructions.					scnedule	e M (Form 990-T) 2019

Form 990-T (M)	Other Deductions	Statement 6
Description		Amount
Laboratory expenses Indirect expenses		102,061. 13,181.
Total to Schedule M, Part II,	line 27	115,242.

Page	

York Hosp	York Hospital					01-0212444	
Schedule A - Cost of Good	s Sold. Enter	method of inver	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 Sul			ine 6		
3 Cost of labor	3		from line 5 Enter here and in Part I,				
4a Additional section 263A costs			line 2		7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to			Yes No	
b Other costs (attach schedule)	4b	property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?			X	
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty)	
(see instructions)	•						
Description of property							
(1)							
(2)							
(3)							
(4)			104 151 50 1				
	2. Rent receiv	ed or accrued	_				
rent for personal property is more than of rent for personal property is more than			and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
(1)	-						
(2)			 				
(3)			- 0 - 0				
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)				0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	.	
Schedule E - Unrelated Det		Income (see	instructions)		1 - 4 (, 6, 66.6 (6)		
		(333	1	T	3 Deductions directly con-	nected with or allocable	
			Gross income from or allocable to debt-		to debt-financed property		
 Description of debt-financed property 		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)							
(2)						· · · · · · · · · · · · · · · · · · ·	
(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. 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)			%	1			
(3)			%				
(4)			%				
			-		nter here and on page 1, Part 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	cluded in column	18	•		•	0.	
						Form 990-T (2019)	