Form 990-T	Exempt Org	anization	Busir	ness Incom er section 603	e Tax Ret	$\operatorname{urn}_{Q} \phi^{1}$	OMB No 1545-0687
, &F	For calendar year 2018 or o	•				.2019	୭ଲ1ହ
Department of the Treasury				ructions and the la		· — [	<u> </u>
Internal Revenue Service	Do not enter SSN nun					01(c)(3)	Solution of Public Inspection for 501(c)(3) Organizations Only
A Check box if	Name of organization	tion ( Check be	ox if name	changed and see instru	ctions)		yer identification number
address changed	<u> </u>					(ciúbio	yees' trust see instructions)
B Exempt under section		E HOSPITALS	, INC.				
X 501( C) Q3 )	1 1 1	nd room or suite no I	faPO bo	x, see instructions			352160
408(e) 220(e							ated business activity code structions )
408A530(a		CHESTER P	IKE				3,700,107,107,107,107,107,107,107,107,107
529(a)	<b>-</b>     '		•	or foreign postal code			
C Book value of all assets at end of year	NEWTOWN S	SQUARE, PA	19073			62150	00
	F Group exemption nul	<del></del>				,	<del> </del>
2900694241.	G Check organization to				11(c) trust	401(a)	trust Other trust
H Enter the number of	f the organization's unrelate	ed trades or busine	sses 🕨	2	Desc	ribe the only	(or first) unrelated
trade or business he					•		e than one, describe the
first in the blank sp	ace at the end of the previ	ous sentence, cor	mplete Pa	irts I and II, complete	a Schedule M for	each addition	nal
	nen complete Parts III-V						<del></del>
	was the corporation a sub				ary controlled grou	۱۵ <sub>5</sub> ۰۰۰۰۰	▶ X Yes No
	ame and identifying numb		rporation	► ATCH 2	,	404 227	0400
	e of ▶CURT WHITESI		<del></del>		hone number		
	Trade or Business Ir	ncome		(A) Income	(B) Ex	penses	(C) Net
1a Gross receipts or							
b Less returns and allow		c Balance ▶				Talko offici	
<del>-</del>	old (Schedule A, line 7)					<u>^^***</u>	
•	otract line 2 from line 1c				<u> </u>		
	income (attach Schedule D)		4a	<del> </del>	*** ** * * * * * * * * * * * * * * * *		
	orm 4797, Part II, line 17) (atta				225 ( 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	uction for trusts						
	partnership or an S corporation (attac						<del> </del>
	hedule C)			<del></del>			
	inanced income (Schedule E		7		_/		
•	valties, and rents from a controlled or			/			
	a section 501(c)(7), (9), or (17) org						
•	t activity income (Schedule			/			
	me (Schedule J)			30 989	9. ATCH	a' % *3*	30,989.
· ·	ee instructions, attach sche			30,989		<b>3</b> ∿ *″, \}\	
	ines 3 through 12			·		\ /Evaant f	30,989.
	ns must be directly co					) (Except i	or contributions,
	f officers, directors, and trus					14	<u> </u>
•	es	. /	-				13,368.
	ntenance					16	
o ixepairs and mai	iteriance	DEC	FIVE	<u> </u>			
7 Rad debte	_		L 1 % L	<del></del> 六1····			
7 Bad debts	echedule) (see instructions)			- 1071			
8 Interest (attach	schedule) (see instructions).			· · ·   \&   · · · · ·			
8 Interest (attach	schedule) (see instructions).			<sub>20</sub> .   β		19	
<ul><li>9 Taxes and licens</li><li>10 Charitable contr</li></ul>	es	or Imitation fules)		20 - 100		19 20	
<ul><li>Taxes and licens</li><li>Charitable contr</li><li>Depreciation (at</li></ul>	eschedule) (see instructions); es	or (m) ation Wiles)	0 8: 20/	20 ·   00 · · · · · · · · · · · · · · · ·		19	
<ul> <li>Taxes and licens</li> <li>Charitable contr</li> <li>Depreciation (at</li> <li>Less depreciation</li> </ul>	eschedule) (see instructions); es	or Implation Viles)	0 8: 20%	20 ·		19 20 22b	
Taxes and licens Charitable contr Depreciation (at Less depreciatio Depletion	butions (See instructions), butions (See instructions for each Form 4562), n claimed on Schedule A a	or (milation Miles)	0 8: 20% EM. L	20 ·		19 20 22b 23	
Taxes and licens Charitable contr Depreciation (at Less depreciatio Depletion Contributions by	butions (See Instructions), butions (See Instructions for each Form 4562), n claimed on Schedule A a	or (milation Wiles) and elsewhere or (1)	0 8 20 ₩ 1. L	20		19 20 23 24	4,049.
Taxes and licens Charitable contr Depreciation (at Less depreciatio Depletion Contributions to Employee benef	butions (See Instructions), es	or (milation Wiles) and elsewhere on (1)	0 8 20 •••N . L	20		22b 22b 22b 22b 22b	
Taxes and licens Charitable contr Depreciation (at Less depreciatio Depletion Contributions to Employee benef Excess exempt 6	butions (See Instructions) butions (See Instructions for the Company of the Compa	or (En ation Wiles) Ind elsewhere on (1)	0 8: 20% ■N. L	20		22b 22b 23 24 25 26	
Taxes and licens Charitable contr Depreciation (at Less depreciatio Depletion Contributions to Employee benef Excess exempt of Excess readersh	butions (See Instructions) ach Form 4562) n claimed on Schedule A a deferred compensation plan t programs xpenses (Schedule I) p costs (Schedule J)	or (milation Wiles) and elsewhere on (1)	0 8: 207 ₩W. L	20		22b 22b 23 24 25 26 27	4,049.
Taxes and licens Charitable contr Depreciation (at Less depreciation Depletion Contributions to Employee benef Excess exempt of Excess readersh Other deduction	butions (See instructions) butions (See instructions for ach Form 4562) n claimed on Schedule A a deferred compensation plant tropgrams expenses (Schedule I) p costs (Schedule J) s (attach schedule)	or (milation Wiles) and elsewhere on milations	0 8: 20% ► W. L	20	ATCH	22b 22b 23 24 25 26 27 4 28	13,884.
Taxes and licens Charitable contr Depreciation (at Less depreciatio Depletion Contributions to Employee benef Excess exempt of Excess readersh Other deduction	butions (See Instructions), es	or (milation Wiles) and elsewhere on (1)	0 8: 20% ₩₩. L	20	ATCH	22b 22b 23 24 25 26 27 4 28	4,049.
Taxes and licens Charitable contr Depreciation (at Less depreciation Depletion Contributions to Employee benef Excess exempt of Excess readersh Other deduction Unrelated busin	butions (See Instructions) butions (See Instructions for ach Form 4562) n claimed on Schedule A a deferred compensation plant programs expenses (Schedule I) p costs (Schedule J) s (attach schedule) s Add lines 14 through 28, less taxable income before	or (Fination Wiles) and elsewhere on (Final elsewhere on (Final elsewhere) and elsewhere on (Final elsewhere)	0 8 200 □ N . L	20 O 21 21 22a 22a 22a	ATCH	22b 22b 23 24 25 26 27 4 28 29 e 13	13,884. 31,301. -312.
Taxes and licens Charitable contr Depreciation (at Less depreciatio Depletion Contributions to Employee benef Excess exempt of Excess readersh Other deduction Unrelated busin Deduction for no	butions (See Instructions), es	nc elsewhere on incelsewhere	0 8 20	duction Subtract In fter January 1, 2018	ATCH ne 29 from lin (see instructions)	22b 22b 23 24 25 26 27 4 28 29 e 13 30	13,884. 31,301. -312.

Form	n 990-T (2					Page 2
Pa	irt III 🗋	Total Unrelated Business Taxable Income				
33	· Total	of unrelated business taxable income computed from all unrelated trades or businesses (se	e			
	instruct	ts paid for disallowed fringes	. [ 33		11,	846.
34	Amoun	ts paid for disallowed fringes	34			
35		ion for net operating loss arising in tax years beginning before January 1, 2018 (se				
		cions)			11.	846.
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the su				
-		33 and 34				
37		deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<del></del>	<del></del>		
			— <del>  -  </del>			—
38		ted business taxable income Subtract line 37 from line 36 If line 37 is greater than line 3 is smaller of zero or line 36				0.
	enter ti	Tour Communication	· ·   38			
N Lie	IA IV	Tax Computation				
39	Organi	zations laxable as Corporations Multiply line 38 by 21% (0.21)	-		_	
40	Trusts	Taxable at Trust Rates. See instructions for tax computation income tax of	1 1			
	the am	ount on line 38 from Tax rate schedule or Schedule D (Form 1041)	. ▶ 40			
41		ax. See instructions				
42	Alterna	tive minimum tax (trusts only)	. 42			
43	Tax on	Noncompliant Facility Income. See instructions	43			
44	Total. A	dd lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
∖ Pa	irt V	Tax and Payments				
45 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
t	n Other o	eredits (see instructions)				
c	Genera	business credit Attach Form 3800 (see instructions)	$\neg$ $\vdash$			
	d Credit f	for prior year minimum tax (attach Form 8801 or 8827)	$\dashv I$			
		redits. Add lines 45a through 45d	45e			
46		at line 45e from line 44				
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	<del></del>			
						0.
48		xx. Add lines 46 and 47 (see instructions)	11			<del></del>
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	. 49			
		nts A 2017 overpayment credited to 2018	<b>  </b>   '			
t,		stimated tax payments · · · · · · · · · · · · · · · · · · ·				
C		posited with Form 8868- · · · · · · · · · · · · · · · · · · ·	—IJ			
		organizations Tax paid or withheld at source (see instructions)	— <b>!</b>			
е		withholding (see instructions)	<b> </b> } '			
f		or small employer health insurance premiums (attach Form 8941)	— <u>1</u>			
g	_	redits, adjustments, and payments Form 2439				
	F	orm 4136 Other Total ▶ 50g		İ		
51	Total p	ayments. Add lines 50a through 50g	— <del>)                                    </del>			
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax du	e If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53			
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54			
55	Enter th	e amount of line 54 you want Credited to 2019 estimated tax  Refunded	<b>▶</b> 55			
Pa	rt VI	Statements Regarding Certain Activities and Other Information (see Instruct	ions)			
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature	or other	authority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may ha	ve to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	ne foreig	n country		
	here ▶		_	•		Х
57	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fe	oreian fais			X
٥.	-		neigh dus	n'		
58		see instructions for other forms the organization may have to file ne amount of tax-exempt interest received or accrued during the tax year > \$		ļ		
50		ne amount of tax-exempt interest received of accrued during the tax year > \$  nder penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the	ne best of	my knowledge	and beli	ef, it is
Qi~	tn	ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		,	2011	.,3
Sig		MICHAEL J BUONGLORNO EVP, CFO & TREASURER		IRS discuss		
He				preparer sh		7 I
		7/14	(see instruct	tions)? X Ye	es	No
Paid	d	Print/Type preparers dame. Preparers signature Date	heck 🔲 ı	If PTIN		_
	parer		elf-employed			
	e Only		rm's EIN ►			
	,	I F	. 2	67-330-1	3000	

JSA

8X2741 1 000 60680S 5147

Form **990-T** (2018)

Form **990-T** (2018)

Total dividends-received deductions included in column 8

Form 990-T (2018)	MAIN LI			•						352160 Page <b>4</b>
Schedule F-Interest, Ann	uities, Royaltie						ions (see	nstruction	ons)	
1 Name of controlled organization	2 Employer identification number			3 Net unrelated income 4 Total of specified included		5 Part of column 4 that is included in the controlling organization's gross incom		6 Deductions directly connected with income in column 5		
(1)										
(2)										
(3)										
Nonexempt Controlled Organi	zations						1			<del></del>
7 Taxable Income	8 Net unrelated ( (loss) (see instruc			9 Total of specific payments made		includ	irt of column led in the co zation's gros	introlling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)									ļ	
(4)									<u> </u>	
Tatala						Enter	columns 5 a here and on I, line 8, colu	page 1,	Ent	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Schedule G-Investment II	ncome of a Sec	ction 5	01(c)(	7) (9) or (1)	Orga	nization	(see ins	tructions)		
1 Description of income	2 Amount o		1(0)(.	3 Dedu directly co (attach so	ctions nnected	riizadoi	4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)				(2.1.20.1.20						<b>P100</b> 001 17
(2)										
(3)										
(4)										
Totals ▶	Enter here and Part I, line 9, o									Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited Exc	empt Activity In	come,	Other	Than Advert	ising Ir	come (	see instru			
Description of exploited activity	2 Gross unrelated business income from trade or business	3 E d conne prod un	Expenses irectly ected with fuction of irelated ess incom-	4 Net inco from unrela or business 2 minus co If a gain, c	me (loss) ted trade (column lumn 3) ompute	5 Gro	ss income ctivity that unrelated ss income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							•		`	
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	page	nere and c e 1, Part I, 0, col (B)	- 12 (385 è						Enter here and on page 1, Part II, line 26
Schedule J-Advertising In	ncome (see instr	uctions)	)					· · ·		·
Part I Income From Per	iodicals Repor	ted on	a Cons	solidated Ba	sis				,	
1 Name of periodical	2 Gross advertising income		Direct tising cost	4 Adver gain or (lo 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If mpute		culation come	6 Reade	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					Favor Muli
(2)					Ž,					<u> </u>
(3)										<u> 1550</u> ( 1661. 1
(4)				, , , , , , , , , , , , , , , , , , ,	in in	<u> </u>				
Totals (carry to Part II, line (5))							·			
										Form <b>990-T</b> (2018)

					5
Part II	Income From Periodicals Reported	on a Separate Basis	(For each periodical listed in	n 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 ▶				JAK WARAN		
Totals, Part II (lines 1-5) ▶	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

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

1 Name	2 Title	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** (2018)

### SCHEDULE M (Form 990-T)

### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\underline{-07/01}$  , 2018, and ending  $\underline{-06/30}$  , 20

► 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)

Name of organization

MAIN LINE HOSPITALS, INC.

Employer identification number 23–1352160

Unrelated business activity code (see instructions) ▶ 812900

Describe the unrelated trade or business ▶ BEAUTICIAN SERVICES AT BRYN MAWR REHAB

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			\$465, Proceedings of the State	
b	Less returns and allowances C Balance	<b>▶</b> 1c			Bir Oktolokia
2	Cost of goods sold (Schedule A, line 7)	. 2			
3	Gross profit Subtract line 2 from line 1c	. 3			3
4a	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 (attack	۱ 📗			
	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)				
11	Advertising income (Schedule J)	. 11			
12	Other income (See instructions, attach schedule) ATCH. 5	. 12	11,846.	· · · · · · · · · · · · · · · · · · ·	11,846.
13	Total Combine lines 3 through 12		11,846.		11,846.

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

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)	3.2	· · · · · · · · · · · · · · · · · · ·
22	Less depreciation claimed on Schedule A and elsewhere on return	22ь	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	11,846.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	2./2	
	instructions)		
32	Unrelated business taxable income Subtract line 31 from line 30		11,846.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

## ATTACHMENT 4

FORM 9	990T -	PART	ΙI	- LINE	28 -	- TOTAL	OTHER	DEDUCTIONS
--------	--------	------	----	--------	------	---------	-------	------------

SUPPLIES	7,865.
MILEAGE	1,176.
TELEPHONE	468.
PROF SERVICES	193.
OVERHEAD ALLOCATION	4,182.

PART II - LINE 28 - OTHER DEDUCTIONS 13,884.

	MAIN	LINE	HOSPITALS,	INC.
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ATTACHMENT	5	

# SCHEDULE M - LINE 12 OTHER INCOME

BEAUTICIAN SERVICES

11,846.

LINE 12 - OTHER INCOME

11,846.

60680S 5147

V 18-8.3F

MAIN LINE HOSPITALS, INC. EIN 23-1352160 FOR THE YEAR ENDING JUNE 30, 2019

FORM 990-T, PART II, LINE 35

#### NET OPERATING LOSS CARRYOVER FOR TAX YEARS BEGINNING ON OR BEFORE 1/1/2018

YEAR	TOTAL AMOUNT GENERATED		AMOUNT UTILIZED 06/30/2019		AMOUNT CARRIED FORWARD TO 06/30/2020	
06/30/2011	\$	124,124	\$	11,846	<b>\$</b>	112,278
06/30/2012		97,454		-		97,454
06/30/2014		90,766		-		90,766
06/30/2015		391		-		391
06/30/2016		9,440		-		9,440
06/30/2017		161,706		-		161,706
06/30/2018	*	164,976				164,976
	\$	648,857	\$	11,846	\$	637,011

<sup>\*</sup> AS A RESULT OF THE RETROACTIVE REPEAL OF IRC SEC 512(a)(7), PRIOR YEAR NOL HAS BEEN ADJUSTED