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٠		000 -	Ex	empt Organization B			x Return	I	OMB No 1545-06	687
	F	orm 990-T		,		section 6033(e))	6/30 1901	ایو	2010	,
		•		ar 2018 or other tax year beginning				<u>019</u>	2 010)
	Denad	tment of the Treasury		o to www.irs.gov/Form990T fo				ł	Open to Public Inspec	454 455
	Interna	al Revenue Service	► Do not	enter SSN numbers on this form as it					501(c)(3) Organization	ns Only
	A [Check box if address changed		YORK HOSPITAL	f name (changed and see instructions.)	,	E	nployer identification r mployees' trust, see structions)	number
		xempt under section $501(c)$	on Frinc	PO BOX 2767				1 :	23-1352222	
	۴	408(e) 220((e) Type	YORK, PA 17405-276	7	•		FU	nrelated business activ	vity code
	-	408A 5300	• • • •		•	,		(\$	See instructions)	
_		529(a)	` ,					(521 <u>500</u> 9000	04
777	at	ook value of all assets end of year	<u> </u>	exemption number (See instruct k organization type				014.	, , , , , , , , , , , , , , , , , , ,	t
9		,940,147,416	, ·			<u> </u>	<u> </u>	01(a)		r trust
-			_	's unrelated trades or businesses		► <u>10</u> D	escribe the only (o		unrelated ne, complete Part	e I V
	ŀ	faue of business rie f more than one, de	escribe the firs	ict Medical Services it in the blank space at the end	of the	previous sentence, co				
TOTAL DATE OF				ess, then complete Parts III-V.		р. •		,		
ú	Ī	During the tax year,	was the corpo	oration a subsidiary in an affilia	ted gr	oup or a parent-subsid	ary controlled gro	oup?	► X Yes	No
7	ŀ	f 'Yes,' enter the na	ame and identi	fying number of the parent cor	porati	on MellSpan	Health 22-2	25178	863 <u>.</u>	
8	JT	he books are in care	of DAVI	D RIZZUTO		Ť	elephone numbe	~ 71	7-851-3055	
5	Par	t I. Unrelated	d Trade or E	Business Income		(A) Income	(B) Expense	s	(C) Net	
	1 a	Gross receipts or	sales							
3		Less returns and allowa		c Balance►	1 c			* 1,1 100		
Ξ,		Cost of goods sold			2		ALL SEL	11/20	14 18 By 1 1 1	\$55 A
		Gross profit. Subtr			3	•		· 1943		
		Capital gain net in	•	•	4a			40,334		
		Net gain (loss) (Form 4			4b		11. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	1 3 s		
	_	: Capital loss deduct Income (loss) from			4c			<u> </u>		
	5	(attach statement		an S corporation	5.					
	6	Rent income (Sch	-		6			/		
	7	Unrelated debt-fin	anced income	(Schedule E)	7					
	8	Interest, annuities, roya	alties, and rents fro	om 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	e (Schedule I)	10	7,701,010.	5,857,	496.	1,843,	514.
	11	Advertising income	e (Schedule J)		11		/			·
	12	Other income (See	e instructions,	attach schedule)						
	12	Total. Combine lin	oc 2 through 1	10	12	7 701 010	5 0E7	406	1 042	E 1 A
				en Elsewhere (See instru	ــــــــــــــــــــــــــــــــــــــ	7,701,010.	5,857,4		1,843,5	514.
	in Ci	contribution	ons, deduct	ions must be directly con	nect	ed with the unrelate	ed business in	come	e.) .	
	14	Compensation of o	officers, direct	ors, and trustees (Schedule K)		/		14		
	15	Salaries and wage	es					15		
	16	Repairs and maint	tenance					16		
í	17	Bad debts						17		
	18	Interest (attach sc		nstructions)				18		
1	19	Taxes and license						19		
,	20			structions for limitation rules)		See State	ment 1	20	303,	<u>257.</u>
	21	Depreciation (attach				21		شنش		
1	22	· ·	claimed on So	chedule A and elsewhere on ref	turn	22a		22b		· <u> </u>
	23	Depletion	/					23		
;	24	Contributions to de		nsation plans				24		
;	25	Employee benefit	. 7					25		
)	26	Excess exempt ex						26 27		
•	27 28	Excess readership Other deductions						28		
	28 29	Total deductions.						29	202	257
	30	,		me before net operating loss de	eduction	on. Subtract line 29 from	m line 13	30	303,2 1,540,2	
	31	/		n tax years beginning on or after Januar				31	1,340,2 33,333,333,333	16864
		,		me Subtract line 31 from line 3	•	()art l		32	1,540,2	<u>257</u> .
	BAA	For Paperwork Re	eduction Act N	lotice, see instructions.		TEEA0201L 1/31	/19		Form 990-T (2	2018)
						•			1/2-	

Form 990-T (2018) YORK HOS	SPITAL						23	-13	52222	F	Page 3
Schedule A - Cost of Goo	ds Sold. Enter method of	of inve	ntory valuat	tion 🟲		_					
1 Inventory at beginning of ye					nvento	ry at	end of year	6			
2 Purchases.	2			7 C	ost of	f good	ls sold. Subtract				
3 Cost of labor	3			lı lı	ne 6 f	rom lii	ne 5. Enter here	<u> </u>	-		
4 a Additional section 263A costs (attac	h schedule)			а	na in	Part I,	line 2			T	1
·	4 a									Yes	No
b Other costs	4 b						of section 263A (wi luced or acquired fo				
(attach sch) 5 Total. Add lines 1 through 4	b 5						zation?	103	aic) appiy		Х
Schedule C - Rent Income	<u></u>	v and	Persona	l Pro	perty	Leas	sed With Real P	rope	ertv) (see i	nstruct	
1 Description of property	(· · · · · · · · · · · · · · · · · · ·	,							,		
(1)		-									
(2)		-				_					_
(3)		_									
(4)		•					 				
	2 Rent received or accrue	ed					-				
(a) From personal prop	erty (b) Fr	rom re	al and pers	onal pr	operty	/	3(a) Deduction the income in	is dire	ectly conne	cted wi	th 1
(If the percentage of rent for property is more than 10% more than 50%)	r personal (if the but not proper	perce	entage of rer beeds 50% of on profit or	nt for p or if the	ersona e rent	al			schedule)	110 Z(b	,
(1)			<u> </u>		<u> </u>						
(2)											
(3)						•					
(4)									•		
Total	Total										
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		r ►					(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter rt ►	•		
Schedule E — Unrelated De	ebt-Financed Income	(see	instructions))							
1 Description of debi	t-financed property		2 Gross inc			3 De	eductions directly co debt-fina			allocat	ole to
r bescription of deb	maneed property		financed			depr	(a) Straight line eciation (attach sch)	(b) Other d (attach so		
(1)								1			
(2)	•	ŀ						$\neg \neg$			
(3)											
(4)		Ì			·						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basi or allocable to debt-finar property (attach schedu	nced	divid	umn 4 ed by mn 5			7 Gross income ortable (column 2 x column 6)		Allocable ((column 6 olumns 3(a	x total	of
(1)					%			\top			
(2)					8						
(3)					ય						
(4)					%						
_ <u>``</u>	,				_		here and on page I, line 7, column (A				
Totals					•			\perp			
Total dividends-received deducti	ons included in column 8							>		,	
RAA		TEC	A02031 01/20	1/10					Form	990-T	(2018)

Schedule F - Interest, A	nnuitie	es, Royaltic	es, a	nd Re	nts Fro	m	Controlled (Orga	nizations	(see in	structions	6)
			Exen	npt Con	trolled O	rgar	nizations				,	·
1 Name of controlled organization	ıder	Imployer htification iumber	1	Net uni ncome ee instri		4	4 Total of spec payments ma		5 Part of that is ind the con organiz gross i	cluded trolling ation's	in C	eductions directly onnected with ome in column 5
(1)						`						
(2)		,		•	-	T						
(3)										•		
(4)			*		, -1		c.					
Nonexempt Controlled Organiza	ations											;
[*] 7 Taxable Income	inc	et unrelated ome (loss) instructions)			f specifie nts made	d	10 Pårt of included ii organizatio	n the c	ontrolling	ng connecte		tions directly d with income blumn 10
(1)												
(2)				-								
(3)				,								
(4)												
Tatala					÷		Add columns here and on p 8, co		, Part I, line	Add here	and on p	6 and 11 Enter age 1, Part I, line lumn (B)
Totals Schedule G — Investmen	+ Inco	ma of a Sa	otio	- E01/	0(7) (0		r (17) Orac	-it	00 /	<u> </u>		
1 Description of income		2 Amount			3 dire	Dec	ductions connected		4 Set-asides ttach schedu	5	5 Tota set-a	deductions and sides (column 3
					(απα	acn	schedule)					us column 4)
(1)												
(2)	-								*			
(4)			<u> </u>								-	
Totals Schedule I — Exploited E	•	Enter here an Part I, line 9,	colui	mn (A).		n A	dveticina	lncor			Part I, Iı	re and on page 1, ne 9, column (B).
Schedule I – Exploited E	xemp	2 Gross						_	— т			T 3.5 .
. 1 Description of exploited a	ctivity	unrelate business income fro trade of business	d s om_	conne prot of u	ises directly ected with duction nrelated ess income	froi or l 2 m	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	activi unrela	s income from ty that is not ited business income	attribu	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) Lab Services		7,701,0	10.	5,85	7,496.	1	,843,514.	105	829120.	605	09165.	.
(2)		· ·							:			-
(3)							•					,
(4)	-	•					· ·					
Totals		Enter here on page Part I, line column (1, : 10, A).	on p Part I colu	here and page 1, l, line 10, mn (B). 7,496.							Enter here and on page 1, Part II, line 26
Schedule J – Advertising	a Inco				., <u>.</u>	1922-5	the different college, significantly and	7 J	the security of the second of	OFFICER NO.	e sana energiosista	1
Part 1 Income From Per					nsolida	ted	l Basis					
<u> </u>		2 Gross			Direct	_	Advertising gain or	5 C	rculation	6 Rea	dership	7 Excess readership
1 Name of periodical		advertisir income		adve	ertising osts	(10	oss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		ncome		osts	costs (col 6 minus col 5, but not more than col. 4).
(1)					•	1						
(2)		ļ							-			
(3)		-							+			
(4)		 				138	reige Milit F1491					
Totals (carry to Part II, line (5))												
BAA				TE	EA0204 L	12/31	1/18				F	orm 990-T (2018)

7 on a line-by-line basis.)	2 Gross	3 Direct	4 Advertising gain or	5 Circulation	6 Readership	7 Excess readership
1 Name of periodical	advertising income	advertising costs ,	(loss) (col. 2 minus col 3). If a gain, compute cols, 5 through 7.	income_	costs	costs (col. 6 minus col 5, but not more than col. 4)
(1)						
(2)						
(2)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1− 5)						
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	to unrela	ation attributable ated business
			·	9	5	
				9	5	
				9	is .	
				ę	5	
Total. Enter here and on page 1, Part II	, line 14				>	Ţ.
BAA		TEEA0204 L	12/31/18		F	orm 990-T (2018)

YORK HOSPITAL

Unrelated business activity code (see instructions) ► 621400

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning 7/01 , 2018, and ending 6/30 , 20 19 .

23-1352222

Department of the Treasury Internal Revenue Service Name of the organization ► 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). Employer identification number

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

OMB No 1545-0687

Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			1 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Y 8 14 2 5 5 5 5 2 5 4 3 5
b	Less returns and allowances c Balance	► 1c		为这种抗病,以及类	
2	Cost of goods sold (Schedule A, line 7)	2		"为为数据的证据	????kq ??## %\? t
3	Gross profit. Subtract line 2 from line 1c	3		Language Constitution	
4a	Capital gain net income (attach Schedule D)	4a		1. 3. 母亲, 1. 【数	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		3.4分类数以为生态整	
c	Capital loss deduction for trusts	4c		10 30 1 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
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		<u> </u>	
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		1	
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10	2,082	. 1,636.	446.
11	Advertising income (Schedule J)	11		1,000.	
12	Other income (See instructions, attach schedule)	12		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
13	Total. Combine lines 3 through 12.	13	2,082		446.

14	Companyation of officers, directors, and tripless (Cohedule IV)	114
	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) . 21	12.00 p.Z. 2m2.00
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)	26 446.
27	Excess readership costs (Schedule J) .	27
28	Other deductions (attach schedule)	28
29	Total deductions. Add lines 14 through 28	29 446.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	2
	instructions)	31
32	Unrelated business taxable income. Subtract line 31 from line 30	32

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018) YORK HOS	SPITAL					23	-135	52222	F	age 3
Schedule A — Cost of Goo	ds Sold. En	ter method of inv	entory valuation	on ►		_		· · · · ·		
1 Inventory at beginning of ye	ar	1		6 Invento	ry at	end of year	6			
2 Purchases.		2				is sold. Subtract				
3 Cost of labor		3				ne 5 Enter here	7			
4 a Additional section 263A costs (attac	h schedule)			and in	Part I	, line Z	<u>'</u>		V	N-
		4 a		0 D 10 · 10 · 1					Yes	No
b Other costs (attach sch)		4 b				of section 263A (wi duced or acquired fo				
5 Total. Add lines 1 through 4	b	5		to the						Х
Schedule C - Rent Income	(From Rea	Property an	d Personal	Property	Lea	sed With Real P	rope	rty) (see 11	nstruct	ions)
1 Description of property										
(1)										
(2)	•			-				-		
(3)						· · · ·				
(4)										
	2 Rent receiv	ed or accrued				24-3 D - 4 - 4 -		-11		A1.
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	pérsonal	(if the perc	eal and perso entage of rent ceeds 50% or d on profit or ii	for personation for the formal for the formal for the formal for the formal formal for the formal formal formal for the formal formal for the formal formal formal for the formal formal formal formal for the formal forma	al	3(a) Deduction the income ii (at	n colui			
(1)										
(2)										
(3)										
(4)										
Total		Total					_			
(c) Total income. Add totals of co here and on page 1, Part I, line 6		d 2(b). Enter				(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter rt -			
Schedule E - Unrelated De	ebt-Finance	d Income (see	instructions)			•				
1 Description of debt	-financed pror	nerty.	2 Gross inco		3 De	eductions directly co debt-fina	nnect	ed with or a	allocab ee St	le to
i Description of debi	-illianced brot	Derty	financed p			(a) Straight line eciation (attach sch		(b) Other do	eductio	ns
(1)										
(2)										
(3)		•								
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	djusted basis of to debt-financed ttach schedule)	6 Colur divider colum	d by		7 Gross income ortable (column 2 x column 6)	1 .	Allocable of (column 6 : olumns 3(a)	k total	of
(1)				8						
(2)				%						
(3)				%						
(4)				%						
					Enter Part	here and on page I, line 7, column (A	1, Ent). Pai	er here and rt I, line 7,	d on pa column	age 1, 1 (B)
Totals				•						
Total dividends-received deduction	ons included ii	n column 8					•			
BAA		TE	EA0203L 01/30/1	9				Form	990-T ((2018)

TEEA0203L 01/30/19

Form 990-T (2018) YORK HOSP	ITA	T								23-1	35222	2 Page
Schedule F - Interest, Ann			es, a	and Re	ents Fro	m	Controlled (Orga	nizations			
			Exer	npt Cor	trolled O	rgai	nızatıons					
1 Name of controlled organization	ıder	Employer htification number		Net un income ee instr			4 Total of spec payments ma		organi		in in	Deductions directly connected with come in column 5
(1)						T		-				-
(2)												
(3)						ŀ						·
(4)												.
Nonexempt Controlled Organization			-T 6				400				44.5	
7 Taxable Income	inc	et unrelated come (loss) instructions)			f specifie nts made	a	10 Part of included in organizatio	n the d	controlling	i	connect	actions directly ed with income column 10
(1)												
(2)												
(3)			1									
(4)												
Totals.							Add columns here and on p 8, co		, Part I, line		e and on	ns 6 and 11 Enter page 1, Part I, line olumn (B).
Schedule G - Investment I	nco	me of a Se	ctio	n 501(c)(7), (9), (or (17) Orga	nizati	on (see in	structio	ns)	
					3	De	ductions		4 Set-aside	es	5 Tot	al deductions and
1 Description of income (1)		2 Amount	or inc	соте			connected schedule)	(a	ttach sched	ule)		asides (column 3 lus column 4)
(2)							-				<u> </u>	
(3)								,				
(4)												
		Enter here an Part I, line 9,	d on p colur	page 1, mn (A).							Enter h Part I,	ere and on page 1 line 9, column (B)
Totals .	•				190 all			65,40,6	Washing			· · · · · · · · · · · · · · · · · · ·
Schedule I — Exploited Exe	mp			ne, Otl	ner Tha	n A	Advertising I	ncor	ne (see ins	truction	is)	
1 Description of exploited activ	rity	2 Gross unrelate business income fro trade or business	d s om r	conne prod of u	ises directly ected with duction nrelated ess income	fro or 2 n	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	actıvı unrela	s income from ty that is not ated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4).
(1) Dialysis Services		2,0	82.		1,636.							
(2)												
(3)			,									
(4)		<u> </u>				1 111	100 N . N . N . N . N . N . N . C	r	~ *** * *** . ~ .		4. 12 15 14	
		Enter here on page Part I, line column (1, : 10,	on p Part I	here and page 1, , line 10, mn (B).							Enter here and on page 1, Part II, line 26.
Totals	•	2,0	82.		1,636.							446.
Schedule J — Advertising II				_								
Part Income From Period	dica	als Reporte	d or	ı a Co	nsolida	tec	l Basis					
1 Name of periodical		2 Gross advertisir income		adve	Direct ertising osts	(10	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7		rculation ncome		dership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)												\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
(2)		 										
(3) (4)		 -										
<u> </u>		 				1-1-35	M. S.					38021 (4 72.75)
Totals (carry to Part II, line (5))	>											

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,	5 Circulation income	6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more
			compute cols 5 through 7.			than col. 4)
(1)	_					
(2)						
(4)						ļ. —
Totals from Part I	•					,
	Enter here and on page 1, Part I, line 11, column (A)	on page 1.				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1- 5)	•					
Schedule K — Compensati	on of Officers, Dire	ctors, and Tru	ustees (see instru	uctions)		
1 Name	e		2 Title	3 Percent of time devoted to business		ation attributable ated business
				્		· · · · · · · · · · · · · · · · · · ·
				8		
		_		8		
				8		

SCHEDULE M (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning 7/01 , 2018, and ending 6/30

► Go to www.irs.gov/Form990T for instructions and the latest information.

OMB No 1545-0687

Department of the Treasury Internal Revenue Service		nw.irs.gov/rorm9901 for instruments on this form as it may be				Open to Public Inspection for 5.501(c)(3) Organizations Only
Name of the organization					Employer identifi	cation number
	YORK HOSPITAL				23-1352222	2
	ss activity code (see in elated trade or busines	structions) ► 621500 s ► Imaging				
Part I Unrelate	d Trade or Business	Income		(A) Income	(B) Expenses	s (C) Net
1a Gross receipt b Less returns and		c Balance ►	1c			

Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			13 1 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2		350 AXX	作業のできる。
3	Gross profit. Subtract line 2 from line 1c	3		1、通過電子 1. 1	
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		Y 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	
, с	Capital loss deduction for trusts	4c		Carlon Services	
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			<u> </u>
10	Exploited exempt activity income (Schedule I)	10	1,371,534.	219,088.	1,152,446.
11	Advertising income (Schedule J).	11		223,000.	2,202,110.
12	Other income (See instructions; attach schedule)	12		17. 13. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	
13	Total. Combine lines 3 through 12	13	1,371,534.	219,088.	1,152,446.

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).	300 700
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
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 1,152,446.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31 (3) (4) (4)
32	Unrelated business taxable income. Subtract line 31 from line 30	32 1,152,446.

BAA For Paperwork Reduction Act Notice, see instructions.

Total dividends-received deductions included in column 8

BAA

TEFA02031 01/30/19

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Form 990-T (2018)

Schedule F — Interest, A		,· ,			trolled O					(000		
1 Name of controlled organization	ıde	Employer ntification number	1	Net uni ncome ee instr		4	Total of spec payments ma			cluded trolling ation's	in c	eductions directly connected with ome in column 5
(1)											i i	•
(2)				-		1						
(3)					٠,	1					·	
(4)									•			
Nonexempt Controlled Organiza	ations									•		·
7 Taxable Income	ind	et unrelated come (loss) instructions)	9 Total of spe payments r			s made includ		f column 9 that is in the controlling on's gross income		connected		ctions directly d with income olumn 10
(1)							- 1					
(2)												,
(3)												
(4)												
Totals							Add columns here and on p 8, co		Part I, line		and on p	6 and 11. Enter page 1, Part I, line lumn (B)
	t Inco	me of a Se	ction	501/	· cV7) (9	<u> </u>	r (17) Organ	nizati	On (see ins	truction	20)	
Schedule G — Investment Inco 1 Description of income			2 Amount of income		3 De directly		ductions connected schedule)	4 Set-asides (attach schedul		\$	5 Tota set-a	I deductions and sides (column 3 us column 4)
(1)					`						<u> </u>	
(2)						-	-					
(3)												
(4)							- "					
Totals	•	Enter here an Part I, line 9,	d on p colur	oage 1, nn (A).		7						re and on page 1, ne 9, column (B).
Schedule I — Exploited E	xemp	t Activity In	con	ne. Oti	er Tha	nΔ	dvertising	ncon	ne (see inst	ruction	e)	
1 Description of exploited a	<u>. – </u>	2 Gross unrelate busines income fro trade of busines	d s om	3 Expen conne prod of u		4 N fror or t 2 m	let income (loss) n unrelated trade pusiness (column linus column 3). a gain, compute mns 5 through 7.	5 Gross activi unrela	s income from ty that is not ited business income	6 Exp	penses stable to simn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) Imaging Services		1,371,5	34.	21	9,088.			-				 ·
(2)					<u> </u>							
(3)					·		•					
(4)							-			•		
•		Enter here on page Part I, line column (1, 10,	on p Part I	here and lage 1, , line 10, nn (B).	がない。						Enter here and on page 1, Part II, line 26.
Totals	<u> </u>	1,371,5			9,088.	1				1. 3. Sec.	, 'nat <u>, </u>	
Schedule J – Advertising												
Part I Income From Per	iodica	als Reporte	d on	ı a Co	nsolida	ted	Basis					
1 Name of periodical		2 Gross advertisir income		adve	rect rtising osts	(lo	dvertising gain or ss) (col. 2 minus ol. 3). If a gain, compute cols 5 through 7.		rculation icome		dership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)
(1)						>,	1 5 7 3 5 5 7					25:14 . · · / × 525
(2).]						
(3)							Y. X. X.					
(4)						23						100 M
Totals (carry to Part II, line (5))	•											
D A A												000 T (2010)

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 (col. 6 minus col 5, but not more than col. 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	·			1、《韓國》(第1		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1− 5)	-		700 DE 1880			
Schedule K — Compensation o	f Officers, Dire	ctors, and Tru	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devote to business	ed to unrela	ation attributable ited business
					8	
					%	
-					%	
					%	
Total. Enter here and on page 1, Part	I, line 14		•	•	<u> </u>	
BAA		TEEA0204 L	12/31/18		F	orm 990-T (2018)

SCHEDULE M (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\frac{7/01}{}$, 2018, and ending $\frac{6/30}{}$

► Go to www.irs gov/Form9907 for instructions and the latest information.

OMB No 1545-0687

Open to Public Inspection for 501 (c)(3) Organizations Only Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Name of the organization Employer identification number YORK HOSPITAL 23-1352222 Unrelated business activity code (see instructions) ► 621400 Describe the unrelated trade or business ► IV Therapy

Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			1 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3°52
b	Less returns and allowances c Balance ►	1c			
2	Cost of goods sold (Schedule A, line 7)	2		1987年2011年1月1日日本	APPENDING A STREET
3	Gross profit. Subtract line 2 from line 1c	3		TOTAL TOTAL	4 4 14 1 4 14
4a	Capital gain net income (attach Schedule D)	4a	-	2 x 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		· 250 () ()	-
C	Capital loss deduction for trusts	4c		1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×	-
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	12,000.	24,479.	-12,479.
11	Advertising income (Schedule J).	11	==/ 0001		
12	Other income (See instructions, attach schedule) .	12		Rest Comme	
13	Total. Combine lines 3 through 12	13	12,000.	·24,479.	-12,479.

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) . 21	3.3.2	
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	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-12,479.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	A	
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-12,479.

BAA For Paperwork Reduction Act Notice, see instructions.

Total dividends-received deductions included in column 8

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Form 990-T (2018)

Schedule F — Interest, A	Ţ	, -, -, -, -, -, -, -, -, -, -, -, -, -,			ntrolled O			J		,	,	<u></u>
1 Name of controlled organization	ıde	Employer ntification number	ın	come	related (loss) uctions)		4 Total of spec payments ma		5 Part of that is income the con- organizeross in	cluded trolling ation's	in c	eductions directly onnected with ome in column 5
(1)						+						
(2)		-				†						
(3)						+						
(4)						+					٠,	
Nonexempt Controlled Organiz	rations	•				٠			!			
7 Taxable Income	,	et unrelated	٦ ١	Total o	f specifie	٦	10 Part of	colum	n 9 that is	1	11 Doduc	tions directly
7 Taxable Income	ine	come (loss) instructions)			nts made		included ii organizatio	n the c	controlling		connected	d with income slumn 10
(1)							•					
(2)												
(3)	-		1									
(4)				-								
Totals			<u></u>	·		7	Add columns here and on p 8, co		, Part I, line		and on p	6 and 11, Enter age 1, Part I, line umn (B).
Schedule G - Investmen	nt Inco	me of a Se	ction	501(c)(7), (9)). (or (17) Orga	nizati	on (see ins	truction	ns)	
1 Description of income		2 Amount			3 dıre	De ctly	ductions connected schedule)		4 Set-asides ttach schedu	;	5 Total set-as	deductions and sides (column 3 us column 4)
(1)					, ·						F	
(2)												
(3)				•								
(4)					-			-				•
Totals Schedule I — Exploited E	►	Enter here an Part I, line 9,	colum	n (A)	ner Tha	n A	Advertising	Incor	ne (see insti		Part I, III	re and on page 1 ne 9, column (B).
1 Description of exploited a		2 Gross unrelate busines income fro trade of busines	d s om	3 Exper conne pro- of u	ises directly ected with duction nrelated ess income	fro or 2 n	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7.	5 Gross activi unrela	s income from ty that is not ited business income	6 Exp	penses stable to simn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) Therapy Support		12,0	00.	2	4,479.	Г						· · · · · · · · · · · · · · · · · · ·
(2)			İ		'				*			
(3)			İ		_		-					
(4)												
		Enter here on page Part I, line column (1, : 10, A).	on p Part I colu	here and page 1, , line 10, mn (B)							Enter here and on page 1, Part II, line 26.
Totals		12,0			<u>4,479.</u>	ا خ درون				488	<u>ే అర్జిసిన్ క</u>	L
Schedule J – Advertisin		•						**				
Part I Income From Pe	riodic					tec	Basis		,			
1 Name of periodical		2 Gross advertisir income		adve	Oirect ertising osts	(k	Advertising gain or oss) (col. 2 minus col 3). If a gain, compute cols. 5 through 7		rculation ncome		dership osts	7 Excess readership costs (col. 6 minus col 5, but not more than col 4).
(1)						17.1						2030×11.50
(2)]?``						
(3)			\Box			溪						kvan ba
(4)						100			-			
Totals (carry to Part II, line (5))	, •											
RAA					T	<u> </u>			<u>-</u>			000 T (0010)

Total. Enter here and on page 1, Part II, line 14

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Page 5

Form **990-T** (2018)

FOUR BAR (SOLR) YORK HOSPITAL	.				23-1352222	Page 5
Part II Income From Periodica 7 on a line-by-line basis.)	ls Reported or	ı a Separate I	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
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 (col 6 minus col. 5, but not more than col 4)
(1)						
(2) (3) (4)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1− 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Schedule K - Compensation of	Officers, Dire	ctors, and Tr	ustees (see instri	uctions)	·	
1 Name			2 Title	3 Percent of time devote to business	d to unrela	ation attributable ited business
					્ર	
					%	
					%	
	-	T T			_	

TEEA0204 L 12/31/18

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Employer identification number

2018

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2018 or other tax year beginning $\frac{7/01}{200}$, 2018, and ending $\frac{6/30}{200}$, 20 $\frac{19}{200}$.

► 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

	YORK HOSPITAL			23-1352222	
	nrelated business activity code (see instructions) ► 541300				
De	escribe the unrelated trade or business ► Engineering Se	rvice	es		
Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			7.00 V 10.8	4.3. 37 x . 2
b	Less returns and allowances , c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			Jacks 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
3	Gross profit. Subtract line 2 from line 1c .	3		7 Q 5 8 1 1 Hr 1 21	
4a	Capital gain net income (attach Schedule D)	4a		1 1990 17 184	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		1200年11日 11日	
c	Capital loss deduction for trusts	4c		37次を17. ト製	
5	Income (loss) from a partnership or an S corporation			タイプラ (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)	
	(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	<u> </u>		
10	Exploited exempt activity income (Schedule I)	10	8,613.	2,477.	6,136.
11	Advertising income (Schedule J).	11			
12	Other income (See instructions; attach schedule)	12		人名德特 阿沙蘭	
13	Total. Combine lines 3 through 12	13	8,613.	2,477.	6,136.
Part	deductions must be directly connected with the unrelated	busin			utions,
14	Compensation of officers, directors, and trustees (Schedule	K)		14	
15	Salaries and wages			15	•
16	Repairs and maintenance.			16	<u> </u>
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 04 1	20	 .
21	Depreciation (attach Form 4562)		21	200	
22 23	Less depreciation claimed on Schedule A and elsewhere on	return	22a	22b	
23 24	Depletion .			23	
24 25	Contributions to deferred compensation plans.			24	
Z 3	Employee benefit programs			25	

BAA For Paperwork Reduction Act Notice, see instructions.

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

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

Unrelated business taxable income. Subtract line 31 from line 30

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

Other deductions (attach schedule)

26

27

28

29

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31

32

instructions)

Schedule M (Form 990-T) 2018

6.136

6,136

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Form 990-T (2018) YORK HO	SPITAL					23	<u>-135</u>	52222	P	age 3
Schedule A — Cost of Goo	ds Sold. En	ter method of inve	entory valuation	•	-					
1 Inventory at beginning of ye	ear	1	6	Invento	ry at e	end of year .	6			
2 Purchases.		2	7			s sold. Subtract				
3 Cost of labor		3		line 6 f and in		ne 5. Enter here	7			
4 a Additional section 263A costs (attac	ch schedule)			and m	, u ,	IIIC Z	<u> </u>	<u> </u>	Yes	No
		4 a	8	Do the	rules	of section 263A (with	h reci	nect to		110
b Other costs (attach sch)		4 b		propert	y proc	luced or acquired fo				
5 Total. Add lines 1 through 4	l b	5		to the	organi	zation?				Х
Schedule C - Rent Income	e (From Rea	I Property and	Personal P	roperty	Leas	sed With Real P	rope	rty) (see 11	nstruct	ions)
1 Description of property										
(1)										
(2)										
(3)										
(4)						T				
		red or accrued				3(a) Deduction	s dire	ctly connec	ted wit	th
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	eal and persona entage of rent f ceeds 50% or it I on profit or inc	or person the rent	al	the income in	n colu					
(1)										
(2)										
(3)										
(4)										
Total		Total				(b) Total deductions.	Enter			
(c) Total income. Add totals of cohere and on page 1, Part I, line 6	5, column (A)	•				here and on page 1, Pall, line 6, column (B)				
Schedule E - Unrelated D	ebt-Finance	d Income (see	instructions)							
1 Description of deb	t-financed prof	nertv	2 Gross incon		3 De	eductions directly co debt-fina	nnect	ted with or ϵ	allocab ee St	ole to
. 2000. [,	financed pro			(a) Straight line eciation (attach sch		(b) Other de attach so		
(1)							1			
(2)			_						-	
(3)				_						
(4)							$oldsymbol{ol}}}}}}}}}}}}}}}}}$			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	djusted basis of to debt-financed ttach schedule)	6 Colum divided column	by 5		7 Gross income ortable (column 2 x column 6)		Allocable of (column 6 : olumns 3(a)	x total	of
(1)				%	<u> </u>		\bot			
(2)		=-		%	<u> </u>					
(3)				<u> </u>	ļ		-			
(4)			<u> </u>	8		·				
					Enter Part	here and on page I, line 7, column (A	i JEnt) ∣Pa	ter here and rt I, line 7	on pa columr	age 1, n (B).
Tatala				_		, (.		.,		\- <i>\</i> -/·
Totals Total dividends-received deducti	ione included :	n column o					-			
i otai uivideilus-received deducti	ioris iricidaea i	ii coluliii a					- 1			

TEEA0203L 01/30/19

Form **990-T** (2018)

23-1352222

Form 990-T (2018) YORK HOSPITAL

Schedule F — Interest, A		ics, rroyani					nizations ·	Organ	inzations	(500 1115	Structions	·	
1 Name of controlled organization	ıde	Employer intification number	1	Net un ncome ee instr			4 Total of spec payments ma			cluded i trolling ation's	n C	eductions directly onnected with ome in column 5	
(1)													
(2)		,		-		Т							
(3)			_		-		-						
(4)					•	1					-		
Nonexempt Controlled Organization	ations					-						**	
7 Taxable Income	81	let unrelated	9	Total o	f specifie	d	10 Part of	colum	n 9 that is	T -	11 Deduc	tions directly	
		come (loss) : instructions)		paymer	nts made		ıncluded ı organizatio			C		d with income olumn 10	
(1)				_						<u> </u>			
(2)							,			<u> </u>			
(3)										<u> </u>			
(4)													
Totals							Add column here and on p 8, co		, Part I, line		and on p	6 and 11 Enter lage 1, Part I, line lumn (B).	
Schedule G - Investmen	t Inco	me of a Se	ctio	າ 501(c)(7), (9), (or (17) Orga	nizati	on (see ins	truction	s)		
1 Description of income			2 Amount of income		3 dıre	De ctly	ductions		4 Set-asides attach schedule)		5 Tota set-as	tal deductions and -asides (column 3 plus column 4)	
(1)					 - ` 		· · · · · · · · · · · · · · · · · · ·						
(2)										ŀ		•	
(3)								-	<u> </u>				
(4)							_			·			
Totals .	•	Enter here an Part I, line 9,										re and on page 1, ne 9, column (B).	
Schedule I - Exploited E	xemp	t Activity Ir	con	ne. Otl	ner Tha	n A					;)		
1 Description of exploited a	-	2 Gross unrelate busines income fro trade o busines	d s om	3 Expension connection of u	ises directly ected with duction nrelated ess income	4 I fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	5 Gross activi unrela	s income from ty that is not ited business income	6 Exp	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) Engineering Servi	ces	8,6	13.	2,477.									
(2)							•						
(3)													
(4)													
		Enter here on page Part I, line column (1, : 10,	on p Part I	here and page 1, I, line 10, mn (B).	をきてんだ						Enter here and on page 1, Part II, line 26.	
Totals		8,6			2 <u>,4</u> 77.		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				1.6 mm 1.0 13	6,136.	
Schedule J - Advertising													
Part I Income From Per	iodic			a Co	nsolida							<u> </u>	
1 Name of periodical		2 Gross advertisii income		adve	Oirect ertising osts	(16	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation acome		dership sts	7 Excess readership costs (col 6 minus col 5, but not more than col. 4)	
(1)						0.3						49/2/3/2012	
(2)													
			-		_								
(4)		 				灣	S. C. S.		_			BE THE WELL	
Totals (carry to Part II, line (5))		•											
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Page 5

Form **990-T** (2018)

7 on a line-by-line basis	2 Gross	3 Direct	4 Advertising gain or	E Curavilation	6 Readership	7 Evenes readerable
1 Name of periodical	advertising income	advertising costs	(loss) (col 2 minus col 3) If a gain, compute cols. 5 through 7.	5 Circulation income	costs	7 Excess readership costs (col 6 minus col 5, but not more than col. 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	•					
Totals, Part II (lines 1 – 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Schedule K — Compensation	on of Officers, Dire	ctors, and Tri	ustees (see instr	uctions)	142 5 1 N. M. 20 1. 1.	·
1 Name	<u>·</u>		2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ated business
					%	
					%	
					8	
					%	

TEEA0204 L 12/31/18

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\frac{7}{01}$, 2018, and ending $\frac{6}{30}$, 20 $\frac{19}{30}$

► Go to www.irs.gov/Form9907 for instructions and the latest information.

OMB No 1545-0687

2018

	nent of the Treasury Revenue Service	► Do not enter SSN numbers on this form as it may b					n to Public Inspection for (c)(3) Organizations Only.
Name	of the organization				Employer identif	ication	number
		YORK HOSPITAL			23-135222	2	
		ss activity code (see instructions) ► 900004		_			
	escribe the unre	lated trade of business ► Food Services					· · · · · · · · · · · · · · · · · · ·
Par	Unrelated	l Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts		1				
b	Less returns and a						
2		sold (Schedule A, line 7)	2			X >77	27後が代表。4
3	•	Subtract line 2 from line 1c	3		Configuration of	James .	
4a		et income (attach Schedule D) .	4a		15年1月		
b		(Form 4797, Part II, line 17) (attach Form 4797)	4b		Programme Services		
c		eduction for trusts	4c			N. S.	
5	(attach statem	from a partnership or an S corporation	5				
6	Rent income (6		1.5 13% 3.5	સં _{ગુ} જંદુ	
7		t-financed income (Schedule E)	7				
8		ities, royalties, and rents from a controlled			-		
٠.	organization (S		8				
9		come of a section 501(c)(7), (9), or (17)					
10	organization (S		9				<u> </u>
10 11	•	npt activity income (Schedule I).	10	109,795.	64,2	19.	45,576.
12		(See instructions, attach schedule)	12			·	
13		e lines 3 through 12	13	109,795.		./ <u>////</u>	45 576
	-				64,2		45,576.
Part		s Not Taken Elsewhere (See instructions for I)(Except for co	ontrib	outions,
	deductions	must be directly connected with the unrelated	a busine	ess income.)			
14	Compensation	of officers, directors, and trustees (Schedule	K)			14	-
15	Salaries and w	vages .				15	
16	Repairs and m	naintenance				16	
17	Bad debts					17	_
18		n schedule) (see instructions)		•		18	_
19	Taxes and lice					19	
20		tributions (See instructions for limitation rules	s)	1 1	<u> </u>	20	
21		attach Form 4562).		21		سينعيد	
22		ion claimed on Schedule A and elsewhere or	return	22a		22b	
23	Depletion	a defense di companyone di cons			Ļ	23	
24 25		to deferred compensation plans.		••	Ļ	24	
25 26	Employee bene	, ,			ļ.	25	
26 27		t expenses (Schedule I) ship costs (Schedule J)].	26	45,576.
28		ns (attach schedule)			ļ	27	
29		ins. Add lines 14 through 28			ļ	28 29	45 55 5
30		s taxable income before net operating loss deduction. Sub	tract line '	9 from line 12		30	45,576.
31		net operating loss arising in tax years beginn			2018 (525	SO SO	
~ .		TO CONTRACT TO SOCIAL TO LIGHT LAW ACOLD DECILING		i aitei sallualv I.	7 1/10 19EE	o 1600 " or	

BAA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

instructions)

Form 990-T (2018) YORK HOS	SPITAL						23	-13	52222	F	Page 3
Schedule A - Cost of Good	ds Sold. En	ter method of inve	entory valuati	ion 🏲	,						
1 Inventory at beginning of ye	ar .	1		6	Invento	ry at	end of year	6			
2 Purchases.		2					ls sold. Subtract				
3 Cost of labor		3			line 6 fi and in l		ne 5. Enter here	7			
4 a Additional section 263A costs (attac	h schedule)				anu iii i	rari i,	, line 2	<u> </u>		Yes	No
		4 a		•	D = 4h =		-4 t 2024 6		n n n t t n	res	No
b Other costs (attach sch)		4 b					of section 263A (will duced or acquired fo				
5 Total. Add lines 1 through 4	b	5					zation?				Х
Schedule C - Rent Income	(From Rea	I Property and	Personal	l Pro	perty	Leas	sed With Real P	rope	rty) (see 1	nstruct	ions)
1 Description of property	. •						 				
(1)	<u> </u>										
(2)											
(3)						-					
(4)											
	2 Rent receiv	ed or accrued					2/ \ D \				
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	entage of ren	rsonal property rent for personal 6 or if the rent is 3(a) Deductions directly connected the income in columns 2(a) and (attach schedule)					nd 2(b	tn)			
(1)		based	on pront of	1110011	10)						
(2)											
(3)			· · · · · · · · · · · · · · · · · · ·								
(4)											
Total		Total									
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		d 2(b) Enter					(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter rt			
Schedule E — Unrelated De	ebt-Finance	ed Income (see	instructions))		,					
1 Description of debt	-financed proj	perty	2 Gross inc			3 De	eductions directly co debt-fina	nced	ted with or property Se	allocat ee St	ole to
			financed			depr	(a) Straight line eciation (attach sch		(b) Other d (attach so	eduction hedule	ons e)
(1)										_	
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	djusted basis of to debt-financed ttach schedule)	6 Coludivide		by reportable (column 2 x (column 6 x to				x total	of	
(1)					%						
(2)					%			\perp			
(3)					%						
(4)					8			\bot			
						Ente Part	r here and on page I, line 7, column (A	1, En .). Pa	ter here an art I, line 7,	d on po colum	age 1, n (B).
Totals					•						
Total dividends-received deducti	ons included i	n column 8						-			
BAA		TE	EA0203L 01/30	/19					Form	990-T	(2018)

Schedule F — linterest, A			Exempt Co				o.ga.		(300 1113	action's	·/	
1 Name of controlled organization	ıde	Employer entification number	3 Net ur income (see insti	(loss)		al of spec ments ma		5 Part of that is inc the con organiz gross in	cluded i trolling ation's	ın C	eductions directly onnected with ome in column 5	
(1)					 							
(2)	•••										· · · · · · · · · · · · · · · · · · ·	
(3)					<u> </u>				-			
(4)					+					. ,		
Nonexempt Controlled Organization	ations						l					
7 Taxable Income	_	let unrelated	9 Total o	of specifie	d 1	0 Part of	columi	n 9 that is '	Τ.	11 Deduc	ctions directly	
7 Taxable Income	ın	come (loss) e instructions)		nts made		ncluded i	n the c	ontrolling ss income		connected	d with income plumn 10	
(1)								-				
(2)								4				
(3)												
(4)												
Totals.			22		here	and on 8, co	page 1, olumn (•	here	and on p	s 6 and 11 Enter page 1, Part I, line lumn (B).	
Schedule G - Investmen	it Inco	ome of a Sec	tion 501(
1 Description of income		2 Amount o	f income	dire	Deduction ctly conn ach scheo	ected		4 Set-asides tach schedu		set-as	otal deductions and et-asides (column 3 plus column 4)	
(1)	_											
(2)	-											
(3)				<u> </u>						-		
(4)			_			_						
Totals	•	Enter here and Part I, line 9,	column (A).							Part I, II	re and on page 1 ne 9, column (B).	
Schedule I — Exploited E	xemp	t Activity In	come, Ot	her Tha	n Adve	rtising	Incon	1e (see inst	ructions	5)		
1 Description of exploited a		2 Gross unrelated business income froi trade or business	3 Experior connumber of to business	nses directly ected with duction inrelated ess income	4 Net inco from unre or busines 2 minus o	ome (loss) lated trade ss (column olumn 3), compute through 7.	5 Gross activit unrela	income from y that is not ted business ncome	6 Exp	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) Food Service		109,79	95. 6	4,219.	-							
(2)							-		1		-	
(3)		-			<u> </u>				-	 -		
(4)		•										
		Enter here on page Part I, line column (A	l, on i 10, Part	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 26.	
Totals	l	109,79		4,219.	1327		<u> , , , , , , , , , , , , , , , , , , ,</u>				45,576.	
Schedule J - Advertising												
Part I Income From Per	riodic	als Reported	d on a Co	nsolida	ted Ba	sis						
1 Name of periodical		2 Gross advertising income	g adv	Direct ertising osts	(loss) (col. 3). compu	sing gain or ol. 2 minus If a gain, te cols. 5 ugh 7.		culation come		dership sts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)	
(1)											是我们的	
(2)		_										
(3)			_									
(4)		-			KEDA.	Walter 1						
Totals (carry to Part II, line (5))	ı	•										
RAA				E 40204 I	12/21/10			<u>'</u>		Ē	orm 000 T (2019)	

Part Income From Periodica 7 on a line-by-line basis.)	als Reported of	1 a Separate t	<u> </u>	eriodical listed in I	Part II, till in col	umns 2 through
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 (col 6 minus col. 5, but not more than col 4)
(1)						
(2) (3) (4)						
(3)						
(4)					-	
Totals from Part I	-					
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1 – 5)	1 0/6 Diva		MARKET AND THE	FOR SALES	1. 1. 4. 4. 10 10 10 10 10 10 10 10 10 10 10 10 10	1
Schedule K — Compensation of	of Officers, Dire	ctors, and Ire	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	to.unrela	ation attributable ated business
				9	š	-
				9	š	
				9	š	
			"	9	š	
Total. Enter here and on page 1, Part	II, line 14				>	
BAA		TEEA0204 L	12/31/18		F	orm 990-T (2018)

YORK HOSPITAL

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

23-1352222

Employer identification number

2018

OMB No 1545-0687

Department of the Treasury Internal Revenue Service Name of the organization For calendar year 2018 or other tax year beginning $\frac{7/01}{}$, 2018, and ending $\frac{6/30}{}$, 20 $\frac{19}{}$

► 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

Ur	related business activity code (see instructions) ► 900004			<u> </u>	·
De	escribe the unrelated trade or business > WorkFirst				
Parl	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			第1次1443/1 /Ar	\$ 16.000000 de 19
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2	.	・女 305 また / こん	State , or in it is
3	Gross profit. Subtract line 2 from line 1c	3		27 77 5 77 77 77 8	
4a	Capital gain net income (attach Schedule D)	4a		225 - 200 - 1789	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		1365 195番採収入13	
С	Capital loss deduction for trusts	4c		② () () () () () () () ()	·
5	Income (loss) from a partnership or an S corporation			8 2322 B	
	(attach statement)	5			
6	Rent income (Schedule C) .	6		(11)	
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	332,444.	224,321.	108,123.
11	Advertising income (Schedule J).	11			200,220.
12	Other income (See instructions; attach schedule) .	12		1. 1211. 21. 31	.,
13	Total. Combine lines 3 through 12	13	332,444.	224,321.	108,123.
Part	Deductions Not Taken Elsewhere (See instructions for III deductions must be directly connected with the unrelated			(Except for contrib	outions,
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).		21	2.53.6	
22	Less depreciation claimed on Schedule A and elsewhere on	return	22a	22b	
23	Depletion		 	23	
24	Contributions to deferred compensation plans.			24	

BAA For Paperwork Reduction Act Notice, see instructions.

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

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

Unrelated business taxable income. Subtract line 31 from line 30

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

Other deductions (attach schedule)

Employee benefit programs.

25

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27

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instructions)

Schedule M (Form 990-T) 2018

108,123

108,123.

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30

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Totals

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Total dividends-received deductions included in column 8

TEEA0203L 01/30/19

Form **990-T** (2018)

Form 990-T (2018) YORK HO											352222	
Schedule F - Interest,	Annuitie	es, Royaltie	s, aı	nd Re	ents Fro	m Con	trolled	Orga	nizations	(see in	struction	s)
•		[1	Exem	pt Cor	ntrolled O	rganızatı	ons					
1 Name of controlled organization	ıder	mployer httfication umber	ın	come	related (loss) uctions)		al of spec ments ma		organiz		in in	eductions directly connected with come in column 5
(1)												
(2)				•		1	,					
(3)										-		
(4)					•							
Nonexempt Controlled Organi	zations						·				•	
7 Taxable Income	inc	et unrelated ome (loss) instructions)			of specifie nts made	1	ncluded i	n the c	n 9 that is controlling oss income	,	connecte	ctions directly d with income olumn 10
(1)												
(2)												
(3)												
(4)												
Totals							and on p		d 10. Enter , Part I, line (A).		and on	s 6 and 11. Enter page 1, Part I, line llumn (B).
Schedule G - Investme	nt Inco	me of a Sec	tion	501(c)(7), (9), or (1	7) Orga	nizati	i on (see ins	struction	ns)	
1 Description of income	e	2 Amount o	t of income directly		ctly conn			4 Set-asides (attach schedule)		5 Total deduction set-asides (column a		
(1)												
(2)												•
(3)												
(4)							. P. 10	,,		*		
Totals	•	Enter here and Part I, line 9, o	colum	nī (A).				No.			Part I, I	ere and on page 1 ine 9, column (B).
Schedule I — Exploited	Exempt	Activity In	com	e, Oti	her Tha	n Adve	rtising	Incor	ne (see ins	truction	s)	
Description of exploited	activity	2 Gross unrelated business income froi trade or business	m	conne pro- of u	nses directly ected with duction inrelated ess income	from unre or busines 2 minus o	ome (loss) lated trade ss (column column 3) , compute through 7	activi unrela	s income from ty that is not ated business income	attrıbü	penses Itable to Imn 5	7 Excess exempt , expenses (column 6 minus column 5, but not more than column 4)
(1) WorkFirst Service	es	332,44	14.	22	4,321.							
(2)		1										
(3)			T									
(4)					-							
Table		Enter here on page Part I, line column (A	1, 10, ().	on p Part I colu	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 26.
Totals Cohodula I Advantisis		332,44			<u>4,321.</u>	P. 150 1 1	6.00.000 Jan. 1994	1. July 10	Ballider Action	8. Profes	ما يه ما ما ما ما ما	*
Schedule J — Advertisir						D	. •					
Part I Income From Pe	eriodica	,	On									, T
1 Name of periodica	l 	2 Gross advertising income	g	adve	Oirect ertising osts	(loss) (con 3) compute thro	sing gain or ol. 2 minus If a gain, te cols. 5 ugh 7		rculation ncome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col. 4).
(1)					-							
(2)		 				(新語)						
(3)	_	-	\dashv			(1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4						
(4)			\dashv			W 18 19 19	(1,48,9%)					
Totals (carry to Part II, line (5))) -											
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Total. Enter here and on page 1, Part II, line 14

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Form **990-T** (2018)

				23-1352222	Page 5
s Reported or	ı a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
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 (col. 6 minus col 5, but not more than col 4).
		<u> </u>			
	_	a contract of the form the	a also has the some the	\$_\$\$	
Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
		Canal Service	(人家) (人) 關於(人) (own, and of	
Officers, Dire	ctors, and Tri	ustees (see instri	uctions)		
	•	2 Title	time devote	ed to unrela	ation attributable ited business
			•	%	
				%	
				%	
	2 Gross advertising income Enter here and on page 1, Part I, line 11, column (A)	2 Gross advertising income Enter here and on page 1, Part I, line 11, column (A) S Direct advertising costs B Direct advertising costs Enter here and on page 1, Part I, line 11, column (B).	2 Gross advertising income Enter here and on page 1, Part I, line 11, column (A) Cofficers, Directors, and Trustees (see instr	2 Gross advertising income Enter here and on page 1, Part I, line 11, column (A) Officers, Directors, and Trustees (see instructions) 2 Gross advertising costs 3 Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7 5 Circulation income 1 S Circulation income 1 S Circulation income 2 Title 3 Percent of time devoted income ncome 3 Percent of time devoted income income 3 Percent of time devoted income income 3 Percent of time devoted income income 3 Percent of time devoted income income income 3 Percent of time devoted income in	Enter here and on page 1, Part I, line 11, column (A) Officers, Directors, and Trustees (see instructions) 2 Gross advertising costs 3 Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7 Enter here and on page 1, Part I, line 11, column (B). 2 Title 3 Percent of time devoted to business 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7 5 Circulation income 6 Readership costs 6 Readership costs 7 Title 8 Percent of time devoted to business

TEEA0204 L 12/31/18

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury

For calendar year 2018 or other tax year beginning 7/01 , 2018, and ending 6/30 , 20 19 . ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Internal Revenue Service Name of the organization

▶ 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 23-1352222

YORK HOSPITAL Unrelated business activity code (see instructions) ► 561700

Describe the unrelated trade or business - Houselrooming

	escribe the differenced trade of business - Housekeeping			,	
Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			##N. 135 25 1.35	AM A SECTION
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2		Committee of the second	(1) 表表第二個記》
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<u></u>		
c	Capital loss deduction for trusts	4c		多多的精神的影響	
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	80,248.	95,774.	-15,526.
11	Advertising income (Schedule J).	11			
12	Other income (See instructions; attach schedule)	12		San Make Make	
13	Total. Combine lines 3 through 12	13	80,248.	95,774.	-15,526.

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)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	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	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from I	line 13	30	-15,526.
31	Deduction for net operating loss arising in tax years beginning on or after	January 1, 2018 (see	. 33. ž	
	instructions)	·	31	
32 _	Unrelated business taxable income. Subtract line 31 from line 30		32	-15,526.

BAA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018) YORK HOS	SPITAL					23	-135	52222	F	age 3
Schedule A - Cost of Good	ds Sold. En	ter method of inve	entory valuati	on ►						
1 Inventory at beginning of ye	ar.	1		6 Invento	ry at e	end of year	6			
2 Purchases.		2				is sold. Subtract				
3 Cost of labor		3		line 6 fr and in f		ne 5. Enter here	7	-		
4 a Additional section 263A costs (attack	h schedule)			and mi	ranti,	, line 2	<u> </u>	L,	Yes	No
		4 a		O Do tho	l	of another 263A (viii	lb roo		res	NO
b Other costs (attach sch)		4 b				of section 263A (with duced or acquired fo				
5 Total. Add lines 1 through 4	b	5		to the c				, - F F J		X
Schedule C - Rent Income	(From Rea	l Property and	d Personal	Property	Leas	sed With Real P	rope	rty) (see i	nstruct	ions)
1 Description of property				<u>-</u>						
(1)										
(2)						·-··-				
(3)										
(4)										
	2 Rent receiv	ed or accrued			-	3(a) Daduation	مداله م	atlır aanna	n	åln.
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	eal and perso entage of ren ceeds 50% o I on profit or	t for persona r if the rent i	al	3(a) Deduction the income ir (att	n colu	mns 2(a) a chedule)	nd 2(b)		
(1)										
(2)										
(3)										
(4)										
Total		Total				(L) T-1-1 d-11	F			
(c) Total income. Add totals of colhere and on page 1, Part I, line 6	, column (A)	. •				(b) Total deductions. here and on page 1, Par I, line 6, column (B)	rt -			
Schedule E — Unrelated De	ebt-Finance	d Income (see	instructions)							
1 Description of debt	-financed pro	pertv	2 Gross inc		3 De	eductions directly co debt-fina	nnect	ted with or property Se	allocat ee St	ole to
		•	financed	property	depr	(a) Straight line eciation (attach sch) '	(b) Other d (attach so		
(1)						·				
(2)			ĺ							
(3)		-								
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	djusted basis of to debt-financed ttach schedule)	6 Colu divide colun	ed by nn 5		7 Gross income ortable (column 2 x column 6)		Allocable (column 6 olumns 3(a	x total	of
(1)				8						
(2)				96	<u> </u>					
(3)				%	ļ					
(4)			<u> </u>	%						
					Enter Part	r here and on page I, line 7, column (A	1, Ent) Pa	ter here an irt I, line 7,	d on pa columa	age 1, n (B).
Totals				•						
Total dividends-received deduction	ons included i	n column 8					-			
ВАА		TE	EA0203L 01/30/	/19			_	Form	990-T	(2018)

Schedule F — Interest, An	nuitie		xempt Cor				Orga	nizations (see in	structions)
1 Name of controlled organization	ıden	mployer tification umber	3 Net un income (see instr	related (loss)	Ť	Total of spec payments ma		5 Part of that is income the con organizers in	cluded trolling ation's	in co	eductions directly onnected with ome in column 5
(1)											
(2)	_					·					
(3)					_						•
(4)					Д.,						
Nonexempt Controlled Organization											
7 Taxable Income	inco	t unrelated ome (loss) instructions)		of specifie nts made		10 Part of included ii organizatio	n the d	controlling		connected	tions directly I with income Ilumn 10
(1)											
(2)		-									
(3)											
(4)						•					
Tabele						Add columns here and on p 8, co		, Part I, line		e and on p	6 and 11. Enter age 1, Part I, line umn (B)
Totals Schedule G — Investment	Incor	no of a Soct	ion E01/	(a)(7) (0	" ~	r (17) Organ	nizati	OD /222 172	<u> </u>		
1 Description of income	1 Description of income 2 A			income 3 Deductions directly connected (attach schedule)			4 Set-asides (attach schedule)			5 Total deductions	
(1)		<u> </u>							•		
(2)							-				
(3)							,				٠,
(4)											
Totals	►	Enter here and or Part I, line 9, co	olumn (A)							Part I, III	re and on page 1 ne 9, column (B).
Schedule I — Exploited Ex	empt	, 						·····			
1 Description of exploited ac	tivity	2 Gross unrelated business income from trade or business	conn pro of t	nses directly ected with duction inrelated ess income	fron or b 2 m	et income (loss) n unrelated trade ousiness (column inus column 3), a gain, compute mns 5 through 7.	activi unrela	s income from ity that is not ated business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) Housekeeping		80,24	8. 9	5,774.							
(2)				•							
(3)			1	-							
(4)		•									
,		Enter here a on page 1, Part I, line 1 column (A)	on 0, Part colu	here and page 1, I, line 10, mn (B).	100		1				Enter here and on page 1, Part II, line 26.
Totals		80,248		<u>5,774.</u>	1.4		e 34 (5 K)	Signature (1)	1.457.5%	14 1/1 16 16 16 16 16 16 16 16 16 16 16 16 16	<u> </u>
Schedule J – Advertising		•	•					*			
Part I Income From Peri	odica				_						,
1 Name of periodical		2 Gross advertising income	adv	Oirect ertising osts	(lo:	dvertising gain or ss) (col. 2 minus ol. 3). If a gain, compute cols 5 through 7		rculation ncome		idership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)
(1)					<u> </u>						
(2)											
(3) (4)						through /					
Totals (carry to Part II, line (5))	•										

Total. Enter here and on page 1, Part II, line 14

BAA

Page 5

Form **990-T** (2018)

Part II Income From Periodi 7 on a line-by-line basis.)	cals Reported or	n a Separate I	Basis (For each p	eriodical listed in F	Part II, fill in col	lumns 2 through
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 (col 6 minus col. 5, but not more than col. 4)
(1)						
(2)						
(3)			<u>'</u>			
(4)			`			
Totals from Part I	•					
Totals, Part II (lines 1 – 5)	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27.
Schedule K - Compensation	of Officers, Dire	ctors, and Tr	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devoted to business		ation attributable ated business
				8		
				%		
•				%		
				%		

TEEA0204 L 12/31/18

SCHEDULE M (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\frac{7/01}{}$, 2018, and ending $\frac{6/30}{}$, 20 $\frac{19}{}$

► Go to www.irs gov/Form990T for instructions and the latest information.

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

Name of the organization

YORK HOSPITAL

Unrelated business activity code (see instructions) ► 900004

Describe the unrelated trade or business ► Security Services

Parl	Unrelated Trade or Business Incom		(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales		Ιİ	-		21. 1.33
b	Less returns and allowances	c Balance ►	1c			
2	Cost of goods sold (Schedule A, line 7)		2		Carl Jacon Co	提展2000年度
3	Gross profit. Subtract line 2 from line 1c	4	3		SAN BARRETTO	
4a	Capital gain net income (attach Schedule D) .	4a		7.3.3.8 A 3.7.7 C	
b	Net gain (loss) (Form 4797, Part II, line 17) (atta	ch Form 4797)	4b		Brage But Com	
С	Capital loss deduction for trusts		4c		Sa. 24 . 52.	
5	Income (loss) from a partnership or an S co (attach statement)	orporation	5			
6	Rent income (Schedule C)		6		. / 5/4 / 5/1 / 5/1	
7	Unrelated debt-financed income (Schedule I	Ξ)	7			
8	Interest, annuities, royalties, and rents from organization (Schedule F)	a controlled	8			
9	Investment income of a section 501(c)(7), (organization (Schedule G)	9), or (17)	9			
10	Exploited exempt activity income (Schedule	1) .	10	15,493.	28,990.	-13,497.
11	Advertising income (Schedule J).	·	11		20,350.	13,137.
12	Other income (See instructions, attach sche	dule)	12	· ·		
13	Total. Combine lines 3 through 12		13	15,493.		-13,497.

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.)

= : :			
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-13,497.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-13,497.
29	Total deductions. Add lines 14 through 28	29	
28	Other deductions (attach schedule)	28	
27	Excess readership costs (Schedule J)	27	
26	Excess exempt expenses (Schedule I)	26	
25	Employee benefit programs	25	
24	Contributions to deferred compensation plans.	24	
23	Depletion .	23	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
21	Depreciation (attach Form 4562).	4.26	
20	Charitable contributions (See instructions for limitation rules)	20	
19	Taxes and licenses	19	
18	Interest (attach schedule) (see instructions)	18	
17	Bad debts	17	
16	Repairs and maintenance.	16	
15	Salaries and wages .	15	
14	Compensation of officers, directors, and trustees (Schedule K)	14	

BAA For Paperwork Reduction Act Notice, see instructions.

BAA

Form 990-T (2018) YORK HO	SPITAL					23	-135	52222	F	Page 3
Schedule A — Cost of Goo	ds Sold. En	ter method of inve	entory valuation	>						
1 Inventory at beginning of ye	ar	1	6	Invento	ry at	end of year	6			
2 Purchases.										
3 Cost of labor		3				ne 5. Enter here	7			
4 a Additional section 263A costs (attac	ch schedule)			and in I	-art i	, ime Z			TV	T
		4 a		D- 45-		-4 to 000 A 600			Yes	No
b Other costs (attach sch)		4 b	8			of section 263A (with duced or acquired fo				لــــــا
5 Total. Add lines 1 through 4	·b	5		to the c				, -FF.,		Х
Schedule C - Rent Income	e (From Rea	l Property and	Personal Pr	roperty	Leas	sed With Real P	rope	rty) (see ı	nstruct	ions)
1 Description of property		<u> </u>		<u> </u>			•			
(1)			·							
(2)						-				
(3)										
(4)										
	2 Rent receiv	ved or accrued				2(a) Dadustian				
(if the percentage of rent for personal property is more than 10% but not property e			eal and personal entage of rent fo ceeds 50% or if on profit or inco	r persona the rent i	al	the income in	ctions directly connected with ne in columns 2(a) and 2(b) (attach schedule)			
(1)				<u></u>					-	
(2)								<u>-</u>		
(3)										
(4)										
Total		Total		•		4.7.4.4.4				
(c) Total income. Add totals of co here and on page 1, Part I, line 6		d 2(b). Enter ►				(b) Total deductions. here and on page 1, Pai I, line 6, column (B)				
Schedule E — Unrelated Do	ebt-Finance	d Income (see	instructions)							
1 Description of debi	t-financed pro	pertv	2 Gross income or allocable to		3 De	eductions directly co debt-finar	nnect nced p	ed with or a property $S\epsilon$	allocat ee St	ole to
	, ,	· ·	financed property			(a) Straight line eciation (attach sch		(b) Other deductions (attach schedule)		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable	djusted basis of to debt-financed ttach schedule)	6 Column divided b column !	v l		7 Gross income ortable (column 2 x column 6)	- 1 - 1	Allocable o (column 6 lumns 3(a)	k total	of
(1)				ય						
(2)				ક						
(3)				ογο						
(4)				બ						····
					Enter Part	here and on page I, line 7, column (A	1, Ento). Par	er here and t I, line 7,	d on pa columi	age 1, n (B).
Totals				•						
Total dividends-received deducti	ons included i	n column 8					<u>- </u>			

TEEA0203L 01/30/19

Form **990-T** (2018)

Schedule F — Interest, An					trolled O				· · · · · · · · · · · · · · · · · · ·			,
1 Name of controlled organization	įde	Employer ntification number	ın	come	related (loss) uctions)	4	4 Total of spec payments ma		5 Part of c that is inc the cont organiza gross in	luded rolling ation's	in c	eductions directly onnected with ome in column 5
(1)												
(2)					-							
(3)						Ĭ		•				
(4)						,						
Nonexempt Controlled Organiza	tions											<u>-</u>
7 Taxable Income	ind	et unrelated come (loss) instructions)			f specifie nts made	d	10 Part of included in organizatio	n the d	controlling		connected	tions directly d with income dumn 10
(1)							•		· ·			
(2)	_											
(3)												
(4)			1									
Totals							Add columns here and on p 8, co		, Part I, line		and on p	6 and 11. Enter age 1, Part I, line umn (B)
Schedule G - Investment	Inco	me of a Se	ction	5016	c)(7) (9	7	r (17) Orga	nizati	on (see inst	ruction	16)	
` 1 Description of income	•	2 Amount			3 dıre	De ctly	ductions connected schedule)		4 Set-asides ttach schedul		5 Tota set-as	deductions and sides (column 3 us column 4)
(1)					,							
(2)												
(3)		-						-				•
(4)		•							•			
Totals Schedule I — Exploited Ex	► (omp	Enter here an Part I, line 9,	colum	n (A).			Advortising !	/			Part I, Iı	re and on page 1, ne 9, column (B).
Schedule 1 — Exploited Ex	cemp	2 Gross		-		T		$\overline{}$			·	
1 Description of exploited ac	tivity	unrelate busines income fro trade of busines	d s om	conne prod of u	ises directly ected with duction nrelated ess income	from or 2 n	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7.	actıvı unrela	s income from ty that is not ated business income	attribu	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) Security Services		15,4	93.	2	8,990.							
(2)		1,			-,							_
(3)						I^-						
(4)						_	-					
Totals		Enter here on page Part I, line column (1, 10, A).	on p Part I colu	here and page 1, line 10, mn (B).	1971						Enter here and on page 1, Part II, line 26.
Schedule J — Advertising	Inco				-, , , , , , ,	1 / /	10 10 PT 5 (24 S)		And the second s	MUTE AT N	• · · · · > 24 2	l
Part I Income From Peri					nsolida	tec	Rasis					•
Later meome from ten	Ouice	2 Gross			Direct	·	Advertising gain or	E C	roulotion	£ Doo	dorchin	7 Fuence condemn
1 Name of periodical		advertisir		adve	ertising osts	(lo	oss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7		rculation ncome		dership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)
(1)		ļ				§ 1						
(2)											-	
(3)		1				*						
(4)		 				1.3						Jack to the property of the state of the sta
Totals (carry to Part II, line (5))	,	<u>- </u>										
RAA				TE	E 40204 I	12/21	/10				E	orm 99/LT (2018)

Part III Income From Periodica 7 on a line-by-line basis.)	ls Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
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 (col 6 minus col 5, but not more than col. 4)
(1)				•		
(2)		-				
(3)		-				
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1− 5)			- रे इडिसी १५५ हैं			
Schedule K — Compensation o	f Officers, Dire	ctors, and Tru	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
				9	i i	
				- 9	5	
				9	6	,
				9	\$	<u> </u>
Total. Enter here and on page 1, Part I	l, line 14	•			>	
BAA		TEEA0204 L	12/31/18		F	orm 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury

For calendar year 2018 or other tax year beginning $\frac{7/01}{}$, 2018, and ending $\frac{6/30}{}$

► Go to www.irs gov/Form990T for instructions and the latest information.

Name of the organization YORK HOSPITAL Unrelated business activity code (see instructions) ► 562000 Describe the unrelated trade or business ► Infectious Waste Removal Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C)	(c)(3) Organizations Only (
Name of the organization			Employer identification	number
	YORK HOSPITAL		23-1352222	
Name of the organization YORK HOSPITAL Unrelated business activity code (see instructions) ► 562000 Describe the unrelated trade or business ► Infectious Waste Removal				
Part I Unrelate	d Trade or Business Income	(A) Income	· (B) Expenses	(C) Net
1a Gross receipt	ts or sales			25133 6.1

	Maria M		• •	, , ,	
1a	Gross receipts or sales				28082300 1
b	Less returns and allowances c Balance ►	1c	•		
2	Cost of goods sold (Schedule A, line 7)	2			(W) (SA) (W) (1
3	Gross profit. Subtract line 2 from line 1c .	3		NEW 2017 (1997)	
4a	Capital gain net income (attach Schedule D)	4a		Control of the second	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		1998 CM 18175	
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	62,622.	91,630.	-29,008.
11	Advertising income (Schedule J).	11	327 0221		23/000:
12	Other income (See instructions; attach schedule)	12		COMMENT OF THE	
13	Total. Combine lines 3 through 12	13	62,622.	91,630.	-29,008.

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).	1 (4) 1/4 (2 (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
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
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30 -29,008.
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 -29,008.
		

BAA For Paperwork Reduction Act Notice, see instructions.

BAA

TEEA0203L 01/30/19

Form 990-T (2018)

Schedule F – Interest, A		,,			trolled O			9			31, 431, 611, 5	/	
Name of controlled organization	ıde	Employer entification number	income		et unrelated ome (loss) instructions)		4 Total of spec payments ma	ified de	5 Part of column that is include the controlling organization gross incon		in c	eductions directly onnected with ome in column 5	
(1)						\dagger							
(2)					-	\top	-						
(3)	•										,		
(4)			•										
Nonexempt Controlled Organia	zations			-				,					
7 Taxable Income	ın	let unrelated come (loss) e instructions)			f specifie its made	d	10 Part of included in organization	n the c	ontrolling		connected	tions directly I with income Ilumn 10	
(1)													
(2)												_	
(3)							,				-		
(4)													
Totals							Add columns here and on p 8, co		, Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B).	
Schedule G - Investme	nt Inco	me of a Se	ction	ı 501(c)(7), (9), (or (17) Orgai	nizati	on (see ins	truction	ns)		
1 Description of income		T	mount of income		3 dire	De ctly	ductions connected schedule)	s 4 Set-asid cted (attach sche		es 5 Tota Iule) set-a		Total deductions and set-asides (column 3 plus column 4)	
(1)													
(2)									*				
(3)							-						
(4)													
Totals	•	Enter here an Part I, line 9,	colun	nn (A).		· / / / / / / / / / / / / / / / / / / /					Part I, I	re and on page 1, ne 9, column (B).	
Schedule I — Exploited I	Exemp	t Activity Ir	ncom	e, Oti	ner Tha	<u>n A</u>	Advertising I	Incon	ne (see inst	ruction	s)		
. 1 Description of exploited	activity	2 Gross unrelate busines income fro trade o busines	ed s om r	conne prod of u	ses directly ected with duction nrelated ess income	fro or 2 n	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	actıvı unrela	s income from ty that is not ited business income	attribu	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) Infectious Waste	Rem.	62,6	22.	 9	1,630.	<u> </u>						-	
(2)		1,	•			<u> </u>	-			·	-		
(3)		1										-	
(4)		i							,				
Totals	į	Enter here on page Part I, line column (1, 2 10, (A)	on p Part I colu	here and page 1, , line 10, mn (B)	ST LANGE						Enter here and on page 1, Part II, line 26.	
Schedule J – Advertisin	a Inco	62,6			1,630.	: \	Commence of the second		or to store the little	33817	7517 J. 1865 1. "	I	
Part I Income From Pe					nsolida	ter	l Racic					-	
garti, income From Fe	Houic	2 Gross			rect	_		E C.	raulatian I	£ Doo	darabia	7 Fuene and such a	
1 Name of periodica	l	advertisii	ng	adve	ertising osts	(10	Advertising gain or oss) (col 2 minus col. 3) If a gain, compute cols 5 through 7.		rculation ncome		dership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).	
(1)) S.X			Ţ			ASSESS OF THE PROPERTY OF THE	
(2)				_	_	3.5							
(3)						 * ,							
(4)	-					-		 –				1 18 28 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Totals (carry to Part II, line (5))	<u> </u>				L						<u> </u>	
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1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	advertising (loss) (col. 2 minus income		6 Readership costs	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4).
(1)	,					"
	1.					
(3)					-	
(4)						
Totals from Part I	-					
-	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•					
Schedule K – Compensation o	of Officers, Dire	ctors, and Tri	ustees (see instri	uctions)		•
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
		<u> </u>		9	8	
				9	8	
				9		
				9	0	
Total. Enter here and on page 1, Part	II, line 14				>	
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2018 **Federal Statements** Page 1 Client 200 YORK HOSPITAL 23-1352222 5/27/20 Statement 1 Form 990-T, Part II, Line 20 Charitable Contributions \$ 2,670,488. 303,257. Charitable Contributions Income Percent Limit Allowed Charitable Contributions 303,257.