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•	_	OOD T	Ex	cempt Orga	nization B	lusii	າess Inc	ome Ta	x Return	L	OMB No 1545-0687	
,	F	orm 990-T		•	l proxy tax u				C /20	2010	2018	
				ear 2018 or other tax						201 <u>9</u>	2010	
	lonar	tment of the Treasury		Go to www.irs.go					1011	101	Open to Public Inspection to	<u>.</u>
Ĭī	nterna	tment of the Treasury al Revenue Service	► Do not	t enter SSN numbers		•			zation is a 501(c)(5		Open to Public Inspection fo 501(c)(3) Organizations Only	_
0	, [Check box if address changed	a		Check box r			e instructions)	-	~ (E	nployer identification number mployees' trust, see	r
2020	3 E	xempt under sectio	n Print	EPHRATA C	OMMUNITY E	HOSP	ITAL				structions)	
6 2	Σ	¶501(c) () 3)		PO BOX 27 YORK, PA	6/ 17/0527 <i>6</i>	7					23-1370484	_
0	L	408(e) 220((5)	IOKK, FA	17405-270	,					nrelated business activity co- see instructions)	дe
_	_	_408A530((a)							١.		
<u>=</u> -	<u> </u>			p exemption numb	9	000004 621500	_					
	at	ook value of all assets end of year		П.,	_							
ENVELOPE VICTORARY DATE		153,388,188	<u> </u>	ck organization ty		-) corporatio		<u> </u>	401(a) 1	<u>_</u>	t —
문은	1 8	Inter the number of the	•		es or businesses		<u>3</u>	D	escribe the only (,		
百金	ti I	radé or business he	ere Lab Se	ervices	ace at the end	of the	Drevious s	entence co			ne, complete Parts I-V complete a Schedule M	
盖	f	or each additional t				Or tric	. previous s	criterice, co	implete i arts i e	ind ii, c	ompiete a ochedole w	
		During the tax year,				ted gr	oup or a pa	rent-subsidi	ary controlled g	roup?	► X Yes No	_
(2.1)	h	enter the naرا f 'Yes,	me and ident	tifying number of	the parent cor	poration	on ►We	llSpan	Health 22-	25178	363	
J	ı T	he books are in care	of DAV	D P RIZZUT	0			T	elephone numb	er► 71	7-851-3055	
Ί	Par	t// Unrelated	Trade or	Business Inco	ome		(A) In	come .	(B) Expens	es	(C) Net	_/
_	J/a	Gross receipts or s	sales			7						3
	b	Less returns and allowa	ances.		_c Balance ►	/1c			等外外的 海安縣			3
	2	Cost of goods sold	(Schedule A	, line 7)		2			35.1 2012 2013 2013			· 4
	3	Gross profit. Subtr	act line 2 froi	m line 1c		3			(1) A (1) A (1) Max			_
		Capital gain net in	•	•	_	4a				100 See		_
		Net gain (loss) (Form 4			7)	4b			N. 45	· /		_
		: Capital loss deduc Income (loss) from			2	4c			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_
	J	(attach statement)		or arr 3 corporation	11	5					'	
	6	Rent income (Sche	edule C)			6						_
	7	Unrelated debt-fina	anced income	(Schedule E)		7						_
	8	Interest, annuities, roya	Ities, and rents f	rom a controlled orga	nization (Schedule F).	8						_
	9	Investment income of a	section 501(c)(7	'), (9), or (17) organiz	ation (Schedule G).	9						_
	10	Exploited exempt	activity incom	ne (Schedule I)		10	3	<u>. 72 هر 76</u>	647.	-22,675	<u>. </u>	
	11	Advertising income	e (Schedule J	J)		11				191 -281		_
	12	Other income (See	e instructions,	, attach schedule)							
	-	_ /				12			が以外が多数	32,000		_
_		Total. Combine lin			<u> </u>	13		76,972.	399,		-22,675.	<u>-</u>
L	Par			en Elsewhere tions must be								
_	14	Compensation of c				,	o widi di	c di li ciate		14		_
		Salaries and wage		,						15		_
		Repairs and maint								16		_
	17	Bad debts		_						17		_
	18	Interest (attach scl	hedule) (see	instructions)						18		-
3	19	Taxes and licenses	s						•	19		_
303	20	Charitable contribu	itions (See in	istructions for lim	itation rules)					20		_
-	21	Depreciation (attack	ch Form 4562					21				
⇒	22	Less depreciation	claimed on S	chedule A and el	sewhere on ret	urn -		22a		22b	,	_
7	23	Depletion								23		_
MA	24	Contributions to de		ensation plans						24		_
•	25	Employee benefit								25		_
		Excess exempt ex			•					26		_
		Excess readership Other deductions (•							27 28		_
	28 29	Total deductions.	-				i			29		-
	30	Uprelated business			perating loss de	educțio	n Subtract	line 29 from	m line 13	30	-22,675.	-
e e		Deduction for net opera							7	31		4
	_	Unrelated business				id K	<u>. l .</u>			32	-22,675.	
Ī	AA	For Paperwork Re	duction Act I	Notice, see instru	uctions.		TE	EA0201L 1/31	/19	ノモ	Form 990-T (2018)	_

_ 、	00-	San 10 40 40 14			
		F (2018) EPHRATA COMMUNITY		23-1370484	Page 2
		Total Unrelated Business Tax	computed from all unrelated trades or businesses (see-	- 111 -	
		uctions)	computed from all differenced trades of businesses (see	1 33	2,514.
34	Amou	unts paid for disallowed fringes.	· · · · · · · · · · · · · · · · · · ·	V #4	3
35		, ,	ax years beginning before January 1, 2018 (see	§ 5	
36		ictions) of unrelated business taxable income	before specific deduction. Subtract line 35 from the sun		
		es 33 and 34		t [β6]	2,514.
		ific deduction (Generally \$1,000, but se		₹ 7	1,000.
38		l ated business taxable income. Subtra the smaller of zero or line 36.	ct line 37 from line 36. If line 37 is greater than line 36,	[1,514.
Par		Tax Computation		1 1	1,011.
		nizations Taxable as Corporations. Mu	ultiply line 38 by 21% (0,21),	► 39 T	318.
4 0		ts Taxable at Trust Rates. See instructi	ons for tax computation Income tak on the amount	' -	
		ne 38 from Tax rate schedule or	Schedule D (Form 1041)	→ 40	
	•	y tax. See instructions	,	► 4n	
		native minimum tax (trusts only)	metrustions	42	
43 44		Noncompliant Facility Income. See Add lines 41, 42, and 43 to line 39 o		7 43	210
			40, WillCriever applies	1 47 1	318.
Par		Tax and Payments gn tax credit (corporations attach Form	1118, Arusts attach Form 1116) 45a	<u> </u>	
		r credits (see instructions)	1 . 45b		
		ral business credit Attach Form 3800			
		t for prior year minimum tax (attach Fo			
		credits. Add lines 45a through 45d	Y MM	45 e	0.
		act line 45e from line 44]= 0011	46	318.
47		r taxes. Check if from Form 4255 _ Other (attach schedule)	☐Form 8611 ☐ Form 8697 ☐ Form 8866],	
48		tax. Add lines 46 and 47 (see instruct	(anos)	4/ 48	318.
49		· ·	5-A or Form 965-B, Part II, column (k), line 2	49	310.
50.a		nents A 2017 overpayment credited to			
	-	estimated tax payments	1010-1-	10,000. here.	
С	Tax	leposited with Form 8868	. \$0c		
		gn organizations Tax paid or withheld	· • • • • • • • • • • • • • • • • • • •		
		up withholding (see instructions)			
		t for small employer health insurance procedutes, adjustments, and payments	premiums (attach Form 8941) 50f		
9		orm 4136			
51	\Box	payments. Add lines 50a through 50g	- Total - Spg		40,000.
		nated tax penalty (see instructions). Ch	eck if Form 2220 is attached	► □ 1 1 1 1 1 1 1 1 1 1	40,000.
53		, , , ,	nes 48, 49, and 52, enter amount owed	33	
54			stal of lines 48, 49, and 52, enter amount overpaid	10	39,682.
55	Enter	the amount of line 54 you want Cred	ited to 2019 estimated tax ► R	efunded 4 55	39,682.
Par	t yr	Statements Regarding Certain	Activities and Other Information (see instruct	ions)	,
56		y time during the 2018 calendar year, did	the organization have an interest in or a signature or other	authority over a	Yes No
/	finan	cial account (bank, securities, or other) in a	foreign country? If 'Yes,' the organization may have to t	ile FinCEN Form 114,	
	Repor	t of Foreign Bank and Financial Accounts	If 'Yes,' enter the name of the foreign country here	-	_ X
57			eive a distribution from, or was it the grantor of, or tran	sferor to, a foreign trust?	X
		s,' see instructions for other forms the org	•		
_58	Enter	the amount of tax-exempt interest receive	ed or accrued during the tax year > \$	0.	
Sigr	•	belief, it a rule correct, and complete Declaration	amined this return, including accompanying schedules and statements, an of preparer (other than taxpayed us based on all information of which pre	parer has any knowledge and	
Here				the preparer shown	this return with below (see
	_	Signature of officer	Date Title	instructions)?	Yes X No
Deid		Print/Type preparer's name	Preparer's signature Date	Check of PTIN	
Paid Pre-		MARC BERGER		self-employed P018715	63
pare		Firm's name BDO USA, LLP		irm's EIN 13-5381590	
Üse		Firm's address 8401 GREENSBORC	DRIVE, SUITE 800		
Only	У	MCLEAN, VA 22102		Phone no (703) 89	
BAA		•	TEEA0202L 01/24/19	Form	990-T (2018)

Totals

BAA

Total dividends-received deductions included in column 8

TEEA0203L 01/30/19

Page 4

			Exem	pt Cor	ntrolled O	rgan	zations	5				' • • • • • • • • • • • • • • • • • • •
1 Name of controlled organization				3 Net unrelated income (loss) (see instructions)			Total of spec payments ma		5 Part of of that is independent the con- organizer gross in	cluded trolling ation's	in c	eductions directly onnected with ome in column 5
(1)					-	+						
(2)						\top						
(3)	Ì								,			
(4)				-		—			*			
Nonexempt Controlled Organiz	ations					-						
7 Taxable Income	7 Taxable Income 8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made				10 Part of column 9 that is included in the controlling organization's gross incom				connected	tions directly I with income Iumn 10
(1)			1	•						+		
(2)			†			_	•			+		, ,
(3)			1			\dashv				 		
(4)												
Totals		,	•				•	age 1 lumn (, Part I, line (A)	here	and on p 8, col	6 and 11. Enter age 1, Part I, line umn (B).
Schedule G - Investmer	<u>ıt Inco</u>	me of a Se	ction	501(c)(7), (9), o	r (17) Orgai	nizati	on (see ins	truction	is)	
1 Description of income	2 Amount o	t of income dire			ctly (uctions connected . ichedule)	tach schedule) set-a			tal deductions and asides (column 3 blus column 4)		
(1)		•								,		
(2)		•									<i></i>	
(3)							,		•	•		,
(4)												
Totals	•	Enter here and Part I, line 9,	d on p colum	age 1, nn (A)								re and on page 1, ne 9, column (B).
Schedule I - Exploited E	xemp	t Activity In	com	e. Oti	her Tha	n A	dvertisina l	ncon	1e (see insti	ruction	s)	
1 Description of exploited a	-	2 Gross unrelated business income fro trade or business	s 3 Expense ed connect is produ om of unr business		nenses directly 4 nnected with froduction of unrelated 2		4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.		ross income from 6 Extinuty that is not attrib		penses stable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) Patient Services		376,9	72.	39	9,647.		-22,675.					-
(2)		1 3,0,3				I	22,0,0,			-		
(3)		†										
(4)		1			-	t						<u> </u>
	Enter here on page Part I, line column (1, 10,	on p Part I	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 26
Totals .		376,9	72.	39	9,647.	33.53	AND CAR		\$ 25,000	NEA.	\$ 1 Biz	
Schedule J — Advertisin												•
Part I Income From Pe	riodica	als Reporte	d on	a Co	nsolida	ted	Basis					
1 Name of periodical	_	2 Gross advertisin income		adve	Direct ertising osts	(los	dvertising gain or is) (col. 2 minus ol. 3). If a gain, ompute cols 5 through 7.		rculation icome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).
(1)						, ·						整 <i>态</i> "3.25%
(2)			[\frac{1}{2}	1 - 3626 - 14					
(3)							多量的 計					
(4)		 				100		-				1.66.4%。另位古典的
Totals (carry to Part II, line (5))	, -											
BAA				TE	FA0204 I	12/31/	<u></u>		<u>'</u>		F	orm 990-T (2018)

((2018) EPHRATA	COMMUNITY	HOSPITAL	23-1370484

Form 990-T (2018) EPHRATA COMMU	UNITY HOSPIT	ral .			23-1370484	Page 5	
Partill 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							
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 Tri	ustees (see instr	uctions)			
1 Name			2 Title	3 Percent o time devote to business	ed to unrelated business		
	<u> </u>		·	:	%		
				:	olo l		
•					90	-	
				:	%	-	
Total. Enter here and on page 1, Part II	l, line 14	-			P		
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/Form990T for instructions and the latest information.

OMB No 1545-0687

Open to Public Inspection for 501(c)(3) Organizations Only ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of the organization Employer identification number EPHRATA COMMUNITY HOSPITAL 23-1370484 Unrelated business activity code (see instructions) ► 561000 Describe the unrelated trade or business ► Administrative Support

Part	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			生物性 神经线管	少的复数"碳酸"的電腦
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2		经的方法公共抵抗	
3	Gross profit. Subtract line 2 from line 1c	3		等的强力性 计数据	•
4a	Capital gain net income (attach Schedule D)	4a		35 6.52.136	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		THE PROPERTY OF THE PARTY OF TH	
c	Capital loss deduction for trusts	4c		1930 C 188 1 1 1 1 1 1 1 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	12,006.	16,174.	-4,168.
11	Advertising income (Schedule J)	11	12,0001		1/100.
12	Other income (See instructions; attach schedule)	12		17/35 Mr. 18/3	
13	Total. Combine lines 3 through 12	13	12,006.	16,174.	-4,168.

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	1
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).	33	
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	-4,168.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	ئىشىت	
	instructions) .	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-4,168.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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TEEA0203L 01/30/19

Page 4

			Exem	pt Cor	trolled O	rgai	nizations					·/	
1 Name of controlled organization	ıde	Employer intification number	ition Income			(loss) payments				luded rolling ation's	in c	eductions directly onnected with ome in column-5	
(1)		-				+-		-					
(2)						+							
(3)						╁╌							
(4)						+			-				
Nonexempt Controlled Organization	ations					Т							
7 Taxable Income		let unrelated	9.	Total o	f specifie	а	10 Part of	colum	n 9 that is	Т	11 Deduc	tions directly	
/ Taxable income	in	come (loss) instructions)	9 Total of specified payments made				included ii	n the c	controlling connec			cted with income n column 10	
(1)													
(2)		- <u>-</u>				Ī							
(3)							•						
(4)													
Totals .	41	and a Court	- 4:		-1/2/10		·	oage 1 Jumn (, Part I, line A).	here	and on p 8, col	6 6 and 11 Enter page 1, Part I, line lumn (B)	
Schedule G — Investmen	it inco	me of a Sec	cuon	501(1	_							
1 Description of income		2 Amount o	2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)			5 Total deductions and set-asides (column 3 plus column 4)			
(1)									-				
(2)													
(3)													
(4)													
		Enter here and Part I, line 9,				- 1 - 1 - 1						re and on page 1, ne 9, column (B).	
Totals 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					1000	<u>نځ</u>	15 2 8	· , , , ,	The Bull	3,363			
Schedule I — Exploited E	xemp	 		e, Otl	ner Tha	n A	<u>Advertising</u>	Incon	1e (see instr	uction	s)		
1 Description of exploited a	ctivity	2 Gross unrelated business income fro trade or business	ted conne ess proc from of un or busine		nnected with for production of funrelated 2		4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.		unrelated business income		penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1) ALSU Service		12,0	06.	1	16,174.								
(2)		12,0			<u> </u>	-							
(3)						\vdash							
(4)											-		
	,	Enter here on page Part I, line column (A	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		12,00			6,174.	ر د د	<u> </u>	3			Burne !	<u> </u>	
Schedule J — Advertising													
Part I Income From Per	riodic	als Reporte	d on	a Co	nsolida	ted	Basis					_	
1 Name of periodical	-	2 Gross advertisin income	g	adve	Direct ertising osts	(k	Advertising gain or oss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7		rculation come		dership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)	
(1)						5.7 %	Carlos Carlos No.					8/18/2013 (RE)	
(2)													
(3)													
(4)			-		<u> </u>	25							
Totals (carry to Part II, line (5))	. 1	<u> </u>		_									

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Page 5

Form 990-T (2018)

Form 990-1 (2018) EPHRATA COMM	UNITY HOSPI	L'AL			23-13/0484	rayes
Part II Income From Periodica 7 on a line-by-line basis)	als Reported or	n 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)						
Totals from Part I	-					
Table Dat II (loss 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.
Totals, Part II (lines 1-5) Schedule K - Compensation of	of Officers, Dire	ctors, and Tr	ustees (see instr	uctions)	or readifications	<u> </u>
1 Name			2 Title	3 Percent of time devote to business	d to únrela	ation attributable ated business
			•		%	
					%	
					90	
					0/0	
Total. Enter here and on page 1, Part	II, line 14	•			>	

TEEA0204 L 12/31/18

EPHRATA COMMUNITY HOSPITAL

Unrelated business activity code (see instructions) ► 561700

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

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

Employer identification number

23-1370484

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).

OMB No 1545-0687

D	escribe the unrelated trade or business > Facilities Sup	port	-		
Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	T^{-}		(P/3/8) 考2 5 7 7	19827 1 1 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Schedule A, line 7)	2		27.027.12.00 E.S. 0.00 E.S	CALL DE RESERVE
3	Gross profit. Subtract line 2 from line 1c	3		37 TANSPORT	19 19 19 19 19 19 19 19 19 19 19 19 19 1
4a	Capital gain net income (attach Schedule D)	4a	, <u>. </u>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		2. (*) 19(1等を含む。	
c	Capital loss deduction for trusts .	4c		C. CS. BRECHALL	
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6 ·	Rent income (Schedule C)	6		12 100 (012) 12 1131	-
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	2,962.	448.	2,514.
11	Advertising income (Schedule J)	11	2,7502.	110.	2/011.
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	2,962.	448.	2,514.
Part	deductions must be directly connected with the unrelated	l busine	· ·) (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		
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	

BAA For Paperwork Reduction Act Notice, see instructions.

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)

27

28

29

30

31

32

instructions)

Schedule M (Form 990-T) 2018

2,514

2,514.

27

28

29

30

31

Total dividends-received deductions included in column 8

BAA

Form 990-T (2018) EPHRATA COMMUNIT	Y HOSPITAL				23	<u>-137</u>	70484	Р	age 3
Schedule A - Cost of Goods Sold. En	ter method of inve	entory valuation 🕨	-						
1 Inventory at beginning of year	1	6 In	vento	ry at e	nd of year	6			
2 Purchases.	2				s sold. Subtract				
3 Cost of labor	3			om Iır ⊃art I.	e 5 Enter here	7			
4 a Additional section 263A costs (attach schedule)		al di	iu iii r	art i,	mie Z			Yes	No
	4 a		0.00					res	NO
b Other costs (attach sch)	4 b				of section 263A (wi uced or acquired fo				
5 Total. Add lines 1 through 4b	5				ation?		,,		Х
Schedule C - Rent Income (From Rea	al Property and	d Personal Prop	erty	Leas	ed With Real P	rope	rty) (see ır	struct	ions)
1 Description of property		•							
(1)									
(2)				-					
(3)									
(4)									
	ved or accrued	-			3/a) Dadwatian			tod uni	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	eal and personal pro entage of rent for pe ceeds 50% or if the on profit or income	ersona rent i	ial (attach schedule)))		
(1)									
(2)									
(3)									
(4)									
Total	Total				45.7.1.1.1.1.1.1				
(c) Total income. Add totals of columns 2(a) ar here and on page 1, Part I, line 6, column (A)	d 2(b). Enter ►				(b) Total deductions. here and on page 1, Pa I, line 6, column (B)				
Schedule E - Unrelated Debt-Finance	ed Income (see	instructions)							
1 Description of debt-financed pro	nertv	2 Gross income fr or allocable to de		3 De	ductions directly co debt-fina	nnect nced p	ed with or a property $S\epsilon$	allocab ee St	le to
i Description of debt-imanced pro	perty	financed propert			(a) Straight line eciation (attach sch		(b) Other de (attach sc	eductio	ns
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average a or allocable property (attach schedule)	6 Column 4 divided by column 5			7 Gross income ortable (column 2 x column 6)		Allocable of (column 6 : olumns 3(a)	c total	of	
(1)			%						
(2)			%						
(3)			8			\bot			
(4)			%			\bot			
Totals			•	Enter Part I	here and on page , line 7, column (A	1,Ent) Pa	er here and rt I, line 7,	l on pa columr	age 1, 1 (B).

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) Exempt Controlled Organizations 5 Part of column 4 1 Name of controlled 2 Employer 3 Net unrelated 4 Total of specified 6 Deductions directly that is included in the controlling organization ıdentıfıcatıon income (loss) payments made connected with number (see instructions) income in column 5 organization's gross income $\overline{(1)}$ (2) (3) (4) Nonexempt Controlled Organizations 7 Taxable Income 8 Net unrelated 9 Total of specified 10 Part of column 9 that is 11 Deductions directly income (loss) payments made included in the controlling connected with income (see instructions) organization's gross income ın column 10 (1) (2) (3)(4) Add columns 6 and 11. Enter here and on page 1, Part I, line Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (B). column (A). **Totals** Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions 4 Set-asides 5 Total deductions and 1 Description of income 2 Amount of income directly connected (attach schedule) set-asides (column 3 (attach schedule) plus column 4) (1) (2) (3) (4) Enter here and on page 1, Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B), **Totals** Schedule I — Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Gross unrelated 3 Expenses directly 4 Net income (loss) 5 Gross income from 6 Expenses 7 Excess exempt connected with from unrelated trade attributable to activity that is not expenses (column 6 1 Description of exploited activity business production or business (column unrelated business column 5 minus column 5, but income from of unrelated 2 minus column 3). income not more than trade or business income If a gain, compute columns 5 through 7. column 4), business (1) EMOCA Service 2,962 448 (2)(3) (4) Enter here and Enter here and Enter here and on page 1, Part I. line 10. on page 1, on page 1 Part I, line 10, Part II, line 26 column (A) column (B): **Totals** 2,962 448 Schedule J - Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis 2 Gross 3 Direct 4 Advertising gain or 5 Circulation 6 Readership 7 Excess readership advertising advertising (loss) (col. 2 minus col. 3) If a gain, costs (col. 6 minus income costs 1 Name of periodical income costs col. 5, but not more than col 4) compute cols. 5 through 7. (1) (2)_(3) (4) Totals (carry to Part II, line (5))

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

Form 990-T (2018) EPHRATA COMMUNITY HOSPITAL				2	23-1370484	Page 5
Part II. Income From Periodic 7 on a line-by-line basis.)	als Reported or	n a Separate I	Basis (For each p	eriodical listed in F	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	>					
T-1 D-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) Schedule K - Compensation (of Officers Dire	ctors and Tri	USTERS (see instri	organia 🥺	CONTRACTOR	
Schedule N - Compensation	of Officers, Dire	Tors, and Th	usices (see main			
1 Name		2 Title		3 Percent of time devoted to business	4 Compensation attributable to unrelated business	
				9		
				9		

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