Form	990-T	E				siness Income ' der section 6033(rn (J	ОМ	B No 1545-0687
. 0		For cale				$\frac{07/01}{}$, 2018, and endi		0 1 9	4	Ე⋒ 1
Denart	ment of the Treasury	1 Or Calc				nstructions and the latest		·* 	4	<u> </u>
	Revenue Service	▶ Do				y be made public if your orga		:)(3)	Open to 501(c)(Public Inspection for 3) Organizations Only
A	Check box if		Name of organization (7		me changed and see instruction		D Emplo	yer Ident	ification number
	address changed						•	(Employ	ees' trust,	see instructions)
B Exe	mpt under section		LANKENAU MED	ICAL CE	NTER	FOUNDATION				
X	501(C 1O 3)	Print	Number, street, and roor	n or suite no	faPO	box, see instructions		23-21	.7672	3
Ш	408(e) 220(e)	Type							ited busi	ness activity code
	408A530(a)	',	100 LANCASTE	R AVENU	E			(000 1112	iu delloria)	
	529(a)		City or town, state or pro		y, and 2	ZIP or foreign postal code	'			
	k value of all assets nd of year		WYNNEWOOD, P					90009	9	
			up exemption number (`			1	1		
	6,536,148.		ck organization type					401(a) 1		Other trust O
		_	nization's unrelated trad	tes or busine	sses			the only		
	ide or business hei						complete Parts I-			ie, describe the
	•		·	entence, coi	npiete	Parts I and II, complete a S	chedule M for eac	on addition	aı	
	ide or business, th			ry in an affile	atad a	roup or a parent-subsidiary o	controlled group?			Yes X No
			identifying number of t				controlled group.			
			JRT WHITESIDE	ne parent co	poraci		e number ▶ 48	4 337-	8480	
Par			or Business Incom	ne		(A) Income	(B) Expen		-	(C) Net
1a	Gross receipts or									
b	Less returns and allowa			c Balance	1c			ari, rakar	321	
2	Cost of goods so	Id (Sched	ule A, line 7)	, 	2		(18) (2) (Milli		\$\frac{1}{2} \cdot	
3	Gross profit Sub	tract line	2 from line 1c		3			G.Jechi		
4a	Capital gain net is	ncome (a	ittach Schedule D)		4a			Ç', **, **; ~ i		
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Fo	rm 4797)	4b			2		
С	Capital loss dedu	ction for t	rusts		4c			inhall.		
5	Income (loss) from a p	artnership o	r an S corporation (attach state)	ment)	5				<u> </u>	
6	Rent income (Sch	edule C)			6					
7	Unrelated debt-fi	nanced in	come (Schedule E) .		7					
8	Interest, annuities, roya	alties, and re	ents from a controlled organizati	on (Schedule F)	8				_	
9			1(c)(7), (9), or (17) organization				/			
10			ncome (Schedule I)		10					
11			fule J)		11) . 2°×°		
12			ctions, attach schedule)		12	0.		, ån 11, 1		
13 Pos			ough 12			ons for limitations on d	lodustions \ /F	Evenet fo	or cont	ributions.
rai						orelated business inco		Except it	JI CON	indutions,
14			directors, and trustees (Protect Dusiness inco	ine)	. 14		
15	•	•	· · · · · · · · · · · · · · · ·	•				15		
16				· · · · · /		MAY 0.8 2020		16	ļ	
17	_ '			1	٢	SECENTY OF	1	17		
18			(see instructions)	/ \	٠٠٠١	2000 13	7	18		
19				[<u> /2</u>	MAX 0.8 SULD. 17	27	19		
20	Charitable contrib	outions (S	See instructions for limit	tation rules)	: [نت ت	MINIT	<u> </u>	. 20		
21	Depreciation (atta	ach Form	4562) on Schedule A and els		1-1	SOENIZIUT_		78 - 7	_	
22	Less depreciation	claimed	on Schedule A and els	ewhere on re	eturn	0.000		22b		
23	Depletion		/		سِيا.			23		
24								24		
25	Employee benefit	program	, , , , , , , , , , , , , , , , , , , ,			📐		25		
26	Excess exempt ex	penses (Schedule I)			<u>.</u> . <u></u>		. 26		
27	Excess readership	costs (S	chedule J)			001×		27		
28	Other deductions	(attach s	chedule)				ATCH. 2.	. 28		9,600.
29			_							9,600.
30						deduction Subtract line				-9,600.
31			•	_	-	or after January 1, 2018 (see			Y. A.	
32 For B					30 .	<u> </u>		3/2		-9,600.
FOF P	aperwork Reduct 91210S 514	ion Act N	lotice, see instructions.	•		0.7.60	•		F	Form 990-T° (2018)
	917102 214	1 /			v 1	8-7.6F				PAGE 1

	990 T (2018)			Page
Pa	rt III Total Unrelated Business Taxable Income			
3 3	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1		
	instructions)	33		-9,600
34	Amounts paid for disallowed fringes	34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	Π		
	instructions),	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum			
	of lines 33 and 34	136		-9,600
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,			
30	enter the smaller of zero or line 36	38		-9,600
L Do		1100 1		3,000
1				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	1 1		
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	11' 1		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	$\overline{}$		
41	Proxy tax. See instructions			
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·			
43	Tax on Noncompliant Facility Income See instructions			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		
\ ₋ Pa	rt V Tax and Payments			
`45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a]		
t	Other credits (see instructions)] [
c	General business credit Attach Form 3800 (see instructions)	111		
d		111		
e		45e		
46	Subtract line 45e from line 44	\neg		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).			
	Total tax Add lines 46 and 47 (see instructions)			0
48				
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2,	49		
	Payments A 2017 overpayment credited to 2018	- 1		
t	· · ·	-		
C	·	-11		
d	, , , , , , , , , , , , , , , , , , ,	-11		
е		4/		
f		4		
9				
	Form 4136 Other Total ▶ 50g	-}}		
51	Total payments. Add lines 50a through 50g	51		
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
_55	Enter the amount of line 54 you want Credited to 2019 estimated tax	55		
Pa	rt VI Statements Regarding Certain Activities and Other Information (see instruction	<u>s</u>)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay hav	e to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country	
	here ▶	J	•	x
E 7		.an must	2	Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust	····	
E 0	If "Yes," see instructions for other forms the organization may have to file			
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	nest of m	v knowledge	and belief it
C:	true, correct, and complete. Declarating of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	7e3(01 111	y knowledge .	and belief, it
Sig		ay the	RS discuss	this return
He			preparer sh	_
		e instructio	ons)? X Ye	s No
Da:	Print/Type preparer's hame Preparer's signature Date Chec	:k 📙 ıf		
Paid	ERICA R MCREINOLDS Self-e U4/20/20/20 Self-e	employed		77806
		s EIN 🕨	13-400	
	Firm's address > 2001 MARKET ST, SUITE 1800, PHILADELPHIA, PA 19103 Phon	eno 26	7-330-3	3000
JSA				90-T (2018
304				<i>^</i>

%

% %

Enter here and on page 1,

Part I, line 7, column (A)

Form **990-T** (2018)

Enter here and on page 1,

Part I, line 7, column (B)

(2) (3)

(4)

Total dividends-received deductions included in column 8.

Schedule F-Interest, Anni	inioo, rioyanio			ntrolled Or			1110110 (000		5115,		
1 Name of controlled organization	2 Employer identification numb	Jei	3 Net unrelate (loss) (see inst				of specified organizat		olling	6 Deductions directly connected with income in column 5	
(1)	_										
(2)											
(3)	<u>.</u> .										
(4)											
Nonexempt Controlled Organiz	zations										
7 Taxable Income	8 Net unrelated ii (loss) (see instruc	l l		Total of specifi ayments made		ınclı	Part of column uded in the co nization's gros	ntrolling		Deductions directly nected with income in column 10	
(1)				·							
(2)											
(3)											
(4)							•				
Totals	come of a Sec	 ction 501(c)(7),			Par	•	mn (A)		er here and on page 1, t I, line 8, column (B)	
1 Description of income	2 Amount of	f income	ļ	directly co	nected			t-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)		
(1)	ļ. <u> </u>		+						+		
(2)			+						-		
(3)			7			- +			+		
(4)	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B)	
Totals ▶ Schedule I-Exploited Exe	mpt Activity In	come, Ot	 her Th	an Advert	ising In	come	(see instru	ctions)			
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Exper direct connected production unrelation	ly d with on of ed	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thm	ted tradé (column lumn 3) ompute	5. Gross income from activity that attribute attribute from activity that attribute from activity that attribute from activity that attribute from activity that attribute from a		6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
<u>(1)</u> (2)											
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In	icome (see instr	uctions)								<u> </u>	
Part I Income From Peri	iodicals Report	ted on a C	onsoli	dated Ba	sis						
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus c a gain, co cols 5 thn	ss) (col ol 3) if mpute	5 Circulation 6 Readershi income costs			7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)	,				5 3 3 4 4			l		1 x 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
(2)				k Wi						Bakka i	
(3)				18. 76						788 (448) (4	
(4)						_					
Totals (carry to Part II, line (5))					_					Form 990-T (2018)	

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. PAGE 4

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						-
(3)						
(4)						
Totals from Part I ▶				建铁线 "快运"		
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27

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

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	· · ·
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1. Part II. line 14		•	

Form **990-T** (2018)

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES

9,600.

PART II - LINE 28 - OTHER DEDUCTIONS

9,600.

THE LANKENAU MEDICAL CENTER FOUNDATION

EIN: 23-2176723

FOR THE YEAR ENDING JUNE 30, 2019

FORM 990-T, PART II, LINE 31

NET OPERATING LOSS CARRYOVER

YEAR	GEN	AMOUNT ERATED ST-2018	 Γ RELEASED OR YEARS	AMOUNT CARRIED FORWARD TO 06/30/2020		
06/30/2019	•	9,600	 <u>-</u>		9,600	
	\$	9,600	\$ -	\$	9,600	

THE LANKENAU MEDICAL CENTER FOUNDATION

EIN: 23-2176723

FOR THE YEAR ENDING JUNE 30, 2019

FORM 990-T, PART II, LINE 35

NET OPERATING LOSS CARRYOVER

YEAR	 L AMOUNT RATED PRE- 2018	AMOUNT RELE IN PRIOR YE		 UNT CARRIED ARD TO 06/30/2020
06/30/2014	 6,302		3,364	2,938
06/30/2016	7,854		-	7,854
06/30/2017	8,830		-	8,830
06/30/2018	 8,830			 8,830
	\$ 31,816	\$	3,364	\$ 28,452