	000 T	Ex	empt Organization I						Ł	OMB	No 1545-0687
F	orm 990-T	·	(and proxy tax ar 2018 or other tax year beginning				6/30	1904	, 019	2	018
			• • • • •						019	_	010
Depar	lment of the Treasury	1	to to www.irs.gov/Form990T for enter SSN numbers on this form as							Open to Pu	blic inspection for
A C	Theck box If	1 - 00 1101			changed and see instru		Lation is a J	,,(c)( <u>s)</u> ,	D En	nplover ider	rganizations Only oblication number
^ _						,			E	mployees' tr structions )	ust, see
	xempt under section	n Print or	DO DOV OTCT	31.001					2	3-273	0785
ŕ	501( c )( <b>0</b> 3 ) 408(e) 220(	Tyma	YORK, PA 17405-276	57					F U	related bus	siness activity code
r	408A 530	· • I							(5	ee instruction	ins )
	529(a)	· ·							9	00004	
C Bo	ook value of all assets end of year	F Group	exemption number (See instruc	ctions.)	•					_	
at	81,376,635	G Chec	k organization type	501(	c) corporation	501	(c) trust	4	01(a)	trust	Other trust
HE			's unrelated trades or businesse	<u></u>	<u>►1</u>	 De	escribe the	only (or	first)	unrelated	<del>_</del>
t	rade or business he	re ► <u>Provid</u>	le medical svcs to	nonez	empt entiti	ies					ete Parts I-V
			t in the blank space at the en	d of the	e previous senten	ce, co	mplete Pa	rts I an	d II, c	omplete	a Schedule M
			ess, then complete Parts III-V pration a subsidiary in an affili	ated or	oun or a narent-s	ubsidi:	ary contro	lled ara	un?	<b>▶</b> [V] \	res □No
			ifying number of the parent co								C3 [].10
	he books are in care		D RIZZUTO	poruti	our Merrol		elephone i				-3055
		DITT	Business Income		(A) Income			xpense			C) Net
	Gross receipts or			T			<b>发展场际</b>		\$ 1.94°		## ## W
	Less returns and allow		c Balance►	·   1c							
2	Cost of goods sold	(Schedule A,	Ine 7) .	2			THE STATES	STATE THE STATE OF		经制度的	
3	Gross profit. Subti	act line 2 from	n line 1c	3			が必然が		<b>新发彩</b>		
4 a	Capital gain net in	come (attach	Schedule D)	4a			等於於嚴	的學問			
b	Net gain (loss) (Form 4	1797, Part II, line 1	7) (attach Form 4797)	4b			影響的性	光觀熱	1.20		
	Capital loss deduc			<u>4c</u>							
5	Income (loss) from (attach statement	a partnersnip o ì .	r an S corporation	~ <sub>5</sub>							
6	Rent income (Sch		• •	6			<u> </u>		4- 45-4		
7	Unrelated debt-fin	anced income	(Schedule E) .	. 7							
8	Interest, annuities, roya	lities, and rents fro	om a controlled organization (Schedule F)	). <mark>8</mark>							
9	Investment income of a	section 501(c)(7)	, (9), or (17) organization (Schedule G)	. 9							
10	Exploited exempt	activity income	e (Schedule I)	. 76	258,4	178.		415,6	534.		-157,156.
11	Advertising income	•		11					,		
12	Other income (See	e instructions,	attach schedule) .								
				12			13.5		16 36 24		
	Total. Combine lin			13	258,4			415, 6			-157,156.
Par	Deductio	ns Not Lake ons deduct	en Elsewhere/(See instruitions must be directly col	nnect	s for limitation ed with the uni	is on relate	aeaacaa ad busini	) ( 2010 2011 229	Come	pt for	
14			ors, and trustees (Schedule K				.,		14	,	
15	Salaries and wage	:s	/		•				15		
16	Repairs and maint	enance .							16		
17	Bad debts								17		
18	Interest (attach sc		ństructions)					,	18		
19	Taxes and license		• • • • • • • • • • • • • • • • • • • •		•				19		
20			structions for limitation rules)	•		1			20		
21	Depreciation (attack			•	21	L			13.45		
22	•	claimed on Sc	chedule A and elsewhere on re	eturn	22a	L			22b		
23	Depletion	`. 							23		
24	Contributions to de		nsation plans						24		
25 26	Employee benefit Excess exempt ex		dulo IX						25	· · · · · <del>-</del>	
26 27	Excess exempt ex		· · · · · · · ·	•	•			•	26 27		
28	Other deductions	-	•						28		
29	Total deductions.	•				•			29		
30	,		me before net operating loss o	deducti	on Subtract line 2	29 fron	n line 13		30		-157,156.
31	•		n tax years beginning on or after Janua						31	的现象	經濟學學
32			me. Subtract line 31 from line	30	Dart	1			32		-157,156.
RAA	ror raperwork Re	auction Act N	lotice, see instructions.		TEEA020	iL 1/31/	נו		•	Forp	7 <b>990-T</b> (2018)

_	7.000		
	990-T (2018) WELLSPAN MEDICAL GROUP	23-2730785	Page 2
w <sub>1</sub>	Total Unrelated Business Taxable Income	A	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	[] <del> </del>     33	_157 156
34	Amounts paid for disallowed fringes	34	<u>-157,156.</u>
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	<b>F</b>	
33	instructions) See Statement 1	.   \$5	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	<u>-157,156.</u>
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	.   37	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	$\mathbf{V}$	
	enter the smaller of zero or line 36	38	-157,156.
	t IV Tax Computation	• /	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	100000000000000000000000000000000000000	
	on line 38 from: Tax rate schedule or Schedule D (Form 1041)	► 40	
41	Proxy tax. See instructions	► 41	
	Alternative minimum tax (trusts only)	42	
	Tax on Noncompliant Facility Income. See Instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	. 44	0.
	Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	The state of the s	
	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions) 45c		
	Credit for prior year minimum tax (attach Form 8801 or 8827) 45 d	**************************************	
	Total credits. Add lines 45a through 45d	. 45e	0.
46		46	0.
47	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax (lability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
	Payments: A 2017 overpayment credited to 2018 50a		
b	2018 estimated tax payments		
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50 d		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941)   50f   Other credits, adjustments, and payments.   Form 2439		
y			
ca			_
	Total payments. Add lines 50a through 50g	51	0.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	·   34	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunder	d►   55	
Pari	. ··		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Find	CEN Form 114,	12 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Report of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	to, a foreign trust	
	If 'Yes,' see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ 0	•	
	Under paratisegrephically, I declare that I have examined this return, including accompanying schedules and statements, and to the befet, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	est of my knowledge and any knowledge	nd
Sign		May the IRS discu	ee the ratum with
Here	Sign PAR AND PARENT AZB Date Title	the preparer show Instructions)?	Yes X No
		L Tir IPTIN	Yes X No
Paid	Print/Type preparer's name  MARC BERGER  Preparer's signature  Macc Berger  7.16/2020	J"   '	
Pre-			
pare		13-53815	90
Use	Firm's address - 8401 GREENSBORO DRIVE, SUITE 800		
Only	2,332,111, 111,22102	(703) 8	
BAA	TEEA0202L 01/24/19	Forn	n 990-T (2018)

Form 990-T (2018) WELLSPAN MEDICAL GROUP 23-2730785 Page 3 Schedule A — Cost of Goods Sold. Enter method of inventory valuation ▶ Inventory at beginning of year. Inventory at end of year 6 2 Purchases . . . 2 Cost of goods sold. Subtract line 6 from line 5 Enter here 3 Cost of labor 3 and in Part I, line 2 7 4 a Additional section 263A costs (attach schedule) Yes No 4 a Do the rules of section 263A (with respect to **b** Other costs 4 b property produced or acquired for resale) apply (attach sch) 5 Total. Add lines 1 through 4b to the organization? Х Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (1) (2)(3) (4) 2 Rent received or accrued **3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (a) From personal property (if the percentage of rent for personal property is more than 10% but not (attach schedule) more than 50%) (1) (2)(3) (4) Total Total (b) Total deductions. Enter (c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part here and on page 1, Part I, line 6, column (A) l, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to debt-financed property 2 Gross income from 1 Description of debt-financed property or allocable to debt-(a) Straight line (b) Other deductions financed property depreciation (attach sch) (attach schedule) (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) 6 Column 4 7 Gross income 8 Allocable deductions divided by column 5 reportable (column 2 x (column 6 x total of columns 3(a) and 3(b)) column 6) property (attach schedule) %

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B)

Total dividends-received deductions included in column 8

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Form 990-T (2018)

(1)

(2)

(3)

(4)

Schedule F — Interest, Al	must	es, Noyalti			trolled O			Orga	IIZations	(See iii	Structions		
organization iden		Employer ntification number	3 Net unrelated income (loss) (see instructions)		(loss)	4 Total of spec payments ma				cluded in co trolling inc ation's		Deductions directly connected with come in column 5	
(1)						T	<del></del>					<u> </u>	
(2)						1							
(3)		···				+							
(4)						+				<del></del>			
Nonexempt Controlled Organiza	ations						· · ·		L				
7 Taxable Income		et unrelated	9	Total o	f specifie	а	10 Part of	colum	n 9 that is	1	11 Deduc	tions directly	
inco				nts made   included i		included ii	in the controlling			connected	d with income dumn 10		
(1)													
(2)								•	<del></del>				
(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 - Investmen	t Inco	me of a Se	ction	5016	c)(7) (9	) C	or (17) Orga	nizati	On /see ins	truction	ne)		
1 Description of income		2 Amount of income		3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)		ş	5 Total deduction				
(1)		-			<u> </u>		<del></del>		·		<u>'</u>	,	
(2)												'	
(3)													
(4)									_		i -		
Totals	<b>•</b>	Enter here an Part I, line 9,	colur	ทกั (A)							Part I, III	re and on page 1 ne 9, column (B)	
Schedule I – Exploited E	xemp			ie, Oti	ner i na	n A	dvertising	ncor	ne (see inst	ruction	s)	γ	
1 Description of exploited a	ctivity	2 Gross unrelate busines income fro trade o busines	d s om r	conne prod of u	ises directly ected with duction nrelated ess income	from or 1 2 m	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute imns 5 through 7.	activi unrela	s income from ty that is not ated business income	attribu	oenses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1) BHS Outside Reven	ue	258,4	3,478. 41		15,634.		-157,156.	,					
(2)		<del></del>											
(3)											_	-	
(4)							•				-		
Totals	•	Enter here on page Part I, line column (	1, e 10, A).	on p Part I colur	here and page 1, line 10, mn (B) 5,634.	後、な場が						Enter here and on page 1, Part II, line 26	
Schedule J - Advertising	Inco				3,034.	<u>  *                                </u>	<u> </u>	Y-2. A.	Walking Chan Manager	assum on		l.,.,	
Part Is Income From Per					nsolida	+00	l Pacie						
Fait is income From Fer	louica	2 Gross						<b>5</b> 0		• •			
1 Name of periodical	•	advertisii		adve	Orrect ertising osts	(10	Advertising gain or: oss) (col. 2 minus col 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)						35.5						是公外的意识	
(2)		ļ											
(3)						334							
(4)						N <sub>L</sub>	E BEEFE					是一个公司是可能	
Totals (carry to Part II, line (5))	•												

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Page 5

Form 990-T (2018)

	<del></del>				20 2700700	
Partill Income From Periodica 7 on a line-by-line basis )	als Reported o	n a Separate E	<b>Basis</b> (For each p	periodical 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	f Officers. Dire	ctors, and Tru	ustees (see instr	uctions)	7. 4. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	<u> </u>
		1	101000 (300 1130	<del></del>	<del> </del>	
1 Name			2 Title	3 Percent of time devote to busines	ed to unrela	ation attributable ited business
					%	
					%	
					8	
					ે	
Total. Enter here and on page 1, Part	I, line 14	-			<b>&gt;</b>	

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2018 Federal Statements Page 1
WELLSPAN MEDICAL GROUP 23-2730785

Statement 1 Form 990-T, Part III, Line 35 Net Operating Loss Deduction

Loss Year 0 Ending		riginal Loss	Loss Previous Used	sly	Loss Available		
6/30/01	\$	47,997.	\$	25,462.	\$ 22,535.		
6/30/02		49,264.		0.	49,264.		
6/30/03		15,580.		0.	15,580.		
6/30/04		36,932.		0.	36,932.		
6/30/05		106,006.		0.	106,006.		
6/30/06		169,130.		0.	169,130.		
6/30/07		154,102.		0.	154,102.		
6/30/08		69,286.		0.	69,286.		
6/30/12		46,650.		0.	46,650.		
6/30/15		408,097.		0.	408,097.		
6/30/18		24,573.		0.	24,573.		
Net Operating Loss	Available				\$ 1,102,155.		
Taxable Income					\$ -157,156.		
Net Operating Loss	Deduction	(Limited to T	axable Income	)	 \$ 0.		