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+	18' AUG 0 3 2020 131	79393	31902723
•	Exemptorganization Business Income Tax I	Return	OMB No 1545-0687
Form	「 プラリー [and proxy tax under section 6033(e))	1906	0010
Denar	the Treasury Go to www.irs.gov/Form9907 for instructions and the latest informal		2018
	al Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization		Open to Public Inspection for 501(c)(3) Organizations Only
Ā	Check box if Name of organization (Check box if name changed and see instructions)		nployer identification number
<u> </u>		, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	empt under section 501(C) 03) Print TITUSVILLE AREA HOSPITAL Number, street, and room or suite no If a P O box, see instructions	25-	-0965579
	l costa l cost	<u> </u>	related business activity code
	408A 220(e) Type 406 WEST OAK STREET	(Se	e instructions)
	529(a) City or town, state or province, country, and ZIP or foreign postal code		
	ok value of all assets TITUSVILLE, PA 16354		
	F Group exemption number (See instructions)		
	27,810,176. G Check organization type X 501(c) corporation 501(c) trust		a) trust Other trust
			nly (or first) unrelated fore than one, describe the
	rst in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule I		•
	ade or business, then complete Parts III-V	W TOT CACIT ACCI	lional
	uring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled	group?	▶ X Yes No
	"Yes," enter the name and identifying number of the parent corporation > ATCH 2 Tity	25-1	517855
_	he books are in care of ▶JILL NEELY Telephone number	r ▶ 814-82	7-1851
Par		3) Expenses	(C) Net
1 a	Gross receipts or sales		
ь	Less returns and allowances		
2 3	Cost of goods sold (Schedule A, line 7)		
-	Capital gain net income (attach Schedule D)		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . 4b	•	
С	Capital loss deduction for trusts		
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)	-	
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9		
10	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10		
11	Advertising income (Schedule J)		
12	Other income (See instructions, attach schedule)	•	
13	Total. Combine lines 3 through 12		
Par	Tell Deductions Not Taken Elsewhere (See instructions for limitations on deductions	ons) (Excep	t for contributions,
	deductions must be directly connected with the unrelated business income)		
14	Compensation of officers, directors, and trustees (Schedule K)		4
15 16	Salaries and wages	I	5
17	Bad debts		7
18	Interest (attach schedule) (see instructions)		8
19	Taxes and licenses	r	9
20	Charitable contributions (See instructions for limitation rules)		0
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return		2b
23	Depletion	I	3
24 25	Contributions to deferred compensation plans		5
25 26	Excess exempt expenses (Schedule I)	_	6
27	Excess readership costs (Schedule J).	_	7
28	Other deductions (attach schedule)		8
29	Total deductions Add lines 14 through 28		9
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from	n line 13 <u>3</u>	0

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

Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions),	33	
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	
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,		
	enter the smaller of zero or line 36	38	0.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates See instructions for tax computation income tax on		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax See instructions	T	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions		
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		
Par		1	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)	1	
	General business credit Attach Form 3800 (see instructions)	1 (
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).		
			 0.
48	Total tax. Add lines 46 and 47 (see instructions)		
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	143	
	Payments A 2017 overpayment credited to 2018	1 1	
D .	2018 estimated tax payments	1	
		1	
	Foreign organizations Tax paid or withheld at source (see instructions)	<u> </u>	
_	Backup withholding (see instructions)	1 1	
f		1	
9	Other credits, adjustments, and payments Form 2439 Form 4136 Other Total ▶ 50g	1 1	
F.4	Total payments. Add lines 50a through 50g	51	7,100.
51	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	7,100.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		7,100.
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	§ 5	7,100.
سحب	Statements Regarding Certain Activities and Other Information (see instruction		Yes No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		163 110
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization material FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
		loreign country	l x
	here >		$\frac{1}{x}$
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign and the organization receive a distribution from the state of the grantor of	gn 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 Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge	and belief if in
Ci~-	true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	, anomouge	13
Sigr		y the IRS discuss	
Here	WIT WITH THE PARTY OF THE PARTY	th the preparer she instructions)? X Ye	nown below
		PTIN	es No
Paid	18 07/10/2020 Check	K	22601
Prep	BRIAN D TODD Self-e	,	22601
•	Pirm's name	EIN ► 44-016	
	Firm's address > 310 E 31 LOUIS #200/FO BOX 1130, SPRINGEIELD, NO 63806-2323 Phone	eno 417 865-	
JSA		Form 9	90-T (2018)

	with respect to Yes No
sold Subtract line Enter here and in section 263A (v or acquired for With Real Prope	with respect to Yes No or resale) apply
sold Subtract line Enter here and in section 263A (v or acquired for With Real Prope	with respect to Yes No or resale) apply
section 263A (vor acquired for acquired for with Real Prope	with respect to Yes No resale) apply
section 263A (vor acquired for section) With Real Prope	with respect to Yes No or resale) apply
section 263A (vor acquired for section) With Real Prope	with respect to Yes No or resale) apply
or acquired for	or resale) apply
With Real Prope	directly connected with the income
With Real Prope	directly connected with the income
1	
(b) Total deduction Enter here and or	
Part I, line 6, colui	
	onnected with or allocable to ced property
ght line depreciation	(b) Other deductions
tach schedule)	(attach schedule)
	<u>-</u>
	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
	
ere and on page 1	Enter here and on page 1, Part I, line 7, column (B)
	ss income reportable imn 2 x column 6)

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Schedule F—Interest, Anni	ando, Noyando			ontrolled Or				7110 (300	, mandone)113 <i>)</i>	
Name of controlled organization	2 Employer identification numb	<i>i</i> j		lated income instructions)	4 Total	of spec		ıncluded	f column 4 th in the control ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)											
(2)	·				<u></u>						
(3)							[
(4)					<u> </u>						<u> </u>
Nonexempt Controlled Organiz	zations										·· <u>·</u>
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specifical payments made		ind	lude	of column in the co tion's gros	ntrolling		Deductions directly inected with income in column 10
(1)											
(2)	. <u></u>										
(3)											
(4)	· 										
Totals Schedule G–Investment In		tion 504/	·····	(9) 05/47	>	Er Pa	iter he art I, I	olumns 5 a ere and on ine 8, colui	page 1, nn (A)	Ent	Id columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G-mvestment in	Come of a Sec	tion so He	5)(1),	3 Deduc	tions	riizau	UII				5 Total deductions
1 Description of income	2 Amount of	income	ļ	directly cor (attach sch	nected				l-asides schedule)		and set-asides (col 3 plus col 4)
(1)	ļ										
(2)	ļ		-								
(3)			 								
(4)	Enter here and	00.00001	┿								Enter here and on page
Totals ▶	Part I, line 9, c	olumn (A)			. <u>.</u>						Part I, line 9, column (B)
Schedule I – Exploited Exe	mpt Activity In	come, Oth	er Th	an Advert	ising In	com	e (se	e instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business in	/ with n of ed	4 Net incor from unrelat or business 2 minus co If a gain, o cols 5 thro	ted tradé (column lumn 3) ompute	from	n activ	income vity that related income	6. Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	 			 							
(2)				 		<u> </u>	_				
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,								Enter here and on page 1, Part II, line 26
Totals	1	untings)		1							
Schedule J-Advertising In				idated De						_	
Part I Income From Per	odicais Report	ea on a Co	onsoi	idated bas	SIS						
1 Name of periodical	2 Gross advertising income	3 Directions advertising		4 Adven gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	5	Circu	lation ne	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	 			1			_				
(2)				1		l					7
(3)				1							7
(4)	 			1					_		7
	 										
Totals (carry to Part II, line (5))				<u> </u>							
											Form 990-T (2018

JSA

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 ▶			,	1		
	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
Totals, Part II (lines 1-5) ▶			<u> </u>	-		

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

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

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ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

TITUSVILLE AREA HOSPITAL

Payment/Deposit Information Report

Taxpayer Name

	} }					
Тах	Payment			Account	Routing	
_	Deposit	Amount	Financial Institution Name	Туре	Number	Account Number
990-T RI	REFUND	7,100.				
		!				
	1					
5603CB	0001	0000/01/2	1 1 MG	[6	,	
SOUSEE NYSY	レンケン	0707/01/	3:33:11 PM V 18-8.6F 009/320	PAGE 16	9/	

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

TITUSVILLE AREA HEALTH CENTER INC 25-1517855