

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning **07/01/18**, and ending **06/30/19** *1906*
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

A Check box if address changed

B Exempt under section

501(c) (**03**)

408(e) 220(e)

408A 530(a)

529(a)

Name of organization (Check box if name changed and see instructions)

Print or Type **SUMMIT PHYSICIAN SERVICES**

Number, street, and room or suite no. If a P.O. box, see instructions.
P.O. BOX 2767

City or town, state or province, country, and ZIP or foreign postal code
YORK PA 17405-2767

D Employer identification number (Employees' trust, see instructions)
25-1716306

E Unrelated business activity code (See instructions)
621110

C Book value of all assets at end of year
21,921,822

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses **1**. Describe the only (or first) unrelated trade or business here
SEE STATEMENT 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **DAVID P. RIZZUTO, SENIOR** Telephone number **717-851-3055**

Part I Unrelated Trade or Business Income

| | (A) Income | (B) Expenses | (C) Net |
|---|------------|--------------|---------|
| 1a Gross receipts or sales | | | |
| b Less returns and allowances | | | |
| c Balance | | | |
| 2 Cost of goods sold (Schedule A, line 7) | | | |
| 3 Gross profit. Subtract line 2 from line 1c | | | |
| 4a Capital gain net income (attach Schedule D) | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | |
| 4c Capital loss deduction for trusts | | | |
| 5 Income (loss) from partnership and S corporation (attach statement) | | | |
| 6 Rent income (Schedule C) | | | |
| 7 Unrelated debt-financed income (Schedule E) | | | |
| 8 Interest, annuities, royalties, and rents from controlled organization (Schedule F) | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | |
| 10 Exploited exempt activity income (Schedule I) | | | |
| 11 Advertising income (Schedule J) | | | |
| 12 Other income (See instructions, attach schedule) SEE STMT 2 | 591,101 | | 591,101 |
| 13 Total. Combine lines 3 through 12 | 591,101 | | 591,101 |

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) | | |
| 15 Salaries and wages | | 15,880 |
| 16 Repairs and maintenance | | |
| 17 Bad debts | | |
| 18 Interest (attach schedule) (see instructions) | | |
| 19 Taxes and licenses | | |
| 20 Charitable contributions (See instructions for limitation rules) | | |
| 21 Depreciation (attach Form 4562) | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | | |
| 23 Depletion | | |
| 24 Contributions to deferred compensation plans | | |
| 25 Employee benefit programs | | |
| 26 Excess exempt expenses (Schedule I) | | |
| 27 Excess readership costs (Schedule J) | | |
| 28 Other deductions (attach schedule) SEE STATEMENT 3 | | 621,299 |
| 29 Total deductions. Add lines 14 through 28 | | 637,179 |
| 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | | -46,078 |
| 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | | |
| 32 Unrelated business taxable income Subtract line 31 from line 30 part 1 | | -46,078 |

ENVELOPE POSTMARK DATE JUL 06 2020

SCANNED AUG 25 2021

4

part 1

P

Part 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 | Deductions 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 | 0 |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000 |
| 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 |

Part 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 <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 40 | |
| 41 | Proxy tax. See instructions | 41 | |
| 42 | Alternative minimum tax (trusts only) | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | 0 |

Part V Tax and Payments

| | | | |
|-----|---|-----|---|
| 45a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | 45a | |
| b | Other credits (see instructions) | 45b | |
| c | General business credit Attach Form 3800 (see instructions) | 45c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d | |
| e | Total credits. Add lines 45a through 45d | 45e | |
| 46 | Subtract line 45e from line 44 | 46 | |
| 47 | Other taxes Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch) | 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | 0 |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 | 49 | |
| 50a | Payments A 2017 overpayment credited to 2018 | 50a | |
| b | 2018 estimated tax payments | 50b | |
| c | Tax deposited with Form 8868 | 50c | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) | 50d | |
| e | Backup withholding (see instructions) | 50e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 50f | |
| g | Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> 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 | 0 |
| 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 <input type="checkbox"/> Refunded <input type="checkbox"/> | 55 | |

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

| | | | |
|----|--|-----|----|
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here | Yes | No |
| 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 | | X |
| 58 | 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 best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Michael O'Connor | 5/20/2019 | **CFO WELLSPAN HEALTH**

Signature of Officer: _____ Date: _____ Title: _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

| | | | | | |
|-------------------------------|--|--|------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name GREGORY P. HALL, CPA | Preparer's signature GREGORY P. HALL, CPA | Date 05/15/20 | Check <input type="checkbox"/> if self-employed | PTIN P00156653 |
| | Firm's name SMITH ELLIOTT KEARNS & COMPANY, LLC | Firm's EIN 52-0783935 | | Firm's address 19 BROOKWOOD AVE, STE 101 CARLISLE, PA 17015 | |
| | Phone no 717-243-9104 | | | | |

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

| | | | | | | | |
|----|--|----|--|---|--|-----|----|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | | |
| 3 | Cost of labor | 3 | | | | | |
| 4a | Additional sec. 263A costs (attach schedule) | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | |

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

| | | |
|---|---|---|
| 1. Description of property | | |
| (1) | N/A | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (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) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► | | |

Schedule E – Unrelated Debt-Financed Income (see instructions)

| | | | | |
|---|---|---|--|---|
| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | N/A | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Total dividends-received deductions included in column 8 | | | | |

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations | | | |
|-----------------------------------|----------------------------------|---|-------------------------------------|--|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) N/A | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 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 income | 11. Deductions directly connected with income in column 10 |
|------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | |
|---|---|
| Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |
|---|---|

Totals

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|--------------------------------|---|
| (1) N/A | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

Enter here and on page 1, Part I, line 9, column (A)

Enter here and on page 1, Part I, line 9, column (B)

Totals

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1 Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|-------------------------------------|---|---|--|---|--------------------------------------|---|
| (1) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Enter here and on page 1, Part I, line 10, col (A)

Enter here and on page 1, Part I, line 10, col (B)

Enter here and on page 1, Part II, line 26

Totals

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |

Totals (carry to Part II, line (5))

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) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| 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 | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1) N/A | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 ▶ | | | |

32CU507S Summit Physician Services

25-1716306

FYE: 6/30/2019

Federal Statements

Statement 1 - Form 990-T - Primary Unrelated Business Activity

Description

THE SALE OF ITEMS RELATIVE TO SPECIALTY SERVICES PROVIDED
(I.E. FACIAL CLEANSERS AND PRODUCTS, WEIGHT MANAGEMENT
PROCEDUCTS)

Statement 2 - Form 990-T, Part I, Line 12 - Other Income

| <u>Description</u> | <u>Amount</u> |
|-----------------------------|-------------------|
| SALE OF SKIN CARE PRODUCTS | \$ 528,298 |
| SALE OF OTHER MISC PRODUCTS | 62,803 |
| TOTAL | <u>\$ 591,101</u> |

Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions

| <u>Description</u> | <u>Amount</u> |
|--------------------|-------------------|
| SUPPLIES | \$ 621,299 |
| TOTAL | <u>\$ 621,299</u> |