



For calendar year 2018 or other tax year beginning	-	Form	990-T	Ex	empt Organization							ОМЕ	3 No 1545-0687
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PHILADELPHIA, PA 19107-3501   812930   F Group exemption number (See instructions) ▶   T 36,766,346.   G Check organization type ▶   X 501(c) corporation   501(c) trust   401(a) trust   Other trust   T and the previous previo			408A530(a)		800 SPRUCE STREET		<del></del>				(566)	iistiuciioits ,	
all end dyear 736, 766, 346. G Check organization hype ▶ X 501(c) corporation   501(c) Inst   401(a) trust   Other trust   H Enter the number of the organizations unrelated trades or businesses ▶ 2 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts INV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts INV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts INV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts INV If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts InV If more than one, describe the first in the last year. was the end of the previous sentence, complete Parts InV If more than one, describe the first in the last year. When the end of the previous sentence, complete Parts InV If more than one, describe the first investment of the series of the previous sentence, complete Parts InV If more than one, describe the first investment of the series of the previous sentence of			529(a)	ļ				code					
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H Enter the number of the organization's unrelated trades or businesses ▶ 2			•							Υ-	1 .		<del></del>
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Triate in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III.V  1 During the Tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No III Yes, fenter the name and identifying number of the agreet corporation ▶ Yes, fent the name and identifying number of the agreet corporation ▶ Yes, fent the name and identifying number of the agreet corporation ▶ Yes, fent the name and identifying number of the agreet corporation ▶ Yes, fent the name and identifying number of the agreet corporation ▶ Yes, fent the name and identified the						sses					-		
Trade or business, then complete Parts III-V   Touring the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Part   Unrelated Trade or Decirity   Part   Unrelated Trade or Business Income   Part   Part   Unrelated Trade or Business Income   Part   Part   Unrelated Trade or Business Income   Part	_							-	•				a, describe the
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Ves   X   No   If Yes, - where the name and identifying number of the parent corporation	ק					mpiete	Parts Land II, Co	impiete a St	riedule M 101	ead	on additio	ınaı	
H "Yes," enter the name and identifying number of the parent corporation ▶  Telephone number ▶ 215-829-7351  Part Unrelated Trade or Business Income  (A) Income (B) Expenses (C) Net  1a Gross recepts or sales 672, 442.  2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 3 672, 442.  2 Cost of goods sold (Schedule A, line 7) 4 Capital gain net income (altah Schedule D) 4 A Capital gain net income (altah Schedule D) 4 A Capital gain net income (altah Schedule D) 4 A Capital gain net income (altah Schedule D) 5 Income (less) from 4797, Part II, line 17) (etisch Form 4797) 4 Capital loss deduction for trusts 5 Income (less) from a pamerish or an 5 cerporation (estan statement) 5 Income (less) from a pamerish or an 5 cerporation (estan statement) 5 Income (less) from a pamerish or an 5 cerporation (estan statement) 6 Rent income (Schedule C) 6 Rent income (Schedule E) 7 Unrelated debt-Inlanced income (Schedule E) 7 Individual debt-Inlanced income (Schedule E) 7 Individual debt-Inlanced income (Schedule E) 8 Interest, annules revalues, and resist from a cettrified apparation (Schedule F) 9 Investment income (altah Schedule P) 10 Exploited exempl activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (Schedule I) 13 Total. Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (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 (See instructions of limitations on deductions) (Except for contributions, deductions for must be directly connected with the unrelated business income) 15 Salance and wages 16 Gor, 394. 17 Interest (altach schedule) (see instructions for limitations on deductions) (Except for contributions, deduction (attach from 4562). 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 22b 22b 22b 22b 22b 22b 22b 22b	ś		<del></del> -			ated o	roup or a parent-	subsidiary c	ontrolled arou	ın?		<b>•</b>	Yes X No
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Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income Subtract line 31 from line 30		29			s 14 through 28					,	ノローボー	<del> </del>	
Unrelated business taxable income Subtract line 31 from line 30					. •						<del>        -     -     -                  </del>		93,148.
For Paperwork Reduction Act Notice, see instructions.					• • •	•	-		•	<b>'</b>		+	02 140
8X2740 1900 134 67 V 18-7.6F PAGE						30 .	<u> </u>	<u></u>	<u></u>	<u>. c</u>	1 32		
	,	8X2740	1000 KJ4392 SA46	.5., ACL N	esses, ove mondeduones.	V 1	8-7.6F						

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,				•	•		
YLVANIA	HOSPITAL	OF	THE			31-1538	725

Fdrm	990-T (2018)	_	Pag
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	93,14
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	26,70
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	66,44
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,00
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,	7	
30	enter the smaller of zero or line 36	2	65,44
Dar	t IV Tax Computation	30	03/44
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	30	13,74
39 40	•	39	15,79
40	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on	-[-	
		40	<del></del>
41	Liony and documentations and the property of t	41	<del></del>
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·	42	
43	· · · · · · · · · · · · · · · · · · ·	43	<del></del>
44		44	13,74
Par		1	
15 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	1	
b	Other credits (see instructions)		
С	General business credit Attach Form 3800 (see instructions)	1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	_[_[	
е	Total credits. Add lines 45a through 45d	45e	13,74
46	Subtract line 45e from line 44	46	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions)	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	Ť	
b	2018 estimated tax payments		
-	Tax deposited with Form 8868	1	
٦ C	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions)		
	Credit for small employer health insurance premiums (attach Form 8941) 50 f	11	
g	Other credits, adjustments, and payments Form 2439	1	
- 4	Form 4136 Other Total ▶ 50g	- -	142,13
51		51	142,13
52	, , , , , , , , , , , , , , , , , , ,	52	
53		53	140 10
54		54	142,13
5.5	Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 50,000. Refunded \$\sqrt{\text{Q}}\$		92,13
Par			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		·
	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 fi	oreign	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	n trust?	<u> </u>
	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 penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best	st of my	knowledge and belief,
Sigr	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	the I	OC discuss this set
Here	IN I		RS discuss this retu reparer shown belo
		nstruction	s) <sup>2</sup> X Yes N
	Print/Type preparer's name Preparer's signature Date		PTIN
Paid	Checkt	lf	P00858539
<sup>2</sup> rep	ANTONIO C RUSSO  ANTONIO C RUSSO  Firm's name  PRICEWATERHOUSECOOPERS LLP  Firm's name		13-4008324
Jse	Only Firm's name PRICEWATERHOUSECOOPERS LLP Firm's E	2 € ·	7-330-3000
	Films address ▶ 2001 PARALL 31, SUITE 1000, PRILADELPRIA, PA 19103   Phoner	10 40	<u>,-330-3000</u>

Form **990-T** (2018)

#### PENNSYLVANIA HOSPITAL OF THE

Form 990-T (2018)								Page 3
Schedule A - Cost of Goods Sold. E	nter method	d of inventory	valuation	<u> </u>				
1 Inventory at beginning of year . 1		6	Inventory	at end of yea	ır	6		
2 Purchases 2		7			ld Subtract line			
3 Cost of labor			6 from	line 5 En	ter here and in	1		
4a Additional section 263A costs			Part I, line	2		7	l	
(attach schedule) 4a		8			section 263A (w	oth r	espect to Y	es No
b Other costs (attach schedule) 4b			property	produced	or acquired for	resa	ile) apply	
5 Total Add lines 1 through 4b 5			to the orga	anization?	<u> </u>			x
Schedule C - Rent Income (From Real F	Property a	nd Persona	Property	Leased V	Vith Real Proper	ty)		
(see instructions)	•							
1 Description of property					<del></del>			-
(1)								
(2)			***************************************					
(3)								
(4)	-							
2 Rent rece	ived or accrui	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	rom real and per age of rent for pe of the rent is bas	ersonal property	y exceeds in columns 2(a) and 2(b) (attach schedule)					
(1)		· ·	<del></del>					
(2)								
(3)	<del> </del>					_		
(4)								
Total	Total				<del></del>		<del></del>	
(c) Total income Add totals of columns 2(a) and 2	1				(b) Total deductio		•	
here and on page 1, Part I, line 6, column (A)	• •				Enter here and on Part I, line 6, colun			
Schedule E - Unrelated Debt-Financed		e instructions	 s)					
		2 Gross inco		3 E	Deductions directly con			,
<ol> <li>Description of debt-financed property</li> </ol>		allocable to d	ebt-financed	(a) Straigh	debt-finance		b) Other deduction	
		prope	erty		ch schedule)	(attach schedule)		
(1)								
(2)								
(3)								
(4)								
4 Amount of average 5 Average adjustion debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted and of or allocable to debt-financed (attach schedule) 5 Average adjusted adjusted and of or allocable to debt-financed (attach schedule) 5 Average adjusted and of or allocable to debt-financed (attach schedule) 5 Average adjusted and of or allocable to debt-financed (attach schedule) 5 Average adjusted and of or allocable to debt-financed (attach schedule) 6 Average adjusted and of or allocable to debt-financed (attach schedule) 7 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and of or allocable to debt-financed (attach schedule) 8 Average adjusted and or allocable to debt-financed (attach schedule) 8 Average adjusted and or allocable to debt-financed (attach schedule) 8 Average adjusted and or allocable to debt-financed (attach schedule) 8 Average adjusted and or allocable to debt-financed (attach schedule) 8 Average adjusted (	able to i property	6 Col 4 divi by colu	ided		income reportable n 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
			_		e and on page 1, e 7, column (A)		er here and on part I, line 7, column	
Totals				<u>, .</u>				

Form 990-T (2018)



Form 990-T (2018)	PENNSYLV	ANIA HOS	PITA	AL OF TH	E			3	1-1	538725 Page
Schedule F-Interest, Anni	uities, Royalties	, and Rent	s Fro	m Contro	lled Or	ganizati	ons (see	instructio	ns)	
	<u>.</u>	Exem	pt Co	ntrolled Org	ganızatı	ons				
1 Name of controlled organization	2 Employer identification numb	e, l	3 Net unrelated income (loss) (see instructions)		1	1 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)										
(2)					l					
(3)		Ï								
(4)										
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruct	ľ		otal of specific ayments made		include	t of column ed in the col ation's gross	ntrolling		Deductions directly nected with income in column 10
(1)				-						
(2)										
(3)						_				
(4)					-					
Totals					•	Enter I	columns 5 a nere and on line 8, colur	page 1,	Ent	ld columns 6 and 11 er here and on page 1 rt I, line 8 column (B)
Schedule G-Investment Ir	come of a Sec	tion 501/c	1/71	(9) or (17	) Orga	nization	(see inst	ructions)		
1 Description of income	2 Amount of	<u>-</u>	,,,,,	3 Deduction of the directly correctly correctl	tions		4 Se	l-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)	<del> </del>		$\vdash$	(attack) sci	icadic <sub>j</sub>				-+	pid3 col 4/
(2)			t-		• • •					
(3)			<del>                                     </del>			<del>-  -</del>			$\dashv$	<del></del>
(4)	<del></del>									
	Enter here and of Part I line 9, co		ļ	<del> </del>	1,					Enter here and on page Part I line 9, column (B)
Totals ▶			<u> </u>							
Schedule I-Exploited Exe	mpt Activity Inc	come, Oth	er Th	an Adverti	sing In	come (s	ee instru	ctions)_		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with of	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from act	s income livity that nrelated s income	6 Exper attributal columi	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del>                                     </del>			<del>                                     </del>						<del>-</del>
(2)					<del></del>					<del> -</del>
(3)	-	<del>.</del>		<del>                                     </del>						_
(4)	<del>                                     </del>									<del> </del>
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1 Par line 10, col	rt I,					ļ		Enter here and on page 1, Part II line 26
Schedule J-Advertising Ir	come (see instru	uctions)								
Part I Income From Per	iodicals Report	ed on a Co	nsoli	dated Bas	sis					
1 Name of periodical	2 Gross advertising income	3 Direct advertising of	1	4 Advert gain or (los 2 minus co a gain, coi cols 5 thro	ising s) (col ol 3) If mpute		culation ome	6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				]						
(3)				]						
· · · · · · · · · · · · · · · · · · ·										i

Form 990-T (2018)

(4)

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

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#### PENNSYLVANIA HOSPITAL OF THE

31-1538725

Page 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 )

vertising ncome	3 Direct advertising costs	gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	costs (column 6 minus column 5, but not more than column 4)
		-			
	,				
e 1, Part I	page 1, Part I,			,	Enter here and on page 1, Part II line 27
	e 1, Part I	here and on Enter here and on page 1, Part I,	here and on Enter here and on a 1, Part I page 1, Part I,	here and on Enter here and on e.1, Part I page 1, Part I,	here and on Enter here and on a 1, Part I page 1, Part I,

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

Form 990-T (2018)



## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{07/01}{}$  , 2018, and ending  $\frac{06/30}{}$  , 20  $\frac{19}{}$ 

▶ 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)

Name of organization

SCHEDULE M

(Form 990-T)

PENNSYLVANIA HOSPITAL OF THE

Employer identification number 31-1538725

Unrelated business activity code (see instructions) ▶ 541219 Describe the unrelated trade or business ▶ THE PROVISION OF THIRD PARTY ACCOUNTING SERVICES

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 45,000.		-		
b	Less returns and allowances c Balance	1c	45,000.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	45,000.		45,000.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			<u></u>
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			<del></del>
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)		-		<del> </del>
	organization (Schedule G)	9		}	
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total Combine lines 3 through 12	13	45,000.		45,000.

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 )

Compensation of officers, directors, and trustees (Schedule K)	14	
Salaries and wages	15	40,502.
Repairs and maintenance	16	
Bad debts	17	
		3,098.
ł l		
	22b	
· · · · · · · · · · · · · · · · · · ·	23	
	,	
		11,138.
		54,738.
	30	-9,738.
·		
	31	•
	-	-9,738.
	Salaries and wages	Interest (attach schedule) (see instructions)

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

KJ4392 1467





**General Business Credit** 

▶ Go to www.irs.gov/Form3800 for instructions and the latest information

OMB No 1545-0895 Attachment Sequence No 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return

vame(s)	shown on return	lde	ntifying number
PENNS	YLVANIA HOSPITAL OF THE UNIVERSITY		-1538725
Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II)	)	
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked   2		
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	101,805
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with		
	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	101,805
Part II	Allowable Credit		<u> </u>
7	Regular tax before credits		
	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2		1
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44		
	• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the		
	applicable line of your return	7	13,744
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G,		
	lines 1a and 1b, or the amount from the applicable line of your return $\dots$		
8	Alternative minimum tax		
	● Individuals Enter the amount from Form 6251, line 11		
	• Corporations Enter -0	8	
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56		
9	Add lines 7 and 8	9	13,744
	Foreign tax credit	-	
	Certain allowable credits (see instructions)	40-	
С	Add lines 10a and 10b	10c	
		44	12 744
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	13,744
40	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-   12   13,744		
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	ł	
4.0	E + 050/ (0.05) (1) (1) (1) (0.05) (0.05) (0.05)	}	
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
4.4	TISTOCIONS	1	
14	Tentative minimum tax  ■ Individuals Enter the amount from Form 6251, line 9	]	
	1 1 1		
	- Corporations Effect of	1	
	Estates and trusts Enter the amount from Schedule I     (Form 1041), line 54		
15	Enter the greater of line 13 or line 14	15	
		16	13,744
16	Subtract line 15 from line 11 If zero or less, enter -0	17	13,744
17	Enter the smaller of line 6 or line 16	<del>  ''</del>	15,711
	or reorganization		

For Paperwork Reduction Act Notice, see separate instructions

Form 3800 (2018)

		•

Form 3	800 (2018) PENNSYLVANIA HOSPITAL OF THE UNIVERSITY  Allowable Credit (continued)	31-1538725	Page 2
	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0- on line 26	
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0	20	
21	Subtract line 17 from line 20 If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23	1 1	
24	Enter the applicable passive activity credit allowed for 2018 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	<del></del>
27	Subtract line 13 from line 11 If zero or less, enter -0	27	13,744.
28	Add lines 17 and 26	28	13,744.
29	Subtract line 28 from line 27 If zero or less, enter -0	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2018 See instructions	33	
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return  Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51		

13,744. Form 3800 (2018)

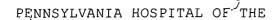
• Corporations Form 1120, Schedule J, Part I, line 5c . . . . • Estates and trusts Form 1041, Schedule G, line 2b . . . .



$\overline{}$	3800 (2018)			Page
Name	s) shown on return		Identifying number	i
PEN	NSYLVANIA HOSPITAL OF THE UNIVERSITY		31-1 <u>5</u> 3872 <u>5</u>	
Par	General Business Credits or Eligible Small Business Credits (see ins	truction	ons)	
Com	plete a separate Part III for each box checked below. See instructions		_	
Α	General Business Credit From a Non-Passive Activity E Reserved			
в	General Business Credit From a Passive Activity F Reserved			
С		Busir	ness Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserved		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	f you are filing more than one Part III with box A or B checked, complete and attach first an	additio	nal Part III combining	amounts from all Parts
	II with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
Note	On any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the credit	Enter the appropriate
	through entity	,	from a pass-through entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
	Reserved	1b		·
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i	<del>-</del>	
	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	11	<del>-</del>	
, k				
	instructions for limitation)	1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11	<del></del>	
m	Low sulfur diesel fuel production (Form 8896)	1m		
	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p	<del>-</del>	
q	Energy efficient appliance (carryforward only)	1g		
r	Alternative motor vehicle (Form 8910)	1r		
	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t	<del>-</del>	<del> </del>
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	10	<del></del>	
	Employer differential wage payments (Form 8932)	1w		
,,	Carbon oxide sequestration (Form 8933)	1x		<u></u>
Û	Qualified plug in electric drive mater vehicle (Form 2026)	1v		
y 7	Qualified plug-in electric vehicle (carryforward only)	1z	<del>-</del>	
	Employee retention (Form 5884-A)	1aa	<del></del>	
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	Other Oil and gas production from marginal wells (Form 8904) and certain	105		
-	other credits (see instructions)	1zz		101,805.
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		101,805.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		101,005.
3 4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		<del></del>
b		4b		
c	Work opportunity (Form 5884)  Biofuel producer (Form 6478)	4c		<del></del>
_	Low income housing (Form 9596 Part II)	4d		<del>-</del>
d	Low-income housing (Form 8586, Part II)			
e e		4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		<u> </u>
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		<del> </del>
J	Employer credit for paid family and medical leave (Form 8994)	4)	<del></del>	
z	Other	4z	<del></del>	<del></del> _
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5	· <del></del>	101 805

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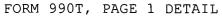
31-1538725

ATTACHMENT 1

# ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

UNRELATED PARKING REVENUES GENERATED FROM THE PENN MEDICINE AT RITTENHOUSE PARKING GARAGE.

XJ4392 1467 V 18-7.6F ATTACHMENT 1 PAGE 11



## LINE 20 - CONTRIBUTIONS DEDUCTION

1. 2. 3.	TAXABLE INCOME EXCLUDING CONTRIBUTIONS LESS: NOL CARRYOVER PLUS: CAPITAL LOSS CARRYBACK	73,831.
	TAXABLE INCOME WITHOUT REGARD TO CONTRIBUTIONS, SPECIAL	
	DEDUCTIONS, NOL CARRYBACKS, AND CAPITAL LOSS CARRYBACKS	73,831.
5.	CONTRIBUTION DEDUCTION LIMITATION (TAXABLE INCOME X 10%)	7,383.
6.	AMOUNT OF DEDUCTIBLE CONTRIBUTIONS	707,129.
7.	CONTRIBUTION DEDUCTION (LESSER OF LINE 5 OR LINE 6)	7,383.

## LINE 20 - 5 YEAR CONTRIBUTION CARRYOVER - 10% INCOME CAP

YEAR ENDING	AMOUNT AVAILABLE	AMOUNT UTILIZED	CONVERTED TO NOL CARRYOVER	CARRYOVER TO NEXT YEAR
06/30/2014 06/30/2015 06/30/2016 06/30/2017 06/30/2018 06/30/2019	225,470. 208,916. 16,681. 63,709. 61,718. 130,635.	7,383.		208,916. 16,681. 63,709. 61,718. 130,645.
TOTAL	707,129.	7,383.	=======================================	351,024.

EXPIRED CARRYOVER:

218,087.

#### PENNSYLVANIA HOSPITAL OF THE UNIVERSITY



FORM 3800, PAGE 3, BOX C DETAIL

LINE 1ZZ - CARRYFORWARD OF OTHER CREDITS

CARRYFORWARD OF NEW HIRE RETENTION CREDIT

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TOTALS	101,805.	13,744.	88,061.
06/30/2012	101,805.	13,744.	88,061.
TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD

357,191.



# ATTACHMENT 4

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

OTHER EXPENSES	333,131.
UTILITIES	10,478.
POSTAGE	5,607.
TAX COMPLIANCE FEES	4,734.
ACCOUNTING FEES	1,855.
SUPPLIES	1,386.

PART II - LINE 28 - OTHER DEDUCTIONS

FORM 990-T, PAGE 2 DETAIL

DEDUCTION
NOL
PRE-2018
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35
LINE

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