_{50rm} 9	90-T	Ех	empt Organization (and proxy tax					rn	OMB No	1545-0687
· s'		Far asia	, ,			•	• •	,,	ଉନ	10
<u>.</u>		For cale	ndar year 2018 or other tax year begin Go to www.irs.gov/Form990	_				2 0—	ZU	10
Department Internal Reve	of the Treasury enue Service	▶ Do	not enter SSN numbers on this form					c)(3)	Open to Publi	ic Inspection for anizations Only
A C	heck box if				me changed and			D Emplo	oyer identificat	ton number
a	ddress changed							(Emplo	oyees' trust, see in	structions)
B Exempt	under section		PASADENA HOSPITAL A	SSOC	IATION, I	LTD.				
X 5010	(C_{1})	Print	Number, street, and room or suite no	faPO	box, see instruc	tions			644036	
4080	(e) 220(e)	or Type							ated business	activity code
408	A 530(a)		100 WEST CALIFORNIA					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	
529(· ·		City or town, state or province, countr	y, and Z	ZIP or foreign pos	stal code		5 41.6		
C Book val at end of	lue of all assets f year		PASADENA, CA 91105					5416	10	
110	7235142.		up exemption number (See instruct			1 1504/5	T	14044-1	 r-	Ton
			ck organization type \blacktriangleright $X \mid 501$ nization's unrelated trades or busine		rporation	501(c		401(a)		Other trust
			NAGEMENT SERVICE REVEN		<u> -</u>	If only one	complete Parts	•	(or first) unre	
			end of the previous sentence, co		Parts I and II		•			scribe the
	or business, the	-	•	inpicio	i and randin,	complete a c	chedule W for ca	on addition	i i di	
	·		corporation a subsidiary in an affil	ated o	roup or a parer	nt-subsidiary o	controlled group?			Yes X No
-	•		identifying number of the parent co	_		•	3 .,		• • •	
J The bo	ooks are in care	of ▶SC	COTT ARMSTRONG			Telephon	e number ▶ 62	6-397	-8596	
			or Business Income		(A) Inc	come	(B) Exper	ises	(C) Net
1a Gro	oss receipts or	sales	11,083.					-		
	returns and allowa		c Balance ▶	1c		11,083.				
2 Cos	st of goods sol	d (Sched	ule A, line 7)	2						
	-		2 from line 1c	3		11,083.				11,083.
			ttach Schedule D)	_4a					ļ.——	
			Part II, line 17) (attach Form 4797)	4b						
			rusts	4c					 -	
			an S corporation (attach statement)	5	<u> </u>					
			oome (Sahadula E)	7					 	
_			come (Schedule E)		 .		 .		 - -	
			nts from a controlled organization (Schedule F) 1(c)(7), (9), or (17) organization (Schedule G)						<u> </u>	
			ncome (Schedule I)	10						
-	-	•	lule J)	11	ļ 					
			tions, attach schedule)	12						 _
			ough 12	13		11,083.				11,083.
Part II			Taken Elsewhere (See inst					Except f	or contribu	itions,
			be directly connected with t			siness inco	me)			
14 Cor	mpensation of	officers,	directors, and trustees (Schedule K	CE	IVED	٠٠٠٠ إن		14	<u> </u>	
						<u>∞</u>		• • —	ļ	13,135.
16 Rep	pairs and main	tenance	0.NO	v . 9	5 2019	111			 -	
17 Bac	debts			۲. ۲	· · · · · · · · · · · · · · · · · · ·	% ····		· · —	 -	
18 Inte	erest (attach s	chedule) ((see instructions)			选		18	 	
19 Tax	es and license	S	Gee instructions for limitation rules	BDE	IN UI	٠٠٠ المنت		19	 	
20 Cha 21 Deg	oreciation (atta	och Form	4562)	The street		24		20	 	
			on Schedule A and elsewhere on re					22b		
	pletion		· · · · · · · · · · · · · · · · · · ·						 	
	~		compensation plans						 	
			3							
			Schedule I)							
			chedule J)							
			chedule)							
29 Tot	al deductions.	Add line	s 14 through 28					29		13,135.
			le income before net operating							-2,052.
			g loss arısıng ın tax years beginnii						<u> </u>	
32 Unr	related busines	ss taxable	e income Subtract line 31 from line	30 .	<u> </u>	<u> </u>	<u></u>	32	L	-2,052.

Form 990-T (2018)
PAGE 1

Form	990-T (2018)			Р	Page 2
Pai	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	33		-2,0	
34	Amounts paid for disallowed fringes	34		40,9	984.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	Instructions)	35		38,9	€32.
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.
Pa	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			
44	Proxy tax See instructions	-			
41	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				
	tV Tax and Payments	1 44			
		1 1			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	-			
	Other credits (see instructions)	-			
С	General business credit Attach Form 3800 (see instructions)	-			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	ا <u>. ـ</u> ا			
_	Total credits. Add lines 45a through 45d				
46	Subtract line 45e from line 44				
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				
48	Total tax Add lines 46 and 47 (see instructions)				0.
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	-			
	2018 estimated tax payments	_			
	Tax deposited with Form 8868	-			
	Foreign organizations Tax paid or withheld at source (see instructions)	<u> </u>			
е	Backup withholding (see instructions)	-			
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	.			
g	Other credits, adjustments, and payments Form 2439				
	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				
Pa	t VI Statements Regarding Certain Activities and Other Information (see instruction	າຣ)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	r other	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	iay hav	e to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreigr	n country		
	here >				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign trus	t?		Х
-	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 of m	y knowledge	and belo	ef, it is
Sig	n Aue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		100 1		
He		•	IRS discuss preparer sh		
			ions)? X Ye		No
	Print/Type preparer's name Preparer's signature Date		PTIN	<u>-</u>	
Paid	1 Line Aug Check	ck L i employed	1 2000	2331	5
Pre	14.14.11.11.11.11.11.11.11.11.11.11.11.1		34-656		
Use	UNIV		49-794-2		
	Times address & Town Town Town Times and Times	10 110 2			

Form 990-T (2018)								_	. 1	Page 3
Schedule A - Cost of Go	ods Sold. En	ter method						1		
1 Inventory at beginning of y	ear . 1		6 Invento	ory a	at end of yea	ar	6			
2 Purchases			7 Cost	of	goods so	old Subtract line				
3 Cost of labor	3		6 fror	n I	ine 5 En	iter here and in				
4a Additional section 263A co	osts		Part I,	line	2		_7_	l		
(attach schedule)	4a		8 Do th	1e	rules of	section 263A (w	ith r	espect to	Yes	No
b Other costs (attach schedu	le) . 4b					or acquired for				
5 Total Add lines 1 through			to the	orga	anization? .	<u> </u>		<u></u>	N/	<u> </u>
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Prope	rty	Leased V	Vith Real Proper	ty)			
(see instructions)										_
Description of property	· <u></u> -									
(1)										
(2)							_			
(3)										
(4)										
	2 Rent recei	ved or accrue	ed							
(a) From personal property (if the for personal property is more the more than 50%)		percenta	rom real and personal prop age of rent for personal prop of the rent is based on prof	perty	exceeds	3(a) Deductions di in columns 2(a				ome
(1)										
(2)										
(3)			<u> </u>							
(4)			· · · · · ·							
Total		Total							_	
(c) Total income Add totals of cohere and on page 1, Part I, line 6						(b) Total deductio Enter here and on Part I, line 6, colun	page 1			
Schedule E - Unrelated De			ee instructions)			•				
1 Description of deb	ot-financed property	,	2 Gross income from o			Deductions directly con debt-financ	ed prop	erty		
·			property			ht line depreciation ach schedule)	,	b) Other dedu) attach sche)		
(1)										
(2)										
(3)				i						
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjur of or alloca debt-financed (attach sche	ble to property	6 Column 4 divided by column 5			ıncome reportable n 2 x column 6)		Allocable ded umn 6 x total 3(a) and 3	of colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
					Enter her Part I, lir	re and on page 1, ne 7, column (A)		er here and o t I, line 7, co		
Totals				►l						

Form **990-T** (2018)

Page 4

Schedule F-Interest, Annu	<u>, 1109unuoo</u>			ntrolled Org							
1 Name of controlled organization	2 Employer identification number	er	3 Net unrelated inc (loss) (see instructi				fied included	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)					_						
(3)											
(4)							<u></u>		·		
Nonexempt Controlled Organiz		1				10	Part of column	9 that is	11	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruct	[Total of specific ayments made		10 Part of column 9 that is included in the controlling organization's gross income			connected with income in column 10		
(1)							·		_		
(2)											
(3)											
(4)							dd columns 5	and 10	٨٨	d columns 6 and 11	
Totals	come of a Sec	 tion 501(c)(7),	(9), or (17		Pa	ter here and on int I, line 8, colu	ımn (A)		er here and on page 1, t I, line 8, column (B)	
1 Description of income	2 Amount of	income		directly cor (attach sch	nected			et-asides i schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)									\dashv		
(2)			_								
(3)											
<u>(4)</u>	Enter here and									Enter here and on page 1	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, co		her Th	an Advert	sing In	come	e (see instri	uctions)		Part I, line 9, column (B	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expendirect connected production unrelated business in	ly d with on of ed	4 Net incorfrom unrelated or business 2 minus colf a gain, cocols 5 three	ed tradé (column umn 3) ompute	5 Gross income from activity that is not unrelated business income		at attributable		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	art I,							Enter here and on page 1, Part II, line 26	
Totals ▶											
Schedule J- Advertising Ir											
Part I Income From Per	iodicals Report	ed on a C	onsol	idated Bas	sis					- 	
1 Name of periodical	2 Gross advertising income	3 Dire advertising		4 Adver gain or (los 2 minus ci a gain, co cols 5 thro	s) (col ol 3) If mpute	5	Circulation income	6 Read cos	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		-						1			
(2)		-		1					-	7	
(3)				1						7	
(4)		_		7						7	
								1			
Totals (carry to Part II, line (5))										Form 990-T (2018	

Page 5 Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 7 Excess readership 4 Advertising costs (column 6 gain or (loss) (col 2 Gross 5 Circulation 6 Readership 3 Direct minus column 5, but 2 minus col 3) If 1 Name of periodical advertising advertising costs ıncome costs a gain, compute not more than income cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ 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		<u> ▶ </u>	

Form 990-T (2018)