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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
YORK HOSPITAL

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 2767

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

D Employer identification number
23-1352222

E Telephone number
(717) 851-3055

G Gross receipts $ 1,170,438,940

F Name and address of principal officer
Kevin Mosser MD
PO Box 2767
York, PA 174052767

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW WELLSPAN ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1880

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
York Hospital is a premier community teaching hospital providing quality, cost-effective health care services strongly supporting excellence in education, and offering essential services without regard for an individual's ability to pay

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	5,814
6	Total number of volunteers (estimate if necessary)	**6**	1,976
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,757,273
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,041,295

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,933,712	6,809,428
9	Program service revenue (Part VIII, line 2g)	1,024,031,722	1,051,997,238
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,210,344	54,466,134
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,460,588	6,841,514
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,071,636,366	1,120,114,314
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	52,639,381	55,779,818
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	342,279,928	358,243,229
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶887,476		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	566,165,567	600,947,303
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	961,084,876	1,014,970,350
19	Revenue less expenses Subtract line 18 from line 12	110,551,490	105,143,964

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,519,255,615	1,705,536,363
21	Total liabilities (Part X, line 26)	442,889,545	498,510,153
22	Net assets or fund balances Subtract line 21 from line 20	1,076,366,070	1,207,026,210

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here

****** 2019-05-08
Signature of officer Date

Michael F O'Connor CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
See Attached	See Attached			P01871563

Firm's name ▶ WellSpan Health | Firm's EIN ▶ 13-5381590
Firm's address ▶ 3350 WHITEFORD ROAD YORK, PA 17402 | Phone no (703) 893-0600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

York Hospital is a premier community teaching hospital providing quality, cost-effective health care services strongly supporting excellence in education, and offering essential services without regard for an individual's ability to pay

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 778,871,301 including grants of $ 55,779,818) (Revenue $ 1,054,109,366)

See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 778,871,301

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	0		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,814		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			No
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			No
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*				No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶DAVID RIZZUTO 3350 WHITEFORD ROAD YORK, PA 17402 (717) 851-3055

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Todd Marsteller Vice Chairman	1 00 0 00	X		X				0	0	0
(2) Mandy Arnold Director	1 00 0 00	X						0	0	0
(3) Pamela Gunter-Smith Director	1 00 0 00	X						0	0	0
(4) Percival Buenaventura MD Director	1 00 40 00	X						0	789,336	58,873
(5) Steve Pandelidis MD Director	1 00 40 00	X						0	783,331	64,177
(6) Gary Stewart Jr Director	1 00 0 00	X						0	0	0
(7) Dave Meckley Secr/Treas	1 00 0 00	X		X				0	0	0
(8) Jean Treuthart Director	1 00 0 00	X						0	0	0
(9) Kevin Mosser MD CEO-WSH/Direct	1 00 40 00	X		X				0	1,432,923	760,166
(10) Eileen Beck Director	1 00 0 00	X						0	0	0
(11) William Dannehl Chairman	1 00 0 00	X		X				0	0	0
(12) Todd Butz Director	1 00 40 00	X						0	244,525	55,193
(13) Michael F O'Connor CFO-WellSpan H	1 00 40 00			X				0	790,085	474,403
(14) Keith Noll President	40 00 0 00			X				688,831	0	245,004
(15) Victoria Diamond VP-Ancill Srvcs	40 00 0 00				X			387,030	0	49,772
(16) John Stover Manager-Pharm	40 00 0 00					X		294,379	0	37,683
(17) Jadwiga Wojcicka Dir - Med Physics	40 00 0 00					X		318,427	0	54,788

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Astrid Davis	40 00					X		306,730	0	65,349
Sr Dir -Nursing	0 00									
(19) Allan Birenberg	40 00					X		538,661	0	60,760
VP-Med Affairs	0 00									
(20) Thomas Dondero	40 00					X		302,471	0	75,662
Dir-Pharm Care	0 00									
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,836,529	4,040,200	2,001,830

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 411

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
York Laboratory Associates 1001 South George Street York, PA 17403	Lab Services	7,346,869
Anesthesia Associates of York 110 Pine Grove Commons York, PA 17405	Physician Services	5,488,999
American HealthCare Services PO Box 945 Traverse City, MI 49685	Temporary help	2,903,483
Procirca 3600 Forbes Avenue Pittsburgh, PA 15213	Cardiovascular	2,169,844
HCSC Laundry PO Box 25092 Lehigh Valley, PA 180025092	Laundry Services	1,886,308

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 38

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	4,909,411			
	e Government grants (contributions)	1e	383,489			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,516,528			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		6,809,428			
Program Service Revenue		Business Code				
	2a EHR Incentive Program(MU)	621500	85,143	85,143		
	b Patient Services	621500	1,117,842,930	1,109,669,173	8,173,757	
	c W/O - Bad Debt	621500	-50,019,108	-50,019,108		
	d W/O -Financial Assistance	621500	-15,911,727	-15,911,727		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		1,051,997,238			
	3 Investment income (including dividends, interest, and other similar amounts)		30,448,551			30,448,551
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
		(i) Real	(ii) Personal			
	6a Gross rents	385,314				
	b Less rental expenses					
	c Rental income or (loss)	385,314				
	d Net rental income or (loss)		385,314			385,314
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	74,086,382	255,827			
	b Less cost or other basis and sales expenses	50,319,997	4,629			
	c Gain or (loss)	23,766,385	251,198			
	d Net gain or (loss)		24,017,583			24,017,583
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a Food Service/Hospitality	722210	607,214		111,057	496,157
	b Medical Education	611710	1,758,325	1,736,005		22,320
	c Snack/Coffee Bar & Cafe	722210	2,833,540			2,833,540
	d All other revenue		1,257,121	376,123	472,459	408,539
	e Total. Add lines 11a-11d		6,456,200			
	12 Total revenue. See Instructions		1,120,114,314	1,045,935,609	8,757,273	58,612,004

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	55,779,818	55,779,818		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,370,637		1,370,637	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	262,574,989	254,634,455	7,940,534	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,967,008	9,615,046	351,962	
9 Other employee benefits	64,196,856	61,932,598	2,264,258	
10 Payroll taxes	20,133,739	19,423,484	710,255	
11 Fees for services (non-employees)				
a Management	152,355,935		152,355,935	
b Legal	51,608	1,387	50,221	
c Accounting	424,491		424,491	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	147,787,600	146,375,551	1,412,049	
12 Advertising and promotion	87,368	69,381	17,987	
13 Office expenses	2,876,063	2,779,837	96,226	
14 Information technology	51,874,541		51,874,541	
15 Royalties	0			
16 Occupancy	5,196,601	5,196,601		
17 Travel	508,703	481,953	26,750	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	326,638	306,933	19,705	
20 Interest	12,931,256	12,931,256		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	27,110,212	19,606,878	7,503,334	
23 Insurance	9,436,741	9,436,741		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Supplies	143,626,687	143,626,687		
b Taxes & Licenses	14,875,261	14,674,194	201,067	
c Repair & Maintenance	11,556,725	10,678,918	877,807	
d Utilities	8,544,386	6,078,019	2,466,367	
e All other expenses	11,376,487	5,241,564	5,247,447	887,476
25 **Total functional expenses.** Add lines 1 through 24e	1,014,970,350	778,871,301	235,211,573	887,476
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	0
	2	Savings and temporary cash investments	89,370,534	2	31,279,832
	3	Pledges and grants receivable, net		3	1,285,228
	4	Accounts receivable, net	161,353,425	4	160,302,193
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	0
	8	Inventories for sale or use	6,042,271	8	6,657,949
	9	Prepaid expenses and deferred charges	1,989,729	9	1,818,070
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 591,081,665			
	b	Less accumulated depreciation — 10b: 367,934,902	226,960,156	10c	223,146,763
	11	Investments—publicly traded securities	209,079,524	11	224,876,269
	12	Investments—other securities See Part IV, line 11	572,505,193	12	605,854,019
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	251,954,783	15	450,316,040
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,519,255,615	16	1,705,536,363
Liabilities	17	Accounts payable and accrued expenses	27,796,503	17	19,087,849
	18	Grants payable		18	
	19	Deferred revenue	6,817,140	19	8,628,841
	20	Tax-exempt bond liabilities	329,508,085	20	384,990,138
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	78,767,817	25	85,803,325
	26	**Total liabilities.** Add lines 17 through 25	442,889,545	26	498,510,153
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,057,793,434	27	1,186,557,250
	28	Temporarily restricted net assets	10,589,316	28	12,192,122
	29	Permanently restricted net assets	7,983,320	29	8,276,838
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,076,366,070	33	1,207,026,210
	34	Total liabilities and net assets/fund balances	1,519,255,615	34	1,705,536,363

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,120,114,314
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,014,970,350
3	Revenue less expenses Subtract line 2 from line 1	3	105,143,964
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,076,366,070
5	Net unrealized gains (losses) on investments	5	23,674,329
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,841,847
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,207,026,210

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 23-1352222
Name: YORK HOSPITAL

Form 990 (2017)

Form 990, Part III, Line 4a:

WellSpan York Hospital is the region's leader in advanced specialty care What began in 1880 has become a 572-bed community teaching hospital that employs more then 4,800 people and serves a population of more than 520,000 in south central Pennsylvania WellSpan York Hospital offers services and programs that feature highly skilled clinical staff, life-saving technology and state-of-the-art facilities to address some of the most complex medical, surgical and behavioral conditions WellSpan York Hospital has been designated as a Bariatric Center for Excellence by the American Society for Metabolic and Bariatric Surgery, recognized as one of the Best Regional Hospitals in its Best Hospitals publication, named a Top 100 Hospital by Thomson Reuters, a leading source of health care information, on seven occasions In addition WellSpan York Hospital has been designated as a Robotic Epicenter by Intuitive Surgical, accredited as a Level 1 Regional Resource Trauma Center, designated as a Primary Stroke Center by the Joint Commission, and designated as a Magnet Hospital by The American Nurses Credentialing Center WellSpan York Hospital is a nationally recognized teaching hospital with seven residency programs, five allied health schools and other training programs More than 690 physicians and other professionals belong to WellSpan York Hospital's medical and dental staff See Attached Federal Supplemental Information WellSpan Health - 2018 Community Benefit Report

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2016** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2017.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 23-1352222
Name: YORK HOSPITAL

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
YORK HOSPITAL	23-1352222

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a Was a correction made? ☐ Yes ☑ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2014	**(b)** 2015	**(c)** 2016	**(d)** 2017	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		57,479
j	Total Add lines 1c through 1i			57,479
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1i - Other Activities Description	A portion of the dues paid to the Hospital Association of Pennsylvania and the American Hospital Association include lobbying ($39,468 and $18,011)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,572,636	17,074,112	18,895,888	18,188,902	16,978,760
b Contributions	2,478,669	1,809,648	1,664,676	1,640,924	3,970,974
c Net investment earnings, gains, and losses	439,846	522,621	-1,231,979	248,151	1,858,994
d Grants or scholarships					
e Other expenditures for facilities and programs	1,022,191	833,745	2,254,473	1,182,089	4,619,826
f Administrative expenses					
g End of year balance	20,468,960	18,572,636	17,074,112	18,895,888	18,188,902

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 40 440 %
- c Temporarily restricted endowment ▶ 59 560 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b Yes	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		487,109		487,109
b Buildings		335,903,865	183,078,579	152,825,286
c Leasehold improvements		12,743,150	10,639,481	2,103,669
d Equipment		228,231,779	174,216,842	54,014,937
e Other		13,715,762		13,715,762
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				223,146,763

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	605,854,019	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Due from affiliates	218,197
(2) Intangible Assets	1,372,452
(3) Notes Receivable	441,498,993
(4) Total Other noncurrent assets	7,226,398
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	450,316,040

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Accrd Payroll W/H	1,118,415
Accrued Asbestos Removal Exp	1,510,807
Accrued Payroll	5,859,157
Accrued Vacation	14,418,024
AP Intercompany	12,975,279
current portion of ltd	7,248,155
Insurance Reserve	2,149,745
Post Retirement Benefit Obligations	20,439,387
Total Other Noncurrent Liabili	20,084,356
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	85,803,325

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	1,135,671,319
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	23,276,964		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	23,276,964
3	Subtract line **2e** from line **1**			3	1,112,394,355
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	7,719,959		
c	Add lines **4a** and **4b**			4c	7,719,959
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	1,120,114,314

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	954,450,032
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	954,450,032
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	60,520,318		
c	Add lines **4a** and **4b**			4c	60,520,318
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	1,014,970,350

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 23-1352222
Name: YORK HOSPITAL

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
Accrd Payroll W/H	1,118,415
Accrued Asbestos Removal Exp	1,510,807
Accrued Payroll	5,859,157
Accrued Vacation	14,418,024
AP Intercompany	12,975,279
current portion of ltd	7,248,155
Insurance Reserve	2,149,745
Post Retirement Benefit Obligations	20,439,387
Total Other Noncurrent Liabili	20,084,356

Supplemental Information

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	The funds were used to improve the health and welfare of the residents of York and Adams counties of Pennsylvania

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	In June 2006, the Financial Accounting Standards Board (FASB) issued Interpretation NO 48 , Accounting for Uncertainty in Income Taxes-an interpretation of FASB Statement NO 109, Accounting for Income Taxes (FIN 48), which creates a single model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the fi nancial statements Under the requirements of FIN 48, tax-exempt organizations could now b e required to record an obligation as the result of a tax position they have historically taken or various tax exposure items Prior to FIN 48, the determination of when to record a liability for tax exposure was based on whether a liability was considered probable and reasonably estimable in accordance with SFAS No 5, Accounting for Contingencies On July 1 , 2007, the parent company, WellSpan Health, adopted FIN 48 WellSpan Health determined th at it does not have any uncertain tax positions through June 30, 2018

Supplemental Information

Return Reference	Explanation
Part XI, Line 4b Other revenue amounts included on 990 but not included in F/S	Restricted Contributions(Net) $1353531 Restricted Contributions(Net)-YHF $145428 Expenses Netted with Revenue $5720318 Net Assets Released for PPE $500682

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Grant-WellSpan Medical Group $54200000 Grant-WellSpan Health $600000 Expense Netted with Revenue $5720318

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 0000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		5,619	5,966,898		5,966,898	0 590 %
b Medicaid (from Worksheet 3, column a)		136,001	158,092,451	91,027,294	67,065,157	6 610 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs		141,620	164,059,349	91,027,294	73,032,055	7 200 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	51	26,022	2,589,189	257,083	2,332,106	0 230 %
f Health professions education (from Worksheet 5)	3	3	479,879		479,879	0 050 %
g Subsidized health services (from Worksheet 6)	2	156,140	6,341,260	1,475,364	4,865,896	0 480 %
h Research (from Worksheet 7)	1		2,991,830	1,143,461	1,848,369	0 180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	2,094	322,068		322,068	0 030 %
j **Total.** Other Benefits	62	184,259	12,724,226	2,875,908	9,848,318	0 970 %
k **Total.** Add lines 7d and 7j	62	325,879	176,783,575	93,903,202	82,880,373	8 170 %

Part II Community Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1		450,000		450,000	0 040 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members	1	14	386		386	
6 Coalition building	10	10,799	41,196	12,666	28,530	
7 Community health improvement advocacy						
8 Workforce development	3	1,966	718,598		718,598	0 070 %
9 Other						
10 Total	15	12,779	1,210,180	12,666	1,197,514	0 110 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	17,566,540		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	277,551		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	313,674,809
6	Enter Medicare allowable costs of care relating to payments on line 5	6	350,510,236
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-36,835,427
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? **1**

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☐ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 15			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) http //www wealthspan org			
b ☑ Other website (list url) www healthyyork org			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☑ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 15			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
If "Yes" (list url) www wellspan org			
a			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group _____

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 0000 % and FPG family income limit for eligibility for discounted care of 400 0000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☑ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) http //www wellspan org			
b	☑ The FAP application form was widely available on a website (list url) http //www wellspan org			
c	☑ A plain language summary of the FAP was widely available on a website (list url) http //www wellspan org			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group _____

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a - Related Organization Community Benefit Report	Community Benefit Information is included in the Community Benefit Report for WellSpan Health

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense	The number was calculated using the cost to charge ratio factor applied against actual patient bad debt write-offs These numbers are included after all efforts have been exhausted to determine if the patient meets our charity care write-off policy based on federal poverty levels

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit	The estimate of bad debt attributable to charity care policy was calculated by dividing the bad debt amount that was originally coded bad debt but later found to qualify as charity care by the amount coded to the charity care write-off codes This ratio is applied to the bad debt cost factor expense

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4 - Bad Debt Expense	York Hospital provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients to make payments for services The allowance is determined by analyzing specific accounts and historical data and trends Patient accounts receivable are charged off against the allowance for doubtful accounts, when management determines that recovery is unlikely, and YH ceases collection efforts Losses have been consistent with management's expectations in all material respects

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8 - Explanation Of Shortfall As Community Benefit	York Hospital maintains records to identify and monitor the level of charity care and community service it provides These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies and the estimated cost of these services Payments from Medicare are generally less than York Hospital's costs of providing the service

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b - Provisions On Collection Practices For Qualified Patients	Guidelines for suggested minimum number of phone attempts and letters to be sent before the account is turned over to an outside collection agency are included in the Patient Administrative Services Policy Upon final PARO (Payment Assistance Rank Ordering) scoring, if a patient qualifies for presumptive charity, their account would not be forwarded to any third party collections It shall be the policy of Patient Administrative Services to recommend accounts to Bad Debt on a timely basis Inpatient/Outpatient accounts will go to bad debt automatically after the account has been in the financial class Pending Bad Debt for 30 days All accounts must follow the approved limits for refunds and write offs, as established in Policy PF-102, before being transferred The primary agencies will work the accounts for 6 months or until they feel it is uncollectable and return the account The accounts are forwarded to secondary agencies from the primary agencies Closed and Return Reports The financial class is changed to Bad Debt Other after the Closed and Return Reports are received from the Secondary Agency The agencies must get written approval from the manager in the relatively rare instance of legal action being taken to collect the debt

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2 - Needs Assessment	WellSpan Health and its entities have a long history of understanding and responding to the needs of the communities and populations it serves This commitment was strengthened in 1998 when, in partnership with the Healthy York County Coalition, WellSpan conducted its first Community Health Needs Assessment (CHNA) Five subsequent CHNAs were conducted in 2000, 2005, 2008, 2012 and 2015 These assessments one method for collecting diverse information on a community and which involves surveying a representative sample of community members on their demographics, chronic health conditions, lifestyle behaviors, finances, access to health services, and related topics have been administered before the Affordable Care Act (ACA) requirement As previously noted, the WellSpan CHNA process, which includes survey development, data collection and analysis, and result dissemination, was led by both county-level health coalitions Healthy Adams County and the Healthy York County Coalition These coalitions receive financial support from WellSpan Health and its entities, and other community stakeholders The following community organizations partnered to provide guidance and support to the 2015 CHNA County of York, Family First Health, Hanover Hospital, TrueNorth Wellness Services, United Way of York County, York City Health Bureau, York College of Pennsylvania, and, York County Community Foundation Additional consulting support was provided through a contract with the Floyd Institute for Public Policy at Franklin and Marshall College Dr Berwood Yost, Institute Director and Project has an extensive background conducting and analyzing community and corporate surveys, and has been integral to the prior two CHNAs (2008 and 2012) This collaboration of community stakeholders determined the survey questions to be asked of the community, discussed data collection methodology, including sample size and method of obtaining data, reviewed the raw data and supporting charts/graphs, identified potential community health priorities, and, developed the process by which results and priorities were to be shared with the community The 2015 CHNA planning process engaged a wide range of community organizations serving the diverse interests of all partners without burdening CHNA respondents with too many questions Committee members reviewed questions asked in the 2012 CHNA and edited accordingly based on the current health care environment and areas of interest Survey questions were derived from the Behavioral Risk Factor Surveillance System (BRFSS), a validated survey tool utilized by the Centers for Disease Control and Prevention (CDC), and organized into four categories healthcare access, behavioral risk, health conditions, and prevention behaviors and context A representative sample of 1,028 adult residents in York County were interviewed between October 27 and December 12, 2014 Supplemental secondary data from the Robert Wood Johnson Foundation (RWJF) annual County Health Rankings and from the Pennsylvania Department of Health was compiled and integrated into the 2015 CHNA Data collected and analyzed by the Floyd Institute for Public Policy included breakdowns by age, gender, geographic area, race/ethnicity, and income level, and enabled the development of charts/graphs focused on quantity of residents affected, health risks and disability-adjusted life years, correlates of obesity and depression (two significant health priorities), health disparities, and, social determinants of health impact This information is included in the 2015 Community Health Needs Assessment Summary Report available at www wellspan org In 2015, CHNA results and related priorities identified by the Healthy York County Coalition were shared with the system-wide Planning Committee at WellSpan Health This Committee is comprised of community members and leaders that represent each of WellSpans primary entities and service areas, in addition to corporate leadership Planning Committee members reviewed the CHNA data, adopted HYCCs priorities of adult overweight/obesity, depression/mental health, and maternal/child health while also identifying two additional priorities pertinent to WellSpan Health access related to gaps in care caused by high-deductible insurance plans and the emerging opioid misuse and abuse issue facing the community These five priorities and associated data were subsequently presented to the WellSpan-York Hospital Board for their adoption Board members discussed the data and identified priorities within the context of existing staffing and financial resources, current and future entity initiatives, and community partnership opportunities to address systemic community change

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	As a charitable, community-based healthcare organization, our commitment to improving the lives and well-being of the people and communities we serve is evident in our mission stat ement working as one to improve health through exceptional care for all, lifelong wellness , and healthier communities "Employees live out this mission statement every day by engagi ng in community benefit activities that address community needs, especially the five healt h priorities identified in the 2015 CHNA - adult overweight/obesity, access related to gap s in care caused by high-deductible insurance plans, depression/mental health, maternal/ch ild health, and opioid misuse and abuse Below are a few examples of the work accomplished to address each *Access to healthcare and medications for uninsured community members or those with high out-of-pocket costs is often financially challenging Healthy Community Ne twork, a collaborative between WellSpan Health, physicians and community partners to suppo rt prospective enrollment, the management and support of patients, and coordination of car e, serves as a support for those individuals, offering free or discounted resources based on need In addition, through support of the Family First Health Hannah Penn Center, 2,639 acute and preventative visits were provided to underserved adults and children *In 2018, WellSpan Health encouraged community members, local employers and employees, and WellSpan staff and patients to engage in the 6th annual 10 Pound Throwdown initiative The 10 Pound Throwdown is a 10-week community challenge that encourages participants to lose or mainta in a healthy weight through healthier eating and increased physical activity The initiati ve was created to address the growing issue of adult overweight/obesity, and utilizes a co re website (www 10poundthrowdown com) to encourage team participation and to offer an onli ne weight tracker, badges to encourage healthier choices, and diverse health education res ources Nearly 5800 community members across four southcentral Pennsylvania counties -Adam s, Lancaster, Lebanon, and York- participated in the 2018 iteration of the 10 Pound Throwd own program *Feeling Blue is a depression awareness campaign that engages community membe rs, clients of services, and mental health professionals in efforts to reduce the stigma a nd enhance the awareness of depression in York County The Feeling Blue group teamed up wi th the Jewish Community Center and a locally owned theatre arts group to provide a theatri cal event and group discussion of mental health in spring 2018 The event, named Breaking Blue, was sponsored by a WellSpan Community Partnership Grant The Breaking Blue event als o featured a resource fair, highlighting the services available in the region One of the many resources highlighted was the National Alliance on Mental Illness (NAMI), who also re ceived Community Partnership grant funds NAMI utilized the funds to implement healthy coo king classes and nutrition education for individuals with mental illness *Community Partn ership Grant funds also assisted with the establishment of safe, comfortable and compassio nate end-of-life care in York County WellSpan Health worked with community partners to su pport the development of Pappus House, a special home dedicated to offering personalized e nd-of-life care for individuals and their families, in collaboration with hospice provider s WellSpan worked with Pappus House to identify patients who would benefit from care in t he homes unique environment *Celebrating more than a decade of promoting summertime physi cal activity, Get Outdoors (GO) York!, a partnership between WellSpan-York Hospital and Yo rk County Libraries, 9,000 children participated in an adaptation of letterboxing, an inte rnational hobby where participants use written clues to find items hidden in various place s More than 1,143 participants (12 7%) submitted their program rubbing sheets and collect ively walked a total of 22,250 miles *Opioid use, as in other communities across the Unite d States, has become a crisis in York County A WellSpan Family Physician and faculty memb er, who also serves as the Medical Director at York City Bureau of Health, leads the York Regional Opiate Collaborative WellSpan continues to support this position financially alo ng with key community partners committed to this cause In 2018 alone, faith leaders, busi ness managers, and school nurses attended educational presentations on the topic of opioid use and misuse provided by WellSpan staff *WellSpan Health -York Hospital primary care pr actices in York County participated in the Market Bucks program- 15 practices engaged over 130 patients- to address food insecurity and increase the consumption of fruits and veget ables This program reaches those with an elevated Body Mass Index (BMI) who also experien ce a comorbidity associated with diet The program provides fruit and vegetable vouchers t o be redeemed at local farmers markets and encoura

Form and Line Reference	Explanation
Part VI, Line 5 - Promotion of Community Health	ges healthy eating Market Bucks boasts an astounding 86% redemption rate and contributes over $27,000 to the regional economy each year, in addition to demonstrating increased fru it and vegetable consumption for participants Historically, WellSpan Health and its entit ies have taken planned steps to build community capacity that addresses complex health iss ues, as identified by the Community Health Needs Assessment (CHNA) Through financial and management support of a county health coalition, the Healthy York County Coalition (HYCC), more than 200 York County community members have been engaged in community health improve ment initiatives HYCC consists of three committees -Access and Empowerment, Community Eng agement, and, Prevention and Wellness, each of which continue to attract new community mem bers, leaders, and professionals These committees foster partnerships and collaboration b etween entities to ensure that efforts to address and impact identified community health n eeds are coordinated and successful Additional examples of how WellSpan-York Hospital fulf illed its community mission in York County may be found in the 2018 WellSpan Community Ben efit Report - It's What Neighbors Do - available online at www wellspan org

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6 - Affiliated Health Care System	WellSpan Health is an integrated health system serving the communities of southcentral Pennsylvania and northern Maryland As a community-based, not-for-profit organization, WellSpan is dedicated to improving the health and well-being of the people it serves WellSpan will assume a leadership role and develop partnerships with other organizations to improve access to coordinated, high-quality, cost-effective health care services, educate the health care providers of tomorrow, promote healthy lifestyles and lifelong wellness, and make its local communities healthier, more desirable places to live, work, and play WellSpan York Hospital works with other parts of the system to provide a comprehensive approach to meeting community needs WellSpan Health includes WellSpan Gettysburg Hospital, WellSpan York Hospital, WellSpan Surgery and Rehabilitation Hospital, WellSpan Ephrata Community Hospital, WellSpan Good Samaritan Hospital, WellSpan Philhaven, Apple Hill Surgical Center, WellSpan VNA Home Health, WellSpan Medical Group, Northern Lancaster County Medical Group, Physician Specialists of Northern Lancaster County Medical Group, Good Samaritan Physician Services, WellSpan Population Health Services, WellSpan Pharmacy, Gettysburg Hospital Foundation, York Health Foundation, Ephrata Community Health Foundation, Good Samaritan Health Services Foundation, WellSpan Provider Network, GSH Services, and WellSpan Medical Equipment WellSpan York Hospital's community benefit report is contained in a report prepared by their parent organization, WellSpan Health See Attached Federal Supplemental Information WellSpan Health - 2018 Community Benefit Report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7 - States Filing of Community Benefit Report	PA

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 23-1352222
Name: YORK HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	WellSpan York Hospital 1001 S George Street York, PA 17405 http //www wellspan org 250301	X	X		X	X	X	X			

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 5 - Account Input from Persons Who Represent the Community	Community stakeholder engagement has been vital to the Community Health Needs Assessment (CHNA) process since it began in York County in 1994 The Healthy York County Coalition (HYCC) a local health coalition representing the diversity of the community has led each of the six CHNAs that have been conducted For the 2015 CHNA, HYCC partnered with its sister health coalition in Adams County Healthy Adams County to form a CHNA Planning Committee comprised of representatives from health and human service agencies, government entities, community-based organizations, higher education institutions, and other interested community members to assist with survey development, data review and analysis, and results distribution This core committee also assisted with sharing the data and associated community health priorities, once identified by Coalition leadership, to community members at a public form in June 2016 WellSpan-York Hospital is a funding partner and governance leader within the Healthy York County Coalition and served on the CHNA Planning committee In that regard, York Hospital partners to conduct the CHNA, disseminate its results both among hospital leadership and in the community, and integrate evidence-based strategies that impact identified community health needs into its annual planning process Whether in meetings with community stakeholders or system/hospital leaders or at larger public forums, WellSpan-York Hospital is committed to obtaining community input to ensure that the CHNA and its associated implementation strategies appropriately address the identified needs of the entire community Additional details of how community members were engaged is included in Part VI-Needs Assessment
Part V, Line 6a - List Other Hospital Facilities that Jointly Conducted Needs Assessment	Ephrata Community Hospital (Lancaster), Gettysburg Hospital (Adams) Good Samaritan Hospital (Lebanon), Philhaven (multiple counties), and, WellSpan Surgery and Rehabilitation Hospital Outside of WellSpan Health, Hanover Hospital engaged in the CHNA process for York and Adams counties

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 7d - Description of Making Needs Assessment Widely Available	With each iteration of the CHNA process, WellSpan-York Hospital and its community partners continue to refine and enhance the system by which it obtains data, shares it with key community, hospital and system leaders, and integrates it into the system-wide and entity-level planning processes In 2015, CHNA results and related priorities identified by the Healthy York County Coalition were shared with the system-wide Planning Committee at WellSpan Health This Committee is comprised of community members and leaders that represent each of WellSpans primary entities and service areas, in addition to corporate leadership Planning Committee members reviewed the CHNA data, adopted HYCCs priorities of adult overweight/obesity, depression/mental health, and maternal/child health while also identifying two additional priorities access related to gaps in care caused by high-deductible insurance plans and the emerging opioid misuse and abuse issue facing the community These five priorities and associated data were subsequently presented to the WellSpan-York Hospital Board for their adoption The Healthy York County Coalition communicated the CHNA results and identified priorities to approximately 200 community members at a public forum held on June 11, 2016 During that forum, community members discussed the opportunities and risks associated with each priority, as well as how the organization which they represent can have an impact on the priority In addition to these venues, CHNA results are available on the Healthy York County Coalition (www healthyyork org) and WellSpan Health (www wellspan org) websites, and may also be obtained upon request The corresponding WellSpan Community Health Improvement Plan is also available on the WellSpan Health website
Part V, Line 11 - Explanation of Needs Not Addressed and Reasons Why	Public health research recommends that a root cause approach be utilized to address many chronic disease, diabetes, respiratory ailments, and overweight/obesity A focus on improving healthy eating and physical activity behaviors and reducing tobacco use has demonstrated efficacy in reducing the impact of various chronic conditions A few cardiovascular indicators were ranked high by Community Benefit Council members, but not selected as priorities These include those who have high blood pressure and high cholesterol, and those who have been told that they have heart disease, heart attack, or stroke risk indicators Council members felt that the root causes of these conditions - unhealthy eating, physical inactivity, and tobacco use - were already part of the selected priorities - adult overweight/obesity and tobacco use

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 13b - Criteria For Providing Discounted Care If Not FPG	Patients 401% of poverty level and greater do not qualify for financial assistance However, all uninsured patients qualify for a 20% "no insurance" discount, regardless of income
Part V, Line 13h - Other Factors Used in Determing Amounts Charged Patients	WellSpan Health is committed to caring for all the members of its communities, regardless of their ability to pay In recent years, overall charity care has decreased slightly as more people have obtained health insurance coverage through the Affordable Care Act and the expansion of Pennsylvanias Medical Assistance (Medicaid) program WellSpan is proud to be a leading partner in the Healthy Community Network, which works to address the needs of uninsured and underinsured individuals in our community In addition, the health system recently enhanced its financial assistance policy and the discounts that it provides on services For example, if a patients income is less than 300 percent of the federal poverty level, that patient would be eligible for a 100 percent discount on the services provided Additionally, significant discounts are available for patients whose income is between 300 percent and 400 percent of the federal poverty level For more information on WellSpans Financial Assistance program, visit www WellSpan org/FinancialAssistance

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 16j - Other Means Hospital Facility Publicized the Policy	In an effort to make patients, families and others in our communities aware of the newly expanded Financial Assistance Policy, WellSpan broadly publicized its policy via promotional signage and the distribution of easy-to-read informational materials at registration sites throughout our communities WellSpan provided information on the Financial Assistance Policy on its billing statements and included information in patient discharge materials In addition, the materials and information are easily accessible via WellSpans website at www WellSpan org/FinancialAssistance The site reflects WellSpans newly enhanced policy, as well as informational and application materials It was also publicized via WellSpans on-hold phone messaging system and in its direct-to-consumer community newsletter/magazine, which is distributed by mail, email and Web In addition, WellSpan placed posters and signage at its various sites of care to publicize its Financial Assistance Policy Printed copies of WellSpan Healths entire financial assistance policy and the plain language summary of the policy, both of which are available in English and Spanish, may be obtained at no cost by visiting or calling one of the WellSpan patient financial services offices The Financial Assistance Policy, Financial Assistance Application and Financial Assistance Policy Plain Language Summary are all available in Spanish
Part V, Line 22d - Other Billing Determination of Individuals Without Insurance	WellSpan Health will provide assistance to all patients whose income falls within 400 percent of the federal poverty guidelines and within the asset limits listed on Attachment A Those patients qualifying for financial assistance will receive a discount based on the amount generally billed (AGB), which is applicable to the facility at which services were provided The AGB is calculated by the look-back method, in accordance with IRS Regulation 501(r) This is based on payment received from Medical Assistance and all private payors, in the most recent completed fiscal year

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

	Name and address	Type of Facility (describe)
1	York Cancer Center Apple Hill Medical Center 25 Monume York, PA 17403	Cancer Patient Support, Social worker, Financial Counselor, Dietician, Library, Genetic Counseling
1	WellSpan Rehab & Lab -Queensgate Towne Center 2015 Springwood Rd York, PA 17403	Physical Therapy, Occupational Therapy, Speech Therapy, Laboratory Collection
2	WellSpan Wound Healing Center 1399 S Queen St York, PA 17403	Wound Care, Hyperbaric Oxygen Therapy
3	WellSpan Behavioral Crisis Intervention 1101 S Edgar St Suite C York, PA 17403	Mental Health & Substance Abuse Assessments, Crisis Counseling
4	Community Health Center &Hoodner Dental Center 605 S George St York, PA 17401	Dental Clinic, Pediatric Care, Women's Health Care,Adult Care, Urgent Care Special Services
5	Wellspan Imaging - East Berlin 105 Fourth St East Berlin, PA 17316	Laboratory Collection, General Radiology, Mammogram Screening, EKG
6	WellSpan Lab Services & Imaging 2775 N George St York, PA 17402	Laboratory collection, general radiology, mammogram Screening, EKG
7	WellSpan Apple Hill Womens Imaging & Specialty Services 35 Monument Road Suites 201 202 204 York, PA 17403	Mammography, MRI/Ultrasound, Bone Density, Breast and Thyroid, Ultrasound, High Risk Pregnancy, Phys
8	WellSpan Lab Services 4222 Lincoln Highway York, PA 17406	Laboratory collection, General Radiology, Mammogram Screening, EKG
9	WellSpan Interventional Pain Mgmt 228 St Charles Way York, PA 17402	Interventional Pain Mgmt, Radiology Fluroscopy
10	WellSpan Rehabilitation 1575 Bannister St York, PA 17404	Physical Therapy, Occupational Therapy, Speech Therapy
11	WellSpan Rehabilitation and Imaging 207 Blooming Grove Road Hanover, PA 17331	Post Operative Orthopedic Rehab, Acute Rehab following injury (work/athletic), Cumulative stress inj
12	WellSpan Lab & Imaging 3065 Windsor Road Red Lion, PA 17356	Laboratory Collection, General Radiology, Mammogram Screening
13	WellSpan Rehabilitation 235 Rosedale Drive Manchester, PA 17345	Physical Therapy, Occupational Therapy
14	WellSpan Lab & Imaging 4020 Carlisle Road Dover, PA 17315	Laboratory Collection, General Radiology, Mammogram Screening, EKG, Sleep Disorders

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?_____

	Name and address	Type of Facility (describe)
16	WellSpan Lab & Imaging Services 13515 Wolfe Rd Ste D New Freedom, PA 17349	Laboratory Collection, General Radiology, Mammogram Screening, EKG
1	WellSpan Imaging 2250 E Market St York, PA 17402	general Radiology, Mammogram Screening, EKG, Bone Density, Orthopedic Services
2	WellSpan Lab Services at Valley Green 1790 Old Trail Road Etters, PA 17319	Laboratory Collection
3	WellSpan Health Lab Services at Westgate Plaza 1550 Kenneth Rd York, PA 17404	Laboratory Collection
4	WellSpan Pulmonary Sleep Medicine & Pulmonary Rehab 2350 Freedom Way Suites 201 207 York, PA 17402	Pulmonary Function Testing, Pulmonary Rehab & Asthma Instruction
5	WellSpan Rehabilitation 73 East Forrest Avenue Suite 210 Shrewsbury, PA 17361	Physical Therapy, Occupational Therapy, Speech Therapy
6	WellSpan Lab Services & Occupational Health 1150 Carlisle St Hanover, PA 17331	Laboratory Collection, Screenings, Physicals, Drug & Alcolhol Screening, Injury Evaluation, Immuniza
7	Apple Hill Infusion Center 25 Monument Road Suite 120 York, PA 17403	Infusion Services, Genetic Counseling
8	York Cancer Center-Radiation Therapy Apple Hill Medical Center -25 Monum York, PA 17403	Oncology Radiation
9	WellSpan Heart & Vasular & Nuclear Medicine- Apple Hill 25 Monument Road - Suites 190 199 York, PA 17403	Cardiac Rehavilitation, Cardiovascular Health Management Clinic, Cardiac stress testing, Echo Cardio
10	WellSpan Heart & Vascular -Bannister St 1575 Bannister Street Suite 7 York, PA 17404	Coumadin Clinic, Congestive Heart Failure Clinic, IV Diuretic Clinic, Women's Heart Program
11	WellSpan Rehabilitation - Apple Hill 25 Monument Road Suite 175 York, PA 17403	Physical Therapy, Occupational Therapy, Speech Therapy
12	WellSpan Rehabilitation - North Hanover 1000 Carlistle St Suite 1175 Hanover, PA 17331	Post Operative Orthopedic Rehab, Acute Rehab following injury (work/athletic), Cumulative stress inj
13	WellSpan Rehabilitation - Cape Horn Square 635 Lombard Road Red Lion, PA 173569054	Physical therapy
14	WellSpan Rehabilitation- Manheim 93 Doe Run Road Manheim, PA 17545	Physical therapy, Occupational Therapy

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
31	WellSpan Rehabilitation - Valley Green 1790 Old Trail Road Suite F Etters, PA 17319	Physical therapy
1	WellSpan Imaging 37 Monument Road Suite 101 York, PA 17403	General Radiology, Fluroscopy, General Ultrasound, Vascular Ultrasound, EKG, Computed Tomography
2	WellSpan Imaging - Apple Hill 25 Monument Road Suite 290 York, PA 17403	General Radiology
3	WellSpan Imaging 2775 North George St York, PA 17406	Laboratory Collection, General Radiology, mammogram Screening, EKG
4	WellSpan Lab Services 46 West Market St York, PA 17401	Laboratory Collection, urine specimen collection, glucose tolerance
5	WellSpan Lab Services- Apple Hill 25 Monument Road - Suite 198 York, PA 17403	Laboratory Collection
6	WellSpan Occupational Health 2250 E Market St York, PA 17402	Screenings, Physicals, Drug & Alcolhol Screening, Injury Evaluation, Immunizations, Occupational Hea
7	WellSpan Occupational Health - Gettysburg 455 South Washington St Suite 12 Gettysburg, PA 17325	Screenings, Physicals, Drug & Alcolhol Screening, Injury Evaluation, Immunizations, Occupational Hea
8	Thomas Hart Family Practice Center 1001 S George St York, PA 17403	Primary Care, women's healthcare, pediatric & geriatric care, prenatal care, minor surgical procedur
9	WellSpan OB GYN & Specialty Care Clinic 1101 Edgar St York, PA 17403	Women's Health, special procedures - lumbar puncture, PHAS-Surgery Setups thru clinics as as GYN Cl

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 6

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	**Explanation**
Grantmaker's Description of How Grants are Used	All WellSpan entities follow WellSpan policies and procedures regarding grant projects to ensure that the use of grant funds are consistent with WellSpan's commitment to endeavor to improve the health status of the communities that we serve The WellSpan foundations are supporting organizations and substantially all of the grants and other assistance they make furthers the exempt purposes of their "supported organizations", each of which are exempt affiliated organizations within the WellSpan Health system Because the supported organizations identify the projects and exempt activities that will be funded by the foundations' grants and other assistance, and because there is a cross-over between the respective governing bodies and management of the foundations and their supported organizations, the foundations are able to effectively monitor that the grants they make are used for their intended purposes

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 23-1352222
Name: YORK HOSPITAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
City of York 50 W King Street York, PA 17405	23-6001908		599,352	0			General Support
Family First Health 116 S George Street York, PA 17401	23-7118262	501(c)(3)	125,000	0			School based clinic

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WellSpan Health PO Box 2767 York, PA 17405	22-2517863		600,000	0			General Support
WellSpan Medical Group PO Box 2767 York, PA 17405	23-2730785		54,200,000	0			General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
York College Country Club Road York, PA 17405	23-1352698		50,000	0			General Support
York Health Foundation PO Box 2767 York, PA 17405	23-3050192	501(c)(3)	200,225	0			Prescriptions for the uninsured

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 23-1352222
Name: YORK HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Allan Birenberg VP-Med Affairs	(I)	441,801	96,860		15,161	45,599	599,421	
	(II)							
1 Astrid Davis Sr Dir -Nursing	(I)	247,783	54,100	4,847	24,729	40,620	372,079	
	(II)							
2 Jadwiga Wojcicka Dir - Med Physics	(I)	297,911	20,516		29,804	24,984	373,215	
	(II)							
3 John Stover Manager-Pharm	(I)	278,405	10,202	5,772	13,351	24,332	332,062	
	(II)							
4 Keith Noll President	(I)	472,113	198,360	18,358	200,775	44,229	933,835	198,360
	(II)							
5 Kevin Mosser MD CEO-WSH/Direct	(I)							
	(II)	985,110	409,640	38,173	703,900	56,266	2,193,089	409,640
6 Michael F O'Connor CFO-WellSpan H	(I)							
	(II)	573,485	216,600		425,958	48,445	1,264,488	216,600
7 Percival Buenaventura MD Director	(I)							
	(II)	681,579	107,757		15,537	43,336	848,209	
8 Steve Pandelidis MD Director	(I)							
	(II)	546,895	236,436		15,919	48,258	847,508	
9 Thomas Dondero Dir-Pharm Care	(I)	273,836	19,957	8,678	35,344	40,318	378,133	
	(II)							
10 Todd Butz Director	(I)							
	(II)	235,511		9,014	14,818	40,375	299,718	
11 Victoria Diamond VP-Ancill Srvcs	(I)	318,356	68,674		15,577	34,195	436,802	
	(II)							

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	See Schedule O											

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue				
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion				

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?								
15	Were the bonds issued as part of an advance refunding issue?								
16	Has the final allocation of proceeds been made?								
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?								

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?								
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?								
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?								
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?								
7	Has the organization established written procedures to monitor the requirements of section 148? . . .								

Part V **Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

Part VI **Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total				▶ $								

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Donette Lasher	Family Member Noll	245,985	Employee of YH		No
(2) Stewart Properties cos	Officer Stewart	920,226	construction, rental		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - Paid Preparer ExplanationDue to a software limitation, we wish to clarify that WellSpan Health is the ERO The paid preparer is BDO USA, LLP13-53815908401 Greensboro Drive, Suite 800McLean, VA 22102(703) 893-0600The preparers name is Marc Berger, PTIN P01871563

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	WellSpan Health, a not for profit corporation, is the sole member The Member of the Corporation shall meet at any place, date, and time designated by the Member, for the transaction of the general business of the Corporation Action of the Member shall generally be taken by a written consent in lieu of a meeting Any action which may be taken at a meeting of the Member may be taken without a meeting if a consent or consents in writing, setting forth the action so taken, shall be signed by the Member and filed with the Secretary of the Corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	The Board of Directors of the Corporation shall be elected as provided herein by the Board of Directors of the Member The Member shall determine annually the number of directors which shall in no event be less than ten nor more than fifteen persons Nominations for the Directors to be elected by the Member shall be made only by the Nominating Committee for Directors, except for vacancies in the Board of Directors occurring by death, resignation, disqualification, removal or otherwise, may, upon the recommendation of the Executive Committee, be filled by appointment by the Member to serve until the next annual meeting of the Member, at which time the Member may elect a Director to fill such vacancy for the remainder of the unexpired term thereof

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	The member may, with respect to the Corporation, initiate and implement any of the followi ng actions, and it any of the following actions are otherwise initiated by the Corporation , such action shall not become effective unless approved by the Member a) The adoption, am endment, or revocation of the Corporation's Articles of Incorporation or Bylaws b) The te rmination, liquidation, reorganization, division, conversion, or dissolution of the Corpor ation, or the merger, consolidation, or combination of the Corporation with another person c) Any change or transfer of the Member's membership interest in the Corporation, or the creation or issuance of any additional membership interests in the Corporation d) The in vestment of the Corporation's assets other than in accordance with the Member's current in vestment policy, or, in the absence of a current Member investment policy, any investment other than in the ordinary course of business, which shall consist of federally-insured in terest-bearing bank accounts, short-term direct U S obligations, short-term certificates of deposit of domestic banks, or highly-rated money market funds e) The incurrence by the Corporation of indebtedness in excess of such amounts as may be reasonably designated by the Member from time to time, except pursuant to a budget approved by the Member This is not meant to restrict the Corporation's day-to-day business, in amounts less than the amou nts designated by the Member, such as routine trade and accounts payable or obligations f) The conveyance, transfer, lease, or sale of any of the Corporation's assets with fair ma rket value in excess of such aggregate amount as may be designated by the Member from time to time, except pursuant to a budget approved by the Member, or the conveyance, transfer, lease or sale of any of the Corporation's assets to the Member or another System Affiliat e g) The making of any capital expenditure or the incurrence of any capital obligations b y or on behalf of the Corporation in excess of such annual aggregate amount as may be desi gnated by the Member from time to time, except pursuant to a budget approved by the Member h) The incurrence of any obligation (whether actual or contingent) by the Corporation to guarantee or be responsible for the debts or obligations of any person in excess of such amounts as may be designated by the Member from time to time, except pursuant to a budget approved by the Member This is not meant to restrict the Corporation's ability to incur o bligations in the ordinary course of the Corporation's day-to-day business, in amounts les s than the amounts designated by the Member i) The approval of the Corporation's operatin g and capital budgets, or any material changes thereto j) The voluntary granting of any l ien or encumbrance (including a confession of judgment) with respect to the Corporation's assets, except in the ordinary course of business k) The surrender of or material change t o any permit, approval, or lic

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	ense of the Corporation l) The selection of the Corporation's outside auditors, general l egal counsel, or investment advisors m) The requirement that the Member make any capital contribution to the Corporation n) The ratification of appointments and reappointments to the Corporation's Board of Directors o) The approval of the Corporation's strategic and operating plans, or any changes thereto p) The approval of the Corporation's statements o f purpose, vision, or mission, or any changes thereto q) The creation by the Corporation of any new lines of business, sites of business, subsidiary corporations, or partnerships or other joint ventures, or any material changes in existing services, or participation in any key strategic relationship outside the System This is not meant to restrict the Corp oration's right to enhance and expand its current lines of business r) All health care se rvices contracting by the Corporation that could materially impact the System

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	Management provided an electronic copy of the form 990 to each voting member of the organization's governing body, prior to its filing with the IRS The organization's finance management team provided a presentation to the Audit Committee on the organization's 990 return

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Officers, directors, and key employees fill out a WellSpan Health Conflict of Interest Disclosure Statement questionnaire annually The questionnaire is administered by the Internal Audit Department of WellSpan Health, the Parent Company There shall be full disclosure by any Director having a business or personal interest or relationship which may be in conflict with the interests of the Corporation After such disclosure the Director shall abide by the determination of the Board of Directors as to whether a conflict exists, the extent to which, if at all, the Director will be permitted to be present during the Board of Directors' discussion of the matter in which the Director may be interested, and whether the Director will be permitted to participate in such discussion and cast a vote in such matter

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Compensation Committee of WellSpan Health is responsible for rewarding and reinforcing key executives for the achievement of annual and long-term performance objectives The Compensation Committee shall consist of not more than six (6) persons, of whom two (2) shall be the Chairman and Vice Chairman of the Board of the Corporation, and the remaining members shall be such other persons as may be appointed by the Chairman of the Board of the Corporation, with the approval of the Board of Directors, provided, however, that the Compensation Committee shall not include any persons who are employed by the System The Chairman of the Board of Gettysburg Hospital shall participate The role of the Compensation Committee is to set the Executive Compensation Philosophy for the system and ensure adherence, evaluate performance and establish compensation for the WellSpan President, evaluate team performance of the executive team and establish awards, review and approve senior executive base salary ranges, and oversee employed physician compensation programs The Committee will approve salary ranges for each executive position and review incumbent salaries annually The Committee will be responsible for reviewing the President's salary each year, and if warranted, authorizing an adjustment to maintain competitiveness The President will have the authority to make salary adjustments for subordinate positions The Committee is responsible for approving and authorizing payment of the performance awards The Committee will approve and authorize payment of the President's performance awards Integrated Healthcare Strategies, Inc , based in Minneapolis Minnesota is the external consultant to the committee This consultant focuses exclusively on executive and physician compensation in the health care industry In summary, the executive and physician compensation review process consists of the following 1) Cash compensation reviewed annually 2) Cash compensation reviewed by external consultant biennially 3) external total compensation (cash, incentives, benefits, perquisites) reviewed by external consultant periodically 4) Process is integrated with compensation analysis for other WellSpan positions 5) Committee decisions are documented in minutes maintained in Human Resources

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Governing documents, policies, and financial statements are available upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Change in Pension Liability = $1841847

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V line 1a	Part V line 1a - Most 1099s are issued through WellSpan Health, the parent company

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K -Tax-Exempt Bonds	$412,230,000 of Revenue Bonds for WellSpan Health Obligated Group, Series 2008A, 2008B, 20 08C and 2008D were issued 11/12/2008 by General Authority of Southcentral Pennsylvania Th e purpose of this bond issue was to refund bonds issued 5/13/2002, 5/17/2005, 6/16/2005, a nd 6/5/2007 WellSpan Health, the parent organization, allocated portions of the proceeds of this tax-exempt bond issue to York Hospital (23-1352222), Gettysburg Hospital (23-13522 20), WellSpan Properties (22-2842252), WellSpan Specialty Services (23-2899911), and Good Samaritan Hospital (23-0794160) In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported o n the WellSpan Health (22-2517863) Schedule K As of 6/30/18, the allocation of the Debt C apital program was as follows York Hospital $122,977,217 (58 09%), WellSpan Properties $2 2,427,073 (10 60%), WellSpan Health $9,834,426 (4 64%), WellSpan Specialty Services $35,56 2,493 (16 80%), Gettysburg Hospital $19,194,268 (9 07%), and Good Samaritan Hospital $1,70 4,522 (81%) These amounts are reported on the respective balance sheets (Part X Line 20) for each of these entities The 11/12/2008 issue included reissuance of all unspent proceed s from the refunded 2007 bond issue Total proceeds of issue includes the original 11/12/2 008 issue plus investment earnings on transferred proceeds and the short investment of pro ceeds between date of issue and payoff on 12/1/2008 $213,430,000 of Revenue bonds for Well span Health Obligated Group, Series 2014A were issued November 11, 2014 by General Authori ty of South Central Pennsylvania The purpose of this bond issue was revenue refund for bo nds issued 06/23/1993 and 11/12/2008 WellSpan Health, the parent organization, allocated portions of the proceeds of this tax exempt bond issue to York Hospital (23-1352222), Gett ysburg Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Specialty Service s (23-2899911), and Ephrata Community Hospital (23-1370484) In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exe mpt bond issue is reported on the WellSpan Health (22-2517863) Schedule K As of 6/30/18, the allocation of the Debt Capital program including issue premium was as follows York Ho spital $131,585,478, Gettysburg Hospital $8,828,846, WellSpan Properties $31,624,065, Well Span Specialty Services $15,539,494, and Ephrata Community Hospital $32,084,864 These amo unts are reported on the respective balance sheets for each of these entities On May 22, 2 015, the Lancaster Municipal Authority issued $36,572,083 of Revenue bonds, Series 2015A, to an Obligated Group consisting of York Hospital, Gettysburg Hospital and Ephrata Communi ty Hospital The purpose of this bond issue was to refund bonds issued on behalf of Ephrat a Community Hospital, including the Lancaster Municipal Authority Revenue Notes Series 200 9, 2010A, 2012, and 2013 In o

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K -Tax-Exempt Bonds	rder to remain consistent with the reporting on Form 8038, all outstanding liabilities ass ociated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Sc hedule K As of 6/30/18, the $32,268,972 of outstanding liability is reported on the Ephrat a Community Hospital return balance sheet $34,877,000 of Revenue bonds for Wellspan Health Obligated Group, Series 2017A were issued March 23, 2018 by General Authority of South Ce ntral Pennsylvania The purpose of this bond issue was revenue refund for bonds issued 11/ 12/2008 WellSpan Health, the parent organization, allocated portions of the proceeds of t his tax exempt bond issue to York Hospital (23-1352222), Gettysburg Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Specialty Services (23-2899911), and Good Sama ritan Hospital (23-1794160) In order to remain consistent with the reporting on Form 8038 , all outstanding liabilities associated with this tax-exempt bond issue is reported on th e WellSpan Health (22-2517863) Schedule K As of 6/30/18, the allocation of the Debt Capit al program was as follows York Hospital $20,256,562, Gettysburg Hospital $3,163,344, Well Span Properties $3,696,962, WellSpan Specialty Services $5,859,336, and Good Samaritan Hos pital $282,504 These amounts are reported on the respective balance sheets for each of th ese entities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Signature Block - Paid Preparer Explanation	Paid Preparer ExplanationDue to a software limitation, we wish to clarify that WellSpan Health is the ERO The paid preparer is BDO USA, LLP13-53815908401 Greensboro Drive, Suite 800McLean, VA 22102(703) 893-0600The preparers name is Marc Berger, PTIN P01871563

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128014149

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
YORK HOSPITAL

Employer identification number
23-1352222

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Apple Hill Surgical Center Partners PO Box 2767 York, PA 174052767 23-2489452	Surgical Cn	PA	NA					No			No	
(2) Central PA Alliance Laboratories LLC PO Box 2767 York, PA 174052767 23-2910950	Ref Lab	PA	NA					No			No	
(3) Littlestown Health Care Partners 300 West King Street Littlestown, PA 17340 23-2880464	Lease facility	PA	NA					No			No	
(4) Cherry Tree Cancer Center LLP PO Box 2767 York, PA 174052767 23-2915628	Radiation	PA	NA					No			No	
(5) The Rehab Center 855 Springdale Drive Suite 20 Exton, PA 19341 25-1687903	Physical Therapy Rehab	PA	NA					No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Wellspan Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072	Dispenses Rx & provides IV therapy	PA	NA	C corp					No
(2) Wellspan Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457	Risk Retention Group	PA	NA	C Corp	7,299,090	19,168,441	66 710 %		No
(3) York Health Plan PO Box 2767 York, PA 174052767 23-2664989	Preferred Provider Organization	PA	NA	C corp					No
(4) WellSpan Provider Network PO Box 2767 York, PA 174052767 23-2907828	Coord mngd care risk contracting	PA	NA	C Corp					No
(5) Apple Hill Condominium Association PO Box 2767 York, PA 174052767 23-2504543	Condo Mgmt Association	PA	NA	Homeowner Assoc					No
(6) North Lanc Co Phys Hosp Alliance PO Box 2767 York, PA 174052767 23-2421885	Coord Phys & Hospital	PA	NA	C corp					No
(7)GSH Realty Inc PO Box 2767 York, PA 174052767 25-1832359	Rental of non res real estate	PA	WSH Care Services	C corp					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s	Yes	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
WellSpan Properties Property Transfer	In September of 2017, WellSpan Properties filed Articles of Division, by which WellSpan Properties was divided into itself and the following four new Pennsylvania nonprofit corporations WSS Realty, WH Realty, YH Realty and WMG Realty These four new Pennsylvania nonprofit corporations were each formed to carry out the same charitable purposes as WellSpan Properties In accordance with the Articles of Division, certain parcels of real estate which were owned by WellSpan Properties prior to this reorganization were divided among the four new Pennsylvania nonprofit corporations, as follows WSS Realty held the real estate on which the surgery and rehabilitation hospital operated by WellSpan Specialty Services is located,WH Realty held the real estate on which the building that houses the corporate offices and information technology functions of WellSpan Health, the parent entity of the WellSpan system, is located, YH Realty held the real estate at which York Hospital provides certain hospital-based ambulatory imaging services, and, WMG Realty held the real estate at which certain physician practices owned by WellSpan Medical Group are operated WellSpan Properties retained the balance of the real estate and assets which were owned by WellSpan Properties prior to this reorganization Immediately following this reorganization, WSS Realty was merged with and into WellSpan Specialty Services, a Pennsylvania nonprofit corporation, WH Realty was merged with and into WellSpan Health, a Pennsylvania nonprofit corporation, YH Realty was merged with and into York Hospital, a Pennsylvania nonprofit corporation, and, WMG Realty was merged with and into WellSpan Medical Group, a Pennsylvania nonprofit corporation Effectively, the end result of this reorganization was that certain parcels of real estate which were owned by WellSpan Properties prior to this reorganization but leased to and utilized by the four surviving WellSpan corporations named above (i e , WellSpan Specialty Services, WellSpan Health, York Hospital, York Hospital), respectively, are now instead owned by the four surviving WellSpan corporations, which continue to utilize the parcels in furtherance of their charitable purposes

Additional Data

Software ID: 17005038
Software Version: 2017v2.2
EIN: 23-1352222
Name: YORK HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PO Box 2767 York, PA 174052767 22-2842253	Sole GP in limited ptnrshp operating surgical center	PA	501(c)(3)	10	NA		No
PO Box 2767 York, PA 174052767 23-1352220	Health Care Services	PA	501(c)(3)	3	NA		No
PO Box 2767 York, PA 174052767 23-2251358	Fundraising for Gettysburg Hospital	PA	501(c)(3)	12 Type I	NA		No
PO Box 2767 York, PA 174052767 20-0519121	Reduced rate prescription drugs to uninsured	PA	501(c)(3)	12 Type I	NA		No
PO Box 2767 York, PA 174052767 23-2338591	Home personal care services for elderly and disabled	PA	501(c)(3)	10	NA		No
PO Box 2767 York, PA 174052767 23-1352573	Home Health services	PA	501(c)(3)	10	NA		No
PO Box 2767 York, PA 174052767 22-2517863	Integrated Health System	PA	501(c)(3)	12 Type III	NA		No
PO Box 2767 York, PA 174052767 23-2400237	Health-related activities in the service area	PA	501(c)(3)	12 Type II	NA		No
PO Box 2767 York, PA 174052767 23-2730785	Medical and surgical care	PA	501(c)(3)	10	NA		No
PO Box 2767 York, PA 174052767 23-3050192	Charitable contributions for Wellspan entities	PA	501(c)(3)	12 Type III	NA		No
PO Box 2767 York, PA 174052767 23-2899911	Surgery and Rehabilitation Hospital	PA	501(c)(3)	3	NA		No
PO Box 2767 York, PA 174052767 22-2842252	Leases facilities to affiliates	PA	501(c)(3)	12 Type I	NA		No
PO Box 2767 York, PA 174052767 23-1370484	Health care services	PA	501(c)(3)	3	NA		No
PO Box 2767 York, PA 174052767 80-0940005	Fundraising for Ephrata Hospital	PA	501(c)(3)	12 Type I	Ephrata Community Hospital		No
PO Box 2767 York, PA 174052767 20-3033058	Medical and surgical care	PA	501(c)(3)	12 Type II	Ephrata Community Hospital		No
PO Box 2767 York, PA 174052767 45-2537633	Physician Practices	PA	501(c)(3)	12 Type II	Northern Lancaster County Medical Group		No
PO Box 2767 York, PA 174052767 23-0794160	Health Care Services	PA	501(c)(3)	3	NA		No
PO Box 2767 York, PA 174052767 23-1549922	Health Care Services	PA	501(c)(3)	3	NA		No
PO Box 2767 York, PA 174052767 23-2356151	Fundraising for Good Samaritan	PA	501(c)(3)	12 Type I	NA		No
PO Box 2767 York, PA 174052767 25-1832359	Medical and Surgical Care	PA	501(c)(3)	10	NA		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Wellspan Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072	Dispenses Rx & provides IV therapy	PA	NA	C corp					No
Wellspan Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457	Risk Retention Group	PA	NA	C Corp	7,299,090	19,168,441	66 710 %		No
York Health Plan PO Box 2767 York, PA 174052767 23-2664989	Preferred Provider Organization	PA	NA	C corp					No
WellSpan Provider Network PO Box 2767 York, PA 174052767 23-2907828	Coord mngd care risk contracting	PA	NA	C Corp					No
Apple Hill Condominium Association PO Box 2767 York, PA 174052767 23-2504543	Condo Mgmt Association	PA	NA	Homeowner Assoc					No
North Lanc Co Phys Hosp Alliance PO Box 2767 York, PA 174052767 23-2421885	Coord Phys & Hospital	PA	NA	C corp					No
GSH Realty Inc PO Box 2767 York, PA 174052767 25-1832359	Rental of non res real estate	PA	WSH Care Services	C corp					No