

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization York Hospital		D Employer identification number 01-0212444
	Doing business as		E Telephone number (207) 363-4321
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	15 Hospital Drive		G Gross receipts \$ 222,432,969.
	City or town, state or province, country, and ZIP or foreign postal code York, ME 03909		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: Patrick Taylor, MD same as C above		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: www.yorkhospital.com		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1904	M State of legal domicile: ME

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Community Hospital
	2 Check this box <input type="checkbox"/> 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 18
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 1334
	6 Total number of volunteers (estimate if necessary) 6 150
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 2,867,664.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 64,193.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 1,521,260. 1,260,104.
	9 Program service revenue (Part VIII, line 2g) 207,476,822. 207,911,534.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,293,021. 1,146,923.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 76,039. 42,380.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211,367,142. 210,360,941.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 401,050. 258,393.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 106,351,664. 110,047,478.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) 780,535.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 105,580,410. 111,009,152.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 212,333,124. 221,315,023.	
19 Revenue less expenses. Subtract line 18 from line 12 -965,982. -10,954,082.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 120,333,185. 112,889,162.
	21 Total liabilities (Part X, line 26) 54,445,372. 54,792,556.
	22 Net assets or fund balances. Subtract line 21 from line 20 65,887,813. 58,096,606.

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	Signature of officer	Date			
	Robin Labonte, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Connor Smart	Preparer's signature <i>Connor Smart</i>	Date 11/04/24	Check if self-employed <input type="checkbox"/>	PTIN P02285543
	Firm's name Baker Newman & Noyes	Firm's EIN 01-0494526	Firm's address P.O. Box 507 Portland, ME 04112	Phone no. (207) 879-2100	

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 [X]

1 Briefly describe the organization's mission:
Community Hospital

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 199,378,124. including grants of \$ 258,393.) (Revenue \$ 205,092,853.)
York Hospital is a not-for-profit health care center established to provide health care services to the York county area. It offers both inpatient and outpatient acute services and has 79 licensed acute beds. The Hospital has outpatient satellite services in Wells, Kittery, Berwick, South Berwick, Sanford, and Newington, NH.

York Hospital is committed to enhancing the health and wellness of the communities we serve. Our vision is to be the community's trusted health partner dedicated to clinical excellence and service, empowering people to live their best possible lives.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 199,378,124.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	X	
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	X	
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	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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		X
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		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	X	
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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		
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		X
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		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.	18	
1b	Enter the number of voting members included on line 1a, above, who are independent	14	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on 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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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?	X	
16b	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?	X	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed None

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 on Schedule O)

19 Describe on 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
Robin LaBonte, CFO - (207) 363-4321
15 Hospital Drive, York, ME 03909

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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.
- See the instructions for the order in which to list the persons above.

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Peter Dourdoufis, MD Cardiologist	40.00 0.00					X	768,911.	0.	64,021.	
(2) Jeffrey Colness, MD Cardiologist	40.00 0.00					X	771,066.	0.	30,557.	
(3) Patrick A. Taylor, MD CEO/President	40.00 0.00	X		X			617,473.	0.	76,250.	
(4) Alex Gold, MD Cardiologist	40.00 0.00					X	589,898.	0.	57,200.	
(5) Ali Al-Alwan, MD Pulmonologist	40.00 0.00					X	624,875.	0.	0.	
(6) Jeffery Lockhart, MD Anesthesiologist/Med. Dir. Peri-Op.	40.00 0.00					X	560,685.	0.	43,153.	
(7) Robin LaBonte CFO	40.00 0.00			X			375,234.	0.	61,951.	
(8) Frank Green, DO Trustee/Physician	40.00 0.00	X					384,013.	0.	52,001.	
(9) Erich Fogg, PA-C Trustee/Director of Walk-in Services	40.00 0.00	X					251,041.	0.	48,186.	
(10) Yvette Baily, RN Trustee/RN (eff 9/2023)	40.00 0.00	X					114,959.	0.	16,010.	
(11) Meghan Ceberek, RN Trustee/RN (end 8/2023)	10.00 0.00	X					53,367.	0.	1,010.	
(12) Amy Bush Trustee (end 7/2023)	1.00 0.00	X					0.	0.	0.	
(13) Wendy Cote Trustee (eff 9/2023)	1.00 0.00	X					0.	0.	0.	
(14) Gretchen Dunkelberger Trustee	1.00 0.00	X					0.	0.	0.	
(15) Eugene Gaudette Trustee	1.00 0.00	X					0.	0.	0.	
(16) John Houlihan Trustee	1.00 0.00	X					0.	0.	0.	
(17) Judith McAllister Trustee	1.00 0.00	X					0.	0.	0.	

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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) Deborah Pease Trustee	1.00 0.00	X						0.	0.	0.
(19) Suzi Raeside Trustee	1.00 0.00	X						0.	0.	0.
(20) Ala Reid Trustee	1.00 0.00	X						0.	0.	0.
(21) David Speert, MD Trustee	1.00 0.00	X						0.	0.	0.
(22) Daniel Morrison Chair (until 8/2023); Trustee	1.00 0.00	X		X				0.	0.	0.
(23) Ann Hussey Vice Chair; Chair (eff 9/2023)	1.00 0.00	X		X				0.	0.	0.
(24) Dianne Smallidge, EdD, RDH Trustee; Vice Chair (eff 9/2023)	1.00 0.00	X		X				0.	0.	0.
(25) Lorraine Boston Trustee; Treasurer (eff 9/2023)	1.00 0.00	X		X				0.	0.	0.
(26) Douglas Bracy Trustee; Treasurer (end 9/2023)	1.00 0.00	X		X				0.	0.	0.
1b Subtotal								5,111,522.	0.	450,339.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,111,522.	0.	450,339.

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 194

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
Medifis P.O. Box 5068, New York, NY 10087	Locum staffing	8,580,992.
Allscripts Healthcare, LLC 24630 Network Place, Chicago, IL 60673	IT Services	2,402,796.
Weatherby Locums, Inc. P.O. Box 972633, Dallas, TX 75397-2633	Locum tenums services	1,816,758.
Commonwealth Radiology Associates 112 Chesley Drive, #100, Media, PA 19063	Radiology services	1,430,104.
Lahey Hospital & Medical Center 41 Mall Road, Burlington, MA 01805	Urology professional services	1,407,915.

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 34

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	15,000.				
	b Membership dues	1b					
	c Fundraising events	1c	46,648.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	809,684.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	388,772.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 24,918.				
	h Total. Add lines 1a-1f			1,260,104.			
	Program Service Revenue	2 a Patient services	Business Code				
		621400	150,045,961.	150,045,961.			
b Diagnostic and reference labs		621500	49,211,820.	48,839,215.	372,605.		
c Pharmacies and drug stores		456110	6,519,664.	4,029,123.	2,490,541.		
d Miscellaneous program services		621400	1,567,741.	1,563,223.	4,518.		
e Cafeteria and dietary		722210	536,823.	536,823.			
f All other program service revenue		621400	29,525.	29,525.			
g Total. Add lines 2a-2f				207,911,534.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		564,472.			564,472.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
				48,983.			
	b Less: rental expenses ...	6b	0.				
	c Rental income or (loss)	6c	48,983.				
	d Net rental income or (loss)			48,983.	48,983.		
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				12,568,246.	65,400.		
	b Less: cost or other basis and sales expenses	7b	11,893,212.	157,983.			
	c Gain or (loss)	7c	675,034.	-92,583.			
	d Net gain or (loss)			582,451.		582,451.	
8 a Gross income from fundraising events (not including \$ 46,648. of contributions reported on line 1c). See Part IV, line 18	8a						
			14,230.				
			20,833.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-6,603.		-6,603.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			210,360,941.	205,092,853.	2,867,664.	1,140,320.

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 X

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	258,393.	258,393.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,051,495.	1,825,313.	226,182.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	86,339,157.	78,463,795.	7,722,600.	152,762.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,655,595.	1,510,287.	142,286.	3,022.
9 Other employee benefits	14,216,163.	12,911,731.	1,279,501.	24,931.
10 Payroll taxes	5,785,068.	5,255,109.	519,932.	10,027.
11 Fees for services (nonemployees):				
a Management	200,412.		200,412.	
b Legal	69,328.		69,328.	
c Accounting	163,017.		163,017.	
d Lobbying	10,435.		10,435.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	37,520.		37,520.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,621,841.	27,429,375.	2,192,466.	
12 Advertising and promotion	487,522.	229,135.	258,387.	
13 Office expenses	3,696,098.	2,107,276.	1,004,999.	583,823.
14 Information technology	115,071.	54,084.	60,987.	
15 Royalties				
16 Occupancy	8,351,246.	6,346,947.	2,004,299.	
17 Travel	176,371.	82,894.	93,477.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	168,659.	79,270.	89,389.	
20 Interest	538,927.		538,927.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,243,529.	3,275,146.	962,413.	5,970.
23 Insurance	4,237,696.	696,076.	3,541,620.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Medical supplies/fees	37,935,201.	37,935,201.		
b Provision for bad debt	8,763,473.	8,763,473.		
c Pharmacy supplies	8,112,959.	8,112,959.		
d Healthcare provider tax	4,041,660.	4,041,660.		
e All other expenses	38,187.		38,187.	
25 Total functional expenses. Add lines 1 through 24e	221,315,023.	199,378,124.	21,156,364.	780,535.
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 <input type="checkbox"/> 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 X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,640,081.	1	367,322.
	2 Savings and temporary cash investments	2,230,181.	2	2,460,364.
	3 Pledges and grants receivable, net	448,718.	3	274,408.
	4 Accounts receivable, net	22,807,663.	4	22,943,806.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,048,204.	8	4,353,729.
	9 Prepaid expenses and deferred charges	2,519,297.	9	1,605,698.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 126,212,780.		
	b Less: accumulated depreciation	10b 85,245,731.	10c	40,967,049.
	11 Investments - publicly traded securities	23,486,313.	11	31,637,646.
	12 Investments - other securities. See Part IV, line 11	11,966,626.	12	2,588,844.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,921,463.	15	5,690,296.
16 Total assets. Add lines 1 through 15 (must equal line 33)	120,333,185.	16	112,889,162.	
Liabilities	17 Accounts payable and accrued expenses	22,463,792.	17	28,334,190.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	7,398,245.	20	6,535,098.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,676,283.	23	5,136,805.
	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	17,907,052.	25	14,786,463.
	26 Total liabilities. Add lines 17 through 25	54,445,372.	26	54,792,556.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	50,306,080.	27	40,885,757.
	28 Net assets with donor restrictions	15,581,733.	28	17,210,849.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	65,887,813.	32	58,096,606.
	33 Total liabilities and net assets/fund balances	120,333,185.	33	112,889,162.

Part XI Reconciliation 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	210,360,941.
2	Total expenses (must equal Part IX, column (A), line 25)	2	221,315,023.
3	Revenue less expenses. Subtract line 2 from line 1	3	-10,954,082.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65,887,813.
5	Net unrealized gains (losses) on investments	5	3,444,113.
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 on Schedule O)	9	-281,238.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	58,096,606.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

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

(Complete only if you checked the box on line 5, 7, or 8 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. 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		<input type="checkbox"/>
b 33 1/3% support test - 2022. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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.		Yes	No
2a			
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

York Hospital

Employer identification number

01-0212444

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization York Hospital	Employer identification number 01-0212444
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>540,432.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>186,408.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>91,730.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>82,844.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization York Hospital	Employer identification number 01-0212444
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>24,918.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization York Hospital	Employer identification number 01-0212444
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>5,661.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization York Hospital	Employer identification number 01-0212444
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	<hr/> <hr/> <hr/>	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization York Hospital	Employer identification number 01-0212444
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	Publicly Traded Securities _____ _____ _____	\$ 24,918.	12/31/23
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization York Hospital	Employer identification number 01-0212444
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

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 organization York Hospital	Employer identification number 01-0212444
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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.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2023

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 (grassroots 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.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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.													
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-														
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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)		(b)
	Yes	No	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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		10,435.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			10,435.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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?			

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 campaign activity 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 expenditures 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.

Part II-B, Line 1f, Lobbying Activities:

Part II-B, Line 1f: York Hospital partners with various like-minded trade associations which support public policies and initiatives that focus on improving health outcomes and the experience of health care, while also aiming to reduce the overall cost of receiving that care. To maintain these partnerships, the Hospital is required to pay membership

Part IV Supplemental Information *(continued)*

dues back to these various trade associations. A portion of the dues paid to these associations has been designated as available for lobbying expenditures. Any lobbying expenditures paid by the associations are incurred in order to help track and discuss legislation affecting health care policy.

The specific dues paid by York Hospital to the trade associations in 2023, as well as the portion of the dues that were available for lobbying expenditures, are detailed below:

Maine Hospital Association

- Total 2023 dues: \$58,283
- Portion of dues available for lobbying: \$7,985

American Hospital Association

- Total 2023 dues: \$17,885
- Portion of dues available for lobbying: \$2,450

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

York Hospital

Employer identification number

01-0212444

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

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

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Schedule D (Form 990) 2023

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 make 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 program
 - 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	15,581,733.	20,784,173.	18,572,340.	16,116,712.	12,558,375.
b Contributions	281,741.	195,141.	739,411.	641,121.	1,507,759.
c Net investment earnings, gains, and losses	2,199,585.	-2,762,106.	1,964,538.	2,261,257.	2,583,038.
d Grants or scholarships					
e Other expenditures for facilities and programs	852,210.	2,635,475.	492,116.	446,750.	532,460.
f Administrative expenses					
g End of year balance	17,210,849.	15,581,733.	20,784,173.	18,572,340.	16,116,712.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 28.0100 %
 - c Term endowment 71.9900 %
- 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? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		3,904,522.		3,904,522.
b Buildings		74,192,874.	46,442,745.	27,750,129.
c Leasehold improvements		3,119,363.	2,956,161.	163,202.
d Equipment		43,332,754.	35,846,825.	7,485,929.
e Other		1,663,267.		1,663,267.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				40,967,049.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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) Miscellaneous receivables	656,095.
(2) Right-of-use assets	5,034,201.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	5,690,296.

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	
(2) Pension obligations	5,829,593.
(3) Estimated third-party payor	
(4) settlements	3,625,440.
(5) Other liabilities	269,965.
(6) Lease liabilities	5,061,465.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	14,786,463.

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 FASB 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	204,986,707.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,444,113.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	20,833.
e	Add lines 2a through 2d	2e	3,464,946.
3	Subtract line 2e from line 1	3	201,521,761.
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	37,520.
b	Other (Describe in Part XIII.)	4b	8,801,660.
c	Add lines 4a and 4b	4c	8,839,180.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	210,360,941.

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	212,496,676.
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	20,833.
e	Add lines 2a through 2d	2e	20,833.
3	Subtract line 2e from line 1	3	212,475,843.
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	37,520.
b	Other (Describe in Part XIII.)	4b	8,801,660.
c	Add lines 4a and 4b	4c	8,839,180.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	221,315,023.

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.

Part V, line 4:

Temporarily Restricted Funds are classified and sorted by the following groups and purposes:

Cardiac Campaign Funds - York Hospital launched a fundraising campaign to raise \$6.4 million to modernize the hospital's Cardiac Catheterization Laboratory. The Leading Heart Cardiac Campaign is enabling York Hospital to make infrastructure improvements, upgrade medical equipment and enhance patient care. The scope of work for the redesigned Cardiac Cath Lab includes the creation of three separate pre- and post-procedure recovery rooms for patients with a centralized nursing station to improve workflow and care coordination. The total estimated project cost is just over \$7.5

Part XIII Supplemental Information (continued)

million.

Providing a state-of-the-art Cardiovascular Catheterization Lab which fully supports the needs of our communities is a collaborative effort. Healthcare technology and patient's needs and expectations have greatly changed since the present center was established several decades ago.

Biewend (12/82) - Funds from which the original principal and any incurred income are to be restricted for the purchase of new equipment (at Board discretion which must be approved by a family member). Biewend Funds can also be used for the acquisition of land and buildings other than an addition to the present hospital buildings.

Page (1945) - Funds that are to be used for support and maintenance of district visiting nurses.

Diana Baldwin-Dunnan Fund for Nursing Excellence to be used for financial support of Newly Licensed Nurse Residency Program to defray costs of orientation, preceptors, and classroom instruction for current year graduate nurses orienting to hospital required nursing skills.

Rose F. Voignier Education Fund - Funds that are to be used for education for all with exception of physicians.

Rose Voignier Education Fund - Funds to be used for staff education.

Breast Cancer Living Well Fund - Funds to be used for breast cancer patients.

Part XIII Supplemental Information (continued)

Cancer Living Well Fund - Funds are to be used for cancer patients.

Hancock Healthy Aging Fund - Funds are to be used to support programs and services that promote and benefit the physical, emotional, spiritual, and overall health and well-being of our community as they age.

Women's Heart Health Fund - Funds are to be used for the support of the York Hospital Cardiology Center program "Heart Care for Women", an initiative specializing in women's heart care and diagnostics where the approach is to treat a health of women as a whole, minimizing the risk of heart disease and keeping the heart healthy.

Mark & Diane Wladis Cardiology Fund - funds to be used to support Cardiology Services as specifically directed by donor.

Permanently Restricted Funds are classified and sorted by the following groups and purposes:

Elizabeth B. Perkins - The Perkins' Funds Principal is to remain restricted in perpetuity. The income generated from the Funds are restricted for the care of patients who are unable to pay for proper treatment.

Gerrity - Principal Gerrity Funds are to be maintained in perpetuity. 80% of income generated by the funds are considered unrestricted, to be used on general operations, while 20% is to be reinvested as Principal.

Part XIII Supplemental Information (continued)

Cowey - and gains generated by the Funds are to be used for pediatrics (Corpus only to be kept intact).

Forristall - Income and gains generated by the Funds are to be used for SNF (Corpus only to be kept intact).

Mason - Income and gains generated by the Funds are to be used to provide free care to patients who cannot afford to pay (Corpus only to be kept intact).

Brewster - Income and gains generated by the Funds are to be used for any form of diabetes research and care (Corpus only to be kept intact).

Rose F. Voignier Education Fund - Income and gains generated by the Funds are to be used for education for all with the exception of physicians (Corpus only to be kept intact).

Palmer/Perkins Endowment - Income and gains generated by the Funds are to be used for education for nursing education for the staff (Corpus only to be kept intact).

Sidelinger - (6/88) Income and gains generated by the Funds are to be used for general support, upkeep and maintenance of the Hospital as determined by the Board (principal only to be kept intact).

Oncology Fund - Income and gains generated by the funds are to be used for support programs for patients, their families, and their caregivers.

Part XIII Supplemental Information (continued)

Part X, Line 2:

The Hospital is a not-for-profit corporation and is tax-exempt under Section 501(c)(3) of the Internal Revenue Code.

Tax-exempt organizations could be required to record an obligation for income taxes as the result of a tax position they have historically taken on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. The Hospital has evaluated the positions taken on its filed tax returns. The Hospital has concluded no uncertain income tax positions exist at December 31, 2023.

Part XI, Line 2d - Other Adjustments:

Fundraising event expenses	20,833.
----------------------------	---------

Part XI, Line 4b - Other Adjustments:

Provision for bad debts	8,763,473.
Provision for unrelated business income taxes	38,187.
Total to Schedule D, Part XI, Line 4b	8,801,660.

Part XII, Line 2d - Other Adjustments:

Fundraising event expenses	20,833.
----------------------------	---------

Part XII, Line 4b - Other Adjustments:

Provision for bad debts	8,763,473.
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Part XIII Supplemental Information *(continued)*

Provision for unrelated business income taxes 38,187.

Total to Schedule D, Part XII, Line 4b 8,801,660.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		Cruise (event type)	Road Race (event type)	None (total number)		
Revenue	1	Gross receipts	41,415.	19,463.	60,878.	
	2	Less: Contributions	28,665.	17,983.	46,648.	
	3	Gross income (line 1 minus line 2)	12,750.	1,480.	14,230.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		1,688.	1,688.	
	6	Rent/facility costs	2,611.	1,590.	4,201.	
	7	Food and beverages	8,861.		8,861.	
	8	Entertainment		375.	375.	
	9	Other direct expenses	2,993.	2,715.	5,708.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				20,833.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-6,603.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization York Hospital	Employer identification number 01-0212444
--	---

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	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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: <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:		<input checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> 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"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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 eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	1	114	74,246.		74,246.	.03%
b Medicaid (from Worksheet 3, column a)	1	7,590	19,995,676.	18,918,457.	1,077,219.	.51%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs	2	7,704	20,069,922.	18,918,457.	1,151,465.	.54%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			489,033.	4,771.	484,262.	.23%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			71,433,080.	29,010,588.	42,422,492.	19.96%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			71,922,113.	29,015,359.	42,906,754.	20.19%
k Total. Add lines 7d and 7j	2	7,704	91,992,035.	47,933,816.	44,058,219.	20.73%

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332091 12-26-23

Schedule H (Form 990) 2023

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: York Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	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?		X
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		X
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	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u>		
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	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
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	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Please see Part V</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>21</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>Please see Part V</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to 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: York Hospital

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of _____ %</p> <p>b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input checked="" type="checkbox"/> Residency</p> <p>h <input type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>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):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Was widely publicized within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>Please see Part V</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>Please see Part V</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>Please see Part V</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> 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</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations</p> <p>j <input checked="" type="checkbox"/> Other (describe in Section C)</p>		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: York Hospital

	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?	X	
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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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 <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> 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 (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> 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?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> 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: York Hospital

	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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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	X
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	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2023

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, 20a, 20b, 20c, 20d, 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.

York Hospital:

Part V, Section B, Line 3j: A shared vision of a healthy Southern York County; socio-economic characteristics by town, and a community themes and strengths assessment.

York Hospital:

Part V, Section B, Line 5: The current local Community Health Needs Assessment process completed in December 2021 helped York Hospital, its partners, and its community members identify three health issues of concern in the local service area: Mental Health; Substance Misuse; and Access to Care.

York Hospital has a long tradition of asking community members for feedback formally and informally to determine concerns and needs. The Hospital's 2021-2024 CHNA continues to listen to the communities it serves in order to help improve the health of those living in Southern York County Maine. The 2021-2024 CHNA compiles local, county, and state health data gathered through community member input about health issues and the needs and assets community members care about most.

Transportation was the biggest barrier to healthcare for many in two prior consecutive community surveys which led the hospital to establish its now extensive transportation service. The formality of the CHNA requirement helps to ensure community participation, collaboration and follow up.

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, 20a, 20b, 20c, 20d, 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.

York Hospital is the fiscal agent of and partners with the Choose to Be Healthy Coalition (CTBH) a federal and state funded youth substance use prevention coalition housed at the hospital whose staff make up its Community Health Team. CTBH assisted in engaging the community in the health assessment process.

CTBH has a membership and Advisory Board purposefully comprised of individuals who represent or have backgrounds from all of the diverse demographics and community groups that are served by the coalition. This includes individuals from law enforcement, behavioral health care, social service agencies, municipalities, business, faith, parents and youth. The involvement of these perspectives is necessary to implement successful health improvement initiatives.

Guiding the process was the perspective that much of what influences health outcomes happens outside of the health care system. These social factors include poverty, level of education, behavioral health status, age, and social connectedness, among others. Members of CTBH represent populations in the hospital service area with disparate health outcomes including those with low-incomes, the elderly, youth and those with substance use and mental health disorders. Elements of the National Association of City and County Health Officials (NACCHO) community health planning process were used in 2015 and 2018 to help community stakeholders identify a Vision for a Healthy Community and a list of Community Values. A Community Themes & Strengths Survey (available online and printed) was also implemented in 2015, 2018 and 2021.

In addition, a York County Community Health Forum was held on September

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, 20a, 20b, 20c, 20d, 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.

27, 2021, with over sixty public health professionals, community members, and decision makers who reviewed the most current county and state data, discussed local health concerns and helped prioritize health issues going forward as a county and as collaborating agencies, coalitions and hospitals.

The Community Health Team provided guidance for the CHNA process through monthly meetings with help from members of the York Hospital Patient Advisory Committee and York Hospital Board.

York Hospital:

Part V, Section B, Line 6b: York Hospital's CHNA was conducted with Choose To Be Healthy (CTBH), a community health coalition with a membership purposefully comprised of those representing diverse community sectors, such as education, health care, business, municipalities, law enforcement, and other similar community and public-service based institutions.

Additionally, the current assessment includes the Southern York County Maine towns of Berwick, Eliot, Kittery, Lebanon, North Berwick, Ogunquit, South Berwick, Wells, Sanford and York.

York Hospital:

Part V, Section B, Line 11: The York Hospital Community Health Needs Assessment 2021-2024 Implementation Plan Progress Report (for the

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, 20a, 20b, 20c, 20d, 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.

2021-2024 CHNA) identified three priority health issues: Mental Health, Substance Abuse and Misuse, and Access to Care. The Report outlines the Hospital's strategies, activities, progress, and status on each of these core issues.

The Hospital actively worked to address each of the priority health issues through improved access to care and health-related resources, community engagement and education initiatives, improved staff capacity and skillsets, increased service-infrastructure, and through additional community, Hospital, clinic, and facility-based programs available to vulnerable populations and the public at-large.

Please see the Community Health Needs Assessment 2021-2024 Progress Report on our website for additional and specific details on how York Hospital is addressing the significant needs identified in the 2021-2024 CHNA. The full report can be found at the following web address:

<https://www.yorkhospital.com/wp-content/uploads/2023/09/YorkHospitalCommunityHealthNeedsAssessmentImplementationPlan2021-2024ProgressReport.pdf>

York Hospital:

Part V, Section B, Line 13b: In addition to providing free care to patients with household income at or below 200% of the FPG, during 2022 York Hospital also offered a 33% discount to uninsured patients and a HELP Financial Assistance Program, which provides prompt payment discounts

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, 20a, 20b, 20c, 20d, 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.

based on balances-due and patient income. Any reduction of these patients' hospital bills was based on the applicable patients' household income and the amount owed the Hospital.

York Hospital:

Part V, Section B, Line 16j: All patient billing statements list the Hospital's financial assistance program's applicable phone number and website-address, which the patient may then use to acquire more information or receive additional assistance.

York Hospital:

Part V, Section B, Line 20e: The collection agency working for York Hospital is aware of the Hospital's financial assistance policy. Therefore, in the unlikely event that a patient eligible for financial assistance is not identified before their account is sent to outside collections, the collection agency itself has the ability to identify these patients who will be unable to pay their hospital bills, and who may also qualify for the assistance program.

York Hospital will not impose extraordinary collection actions, such as wage garnishments, liens on residences, or other legal action, on any patient without first making reasonable efforts to determine whether that patient is eligible for financial assistance under the Hospital's policy.

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, 20a, 20b, 20c, 20d, 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.

Schedule H, Part V, Section B, Line 7a

York Hospital's 2021-2024 Community Health Needs Assessment can be found on its website at the following web address:

https://www.yorkhospital.com/application/files/8317/1104/1866/community_health_needs_assessment_report_2021-2024.pdf

Additionally, the past two mostly recently published Community Health Needs Assessments prior to the 2021-2024 Report can be found on the following web page:

<https://www.yorkhospital.com/990-chna/>

The CHNA Report 2018 is available at the following address:

https://www.yorkhospital.com/application/files/8417/1813/7656/2018_chna_report.pdf

The CHNA Report 2015 is available at the following address:

https://www.yorkhospital.com/application/files/8317/1813/7656/2015_chna_report.pdf

Schedule H, Part V, Section B, Line 16a:

York Hospital's Financial Assistance Policy is available on their

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, 20a, 20b, 20c, 20d, 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.

website at the following web address:

<https://www.yorkhospital.com/financial-assistance-program/financial-assistance-policy/>

Schedule H, Part V, Section B, Line 16b:

Information for York Hospital's FAP Application Process is available on their website at the following web address:

<https://www.yorkhospital.com/financial-assistance-program/>

Additionally, the actual Financial Assistance Application Form can be found at the following web address:

<https://www.yorkhospital.com/application/files/5017/1467/0231/2024-free-medical-care-for-patients-of-york-hospital.pdf>

Schedule H, Part V, Section B, Line 16c:

York Hospital's FAP Plain Language Summary is available on their website at the following web address:

<https://www.yorkhospital.com/financial-assistance-program/>

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, 20a, 20b, 20c, 20d, 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.

Schedule H, Part V, Section B, Line 10:

York Hospital's Community Health Needs Assessment (CHNA) 2021-2024

Implementation Plan Progress Report can be found at the following web address:

https://www.yorkhospital.com/application/files/7617/1813/7656/2021-2024_chna_progress_report.pdf

Schedule H, Part V, Section B, Line 16i:

501(r) Regulations require that hospitals translate their financial assistance policy (FAP) into primary languages spoken by limited English proficient (LEP) populations in their hospital service area. Should a LEP population demographic exceed 5% of the community residents or 1,000 individuals, whichever is less, a hospital must make available translated copies of its FAP.

The York Hospital website allows its users to automatically translate the language of the Hospital FAP into English, French, or Spanish, as is preferred and applicable to the user. The Hospital website allows this functionality through a translate drop-down box, located in the upper left-hand corner of the Hospital home-page (<https://www.yorkhospital.com/>); at the user's selection, the Hospital website will automatically translate into the desired language of choice.

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, 20a, 20b, 20c, 20d, 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.

Schedule H, Part V, Section B, Line 22:

Individuals who qualify under the Hospital's financial assistance policy receive a 100% write off of charges. Accordingly, no box has been checked to indicate how the Hospital determines the maximum amount that may be charged to FAP-eligible patients.

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? 14

Name and address	Type of facility (describe)
1 York Hospital @ Long Sands 127 Long Sands York, ME 03909	See Description in Part VI
2 York Hospital in Wells 112-114 Sanford Road Wells, ME 04090	See Description in Part VI
3 York Hospital @ 16 Hospital Drive 16 Hospital Drive York, ME 03909	See Description in Part VI
4 Cardiovascular Care in Newington 2064 Woodbury Avenue, Suite 103 Newington, NH 03801	See Description in Part VI
5 York Hospital in Kittery 35 Walker Street Kittery, ME 03909	See Description in Part VI
6 York Hospital Kittery Medical Service 75 US Route 1 Kittery, ME 03909	See Description in Part VI
7 York Hospital @ 12 Hospital Drive 12 Hospital Drive York, ME 03909	See Description in Part VI
8 York Hospital in South Berwick 57 Portland Street South Berwick, ME 03908	See Description in Part VI
9 York Hospital Neurology Associates 223 York Street York, ME 03909	See Description in Part VI
10 York Hospital in Sanford 1474 Main Street Sanford, ME 04073	See Description in Part VI

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 (for example, 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.

Part I, Line 3c:

In addition to providing free care to patients with household income at or below 200% of the FPG, during 2023 York Hospital also offered a 33% discount to uninsured patients and a HELP Financial Assistance Program, which provides prompt payment discounts based on balances-due and patient income. Any reduction of these patients' hospital bills was based on the applicable patients' household income and the amount owed the Hospital.

Part I, Line 7:

York Hospital has several hospital clinical services and hospital-owned physician practices. In accordance with the IRS Instructions for Form 990, Schedule H, Worksheet 6, organizations may include any applicable physician practice that the Hospital subsidizes (i.e., operates at a loss) in the preparation and completion of Schedule H. Therefore, the Hospital has included the following hospital clinical services and hospital-owned physician practices that operate at a loss (i.e., are subsidized by the Hospital) and the associated costs of these practices:

a. Endocrinology Practice

Part VI Supplemental Information (Continuation)

- b. Adult House Call
- c. Kittery Family Practice
- d. Emergency Room
- e. Home Health Agency
- f. GYN Practice
- g. Wells Walk-In
- h. Rheumatology Practice
- i. Neurology Practice
- j. Psychiatry Practice
- k. Urology Practice
- l. Berwick Walk-In
- m. Pulmonary Practice
- n. Great Works Family Practice
- o. Family Medicine in Wells
- p. York Family Practice
- q. Webhannet Internal Medicine Practice
- r. Pediatric Practice
- s. York Walk-In
- t. Surgical Associates
- u. Sanford Family Practice
- v. Kittery Walk-In
- w. Sanford Walk-In
- x. Wells Primary Care
- y. Center for Older Adults
- z. York Hospital Recovery Center
- aa. Internal Medicine York

The above-listed hospital clinical services and hospital-owned physician

Part VI Supplemental Information (Continuation)

practices have a community benefit (i.e. aggregate loss or subsidy from the Hospital) of approximately \$42.42 million. In addition, this community benefit does not take into account bad debts, charity care, or contractual adjustments. Thus, this community benefit of approximately \$42.42 million is a conservative figure that reconciles to the community benefit information reported on this IRS Form 990, Schedule H, Part I, Line 7g, Column e.

Form 990, Schedule H instructions and guidance contain a template (Worksheet 2) that may be used to determine the overall cost-to-charge ratio that could be applied throughout Schedule H in order to convert care-charges to cost. Where applicable, the Hospital has utilized Worksheet 2 for various calculations. The only areas where Worksheet 2 was not utilized for Part 1, Line 7, were the following:

a. Schedule H Worksheet 6, Subsidized Health Services (the supporting worksheet for Part I, Line 7g): the Hospital did not utilize Worksheet 2 when calculating the percentage used to determine the profit or loss of each hospital clinical service and hospital-owned physician practice. Instead, when compiling the subsidized hospital clinical services and hospital-owned physician practices listed in Line 1c, the Hospital utilized the actual estimated costs on the modified Medicare cost report instead of applying the Worksheet 2 cost-to-charge percentage.

b. Schedule H, Worksheet 3, Unreimbursed Medicaid and Other Means Tested Government Programs (the supporting schedule for Part I, Lines 7b and 7c); and Worksheet 6, Medicaid Allowable Costs for Subsidized Health Services, listed in Line 1c above (which is part of the line 7g costs): the Hospital

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

did not utilize the Worksheet 2 percentage when calculating the Medicaid allowable cost. Instead, the Hospital utilized the actual Medicaid filed cost report for the allowable costs.

Part I, Line 7, Column (f):

The Bad Debt expense included on Form 990, Part IX, Line 25(A), but subtracted for purposes of calculating the percentage in this column is \$ 8,763,473.

Part II, Community Building Activities:

While the Hospital does not explicitly report cost and revenue reports related to Community Building Activities on its Schedule H, Part II, the Hospital does engage in various activities that improve the community's health and safety. For example, the Hospital offers numerous scholarships and financial assistance programs to staff to lessen the burden of higher education and to increase the total number of trained and qualified professional health care providers in the area. The Hospital also offers transportation services within its operating area to help patients get to and from their medical appointments or to deliver prescription medications; without the Hospital's intervention, many of these patients would not be able to access health care services. Additionally, York Hospital collaborates with many local social service agencies to design and deliver year-round programs to meet the basic needs of the Hospital's community, and to promote stronger physical, emotional, spiritual, and financial health. These are just a few of the many ways in which the Hospital is engaging with its community to promote health, safety, and general well-being.

Part VI Supplemental Information (Continuation)

Part III, Line 2:

The Hospital utilized Worksheet 2 from the IRS Schedule H Instructions and guidance to determine the ratio of patient care cost-to-charge (40.18% for fiscal year 2023). The Hospital then multiplied this ratio by the Hospital's total bad debt expense of \$8,763,473 to determine the Part II, Line 2, Bad Debt Expense of \$3,521,585.

Part III, Line 3:

Patients who qualify for financial assistance have 100% of their liability written off. Therefore, no portion of such financial assistance is included in the Hospital's bad debt expense.

Part III, Line 4:

See Footnote 2 on page 11 of the attached audited financial statements.

Part III, Line 8:

IRS Instructions and guidance for Form 990, Schedule H contain a template (Worksheet 2) that may be used to determine the overall cost-to-charge ratio. This ratio may then be applied throughout Schedule H to convert care charges to cost. Where applicable, the Hospital has utilized Worksheet 2 for various calculations. The only areas where Worksheet 2 was not utilized for Part III, Line 8, was in determining Schedule H, Worksheet B, Line 2 & 6, Medicare Allowable Costs and Payments Related to Subsidized Health Services: The Hospital utilized the Medicare cost report estimated cost and payment for these services.

The Hospital believes that its hospital clinical services, hospital-owned physician practices, emergency room, and home health agency (as listed on

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

this Schedule H) should be considered a community benefit, as community members benefit by having easy access to these services, facilities, and programs which are both offered and subsidized. These facilities and programs are offered and thus subsidized through the Hospital.

Part III, Line 9b:

Accounts with self-pay balances that show no evidence of patient payments or eligibility for financial assistance that have completed a patient dunning cycle (120 days approximately) may be transferred to a collection agency. Any patient account that has applied for any of York Hospital's financial assistance programs and supplied all required documentation will be held in a pending status until a determination is made.

Part VI, Line 2:

York Hospital has focused on three goals identified in its Community Health Needs Assessment:

- 1. Mental Health
- 2. Substance Use and Misuse
- 3. Access to Care

York Hospital has posted the most current CHNA, Implementation Plan, and Implementation Plan Progress Report for the following CHNA goals at the following address:

<https://www.yorkhospital.com/990-chna>

The Hospital's most recent CHNA identifies a number of core objectives as

Part VI Supplemental Information (Continuation)

part of its overall community assistance goals, which are detailed below.

MentalHealth:

- Increase access to mental health services and improve collaboration between service providers, especially in helping youth and young adults.
- Build capacity of York Hospital staff to understand mental health and increase ability to provide support for each other and patients.
- Build capacity of families and professionals to understand mental health and increase ability to provide support and access services.
- Advocate for mental health services and options for inpatient treatment.

Substance Use and Misuse:

- Increase capacity to provide medication assisted treatment through the YH Recovery Center.
- Support the Choose To Be Healthy Coalition (CTBH) in preventing youth substance use disorders with evidence based strategies.
- Provide regular community education.

Increase and Improve Access to Care:

- Increase proportion of patients with a usual primary care provider
- Increase proportion of patients with online access to electronic medical records and appointment information.
- Increase proportion of patients that receive evidence based preventive care.

These priorities were chosen through a process that examined data from state and county sources as well as local data including the York Hospital Community Themes and Strengths Survey results, local forums, discussion

Part VI Supplemental Information (Continuation)

groups and one-on-one key informant interviews.

In choosing its community's significant health needs and priorities, the Hospital used the following criteria:

- Data showing significant problem(s) compared to past and/or to the state numbers
- Gaps in existing services and efforts
- Concern for issue demonstrated by community members and collaborating partners
- Capacity at York Hospital and among partners to implement actions resulting in measurable outcomes

The quantitative data for the CHNA comes primarily from the 2021 York County Maine Shared Community Health Needs Assessment process and includes multiple secondary sources including the US Census, the Maine Behavioral Risk Factor Surveillance System, the Maine Integrated Youth Health Survey, and several State of Maine departments. The complete reports and data sources for this information can be found at:

<https://www.maine.gov/dhhs/mecdc/phdata/MaineCHNA/final-CHNA-reports.shtml>

York County and local area data used in the 2021-2022 CHNA include:

- Demographic and socio-economic factors;
- Health care access;
- Health status;
- Disease incidence and prevalence; and
- Health behaviors and risk factors.

Part VI Supplemental Information (Continuation)

Qualitative data was compiled from:

- Group discussions with hospital staff and community members;
- Key informant interviews with stakeholders and patients;

The total amount of information that can be compiled from these data-sets allows the Hospital to assess the health care needs of the community it serves.

Part VI, Line 3:

York Hospital is a non-profit healthcare provider. York Hospital is committed to providing financial assistance to every person in need of medically necessary treatment even if that person is uninsured, under insured or ineligible for government programs, or unable to pay based on their financial situation.

The patients' billing statement lists the phone number and website address to use for more information regarding the Financial Assistance Program. York Hospital will accept a variety of payment methods and will offer resources to assist in resolving outstanding balances. The Hospital will assist patients in applying for known programs of financial assistance that may be applicable. York Hospital will treat all patients with loving-kindness, respect and compassion.

The Hospital offers free care to patients whose income is twice the federal poverty income level. For example, an uninsured family of 4 whose total annual income is \$60,000 or lower qualify for free care at York Hospital. Based on this program alone, York Hospital provides free care to

Part VI Supplemental Information (Continuation)

patients who utilize our services every year and FAP-eligible individuals can't be charged more than the amounts generally billed (AGB) for an emergency or other medically-necessary care. Additionally, York Hospital's Prescription Assistance Program (PAP) helps qualifying patients without prescription drug coverage get the medicines they need through the program that is right for them. Many can get their medications free or nearly free.

Financial assistance is available for any resident of the State of Maine indicating the inability to pay a medically necessary bill. The Hospital will evaluate a patient's ability to pay, their available insurance and health coverage, and their financial status when determining if a patient is eligible for free care or financial assistance. The evaluation process may require a patient to provide verification of their income.

Lastly, The Notice of York Hospitals Financial Assistance Policy shall be distributed by means of posting notices in prominent, well-traveled patient locations while also being placed in the information section of patient statements. The Financial Assistance Policy will also be made readily available on the York Hospital website and on brochures in common patient locations. These notices will be posted in the language most commonly spoken by the surrounding community.

Part VI, Line 4:

York Hospital's primary service area includes the following communities in Southern York County Maine: Berwick, Eliot, Kittery, North Berwick, Ogunquit, South Berwick, Wells, Sanford, and York.

Additionally, the Hospital's secondary service area includes the following

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

communities: Lebanon and Kennebunk, Maine, and Portsmouth and Newington, New Hampshire.

Approximately 7.01% of York Hospital patients utilize Medicaid and approximately 54.19% of York Hospital patients utilize Medicare. According to the United States Census Bureau, as of the July 1, 2023 census data, 5.4% of York County Residents lived in poverty (<https://www.census.gov/quickfacts/fact/table/yorktownyorkcountymaine/INC110219>).

The 2021-2024 CHNA reports that the Hospital's immediate service area of ten towns had a population of approximately 90,000 people. York County continues to be one of the healthiest parts of Maine. Across economic measures, York County ranks more positively than the Maine state-average on median household income, unemployment, and poverty.

According to the United States Census Bureau, the overwhelming majority of the County's population is white (white alone)(95.8%), with Black or African-American alone (1.0%), with Hispanic (0.5%), Asian (0.3%), or two or more races (2.4%) making up the difference.

Despite the County's relative economic success and good-health, the region still struggles with health and social issues that are somewhat more hidden in the County's small towns. The Hospital's priority communities see affordable housing and food security as two priorities to improve to make the communities healthier. An aging population and more families living together due to economics and behavioral health issues are factors in some of Hospital's challenges to providing care.

Part VI Supplemental Information (Continuation)

Part VI, Line 5:

York Hospital is a not-for-profit 79 bed hospital that has been serving the needs of our community, patients and visitors for over 110 years. The Hospital maintains a dual purpose to provide high quality health care services to care for all, and to improve the health of those living in our expanding service area community. Medical services are offered at the Hospital's main campus in York and at satellite locations throughout the Hospital's service area in Southern York County. York Hospital's service area covers an approximately 250 square mile area, with a combined population of approximately 90,000 residents. The Hospital's Board of Trustees is made up of members from all communities served by York Hospital. All medical staff are eligible to participate with the Board if they meet privileging criteria. All hospital profits are reinvested in the facilities, equipment and services for the communities.

York Hospital is committed to providing care for all, including the under- and uninsured within the Hospital's community. York Hospital has been an integral part of the quality of life in southern Maine for over a century. The Hospital's devotion to its values, and its responsiveness to the community it serves, truly sets it apart and is what makes the Hospital one of the most respected and successful organizations in Maine. York Hospital's success in meeting the needs of the community is based on one simple tenet: provide patients and their families with the highest quality, most accessible, sensitive and compassionate medical care.

York Hospital responds to community needs for clinically excellent healthcare, close to home, by partnering with tertiary care hospitals in

Part VI Supplemental Information (Continuation)

Boston and Portland. To provide patients with easy access to care, York Hospital has community outpatient medical facilities in Berwick, Kittery, Sanford, South Berwick, Wells and York.

In addition to providing needed medical/healthcare services, the hospital supports its communities in many meaningful ways such as the York Hospital Transportation Services. The York Hospital Transportation Services provides help patients get to and from medical appointments or to deliver prescription medications to their homes.

The Hospital collaborates with many local social service agencies to design and deliver year-round programs to meet the basic needs of our community in support of stronger physical, emotional, spiritual, and financial health. York Hospital continues a long history of listening to the communities it serves in order to help improve the health of those living in Southern York County Maine.

Part VI, Line 6:

Not Applicable

Part VI, Line 7, List of States Receiving Community Benefit Report:

ME

Schedule H, Part V, Section D:

Non-Hospital Facility Services Offered:

- 1. York Hospital @ Long Sands: Family Practice, Physical Therapy, Oncology, Cardiac Rehab, Cardiovascular Care, Pediatric Rehab.

Part VI Supplemental Information (Continuation)

2. York Hospital in Wells: ER, Walk-In Clinic, Lab, Imaging, Breast Care, Wound Care, Physical Therapy, Oncology, Pediatric Associates, Primary Care.

3. York Hospital at 16 Hospital Drive: Surgery Associates, Pediatric Associates, Pulmonary Associates, Rheumatology Associates, GYN Practice.

4. Cardiovascular Care in Newington: Cardiovascular Care.

5. York Hospital in Kittery: Family Practice, Walk-In Clinic, Lab, Imaging.

6. York Hospital Kittery Medical Services: Oncology, Physical Therapy.

7. York Hospital @ 12 Hospital Drive: Internal Medicine, Cardiovascular, Urology, Diabetes, Endocrinology, Psychiatric Care.

8. York Hospital in South Berwick: Family Practice, Lab, Physical Therapy, Pediatric Rehab.

9. York Hospital Neurology Associates: Neurology

10. York Hospital in Sanford: Walk-In Clinic, Lab, Imaging, Family Practice.

11. York Hospital @ Route 1 York: Walk-In Clinic, Lab, Imaging

Part VI Supplemental Information (Continuation)

12. Webhannett Internal Medicine: Internal Medicine.

13. York Hospital in Berwick: Walk-In Clinic, Imaging, Lab.

14. York Hospital Home Care: Home Care.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Health Stream Online Learning Library	1043	89,044.	0.		
Continuing Education/Seminars and Workshops	69	20,457.	0.		
New Graduate Nursing Orientation	10	79,372.	0.		
Employee Assistance Program	33	69,520.	0.		

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

Part I, Line 2:

The scholarship funds are monitored by the Education Committee, which manages the funds in accordance with the donor's wishes. The committee does this by determining what the spending policy is at the beginning of the year by fund category. Some funds are restricted to nursing education, others to non-nursing education. The funds can be used for those who want to attend workshops or seminars or to further their education through a post-secondary accredited school. Funds are also used for orientation programs.

Part IV Supplemental Information

Requests for funding must be made through a formal process. Each person requesting funds must prepare an application which must be approved by a director or leader. The form is then submitted to the Education Committee for review and approval.

All amounts are also tracked and reviewed in accounting to ensure that the monies are used in accordance with the donor's wishes. Annually, staff from the Community Relations Department reports fund activity directly to donors that request it.

Lastly, the Hospital operated an Employee Assistance Program during the year. The Employee Assistance Program provides employees and their dependents no-cost short-term confidential counseling services on personal issues, and referrals to local providers, financial resources, tools and legal resources, consultants, and other care referrals.

**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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

York Hospital

Employer identification number

01-0212444

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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 on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued 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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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 aren't 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 and/or 1099-NEC 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) Peter Dourdoufis, MD Cardiologist	(i)	443,881.	320,709.	4,321.	15,000.	49,021.	832,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Jeffrey Colness, MD Cardiologist	(i)	465,137.	301,608.	4,321.	12,971.	17,586.	801,623.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Patrick A. Taylor, MD CEO/President	(i)	552,159.	53,000.	12,314.	59,752.	16,498.	693,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Alex Gold, MD Cardiologist	(i)	411,934.	154,172.	23,792.	5,750.	51,450.	647,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Ali Al-Alwan, MD Pulmonologist	(i)	624,875.	0.	0.	0.	0.	624,875.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Jeffery Lockhart, MD Anesthesiologist/Med. Dir. Peri-Op.	(i)	553,016.	0.	7,669.	15,000.	28,153.	603,838.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Robin LaBonte CFO	(i)	365,995.	3,976.	5,263.	12,282.	49,669.	437,185.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) Frank Green, DO Trustee/Physician	(i)	379,470.	1,536.	3,007.	7,467.	44,534.	436,014.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) Erich Fogg, PA-C Trustee/Director of Walk-in Services	(i)	248,587.	0.	2,454.	7,795.	40,391.	299,227.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Part I, Line 4b:

Schedule J, Part I, Line 4b, Non-Qualified Retirement Plans:

Patrick A. Taylor, MD became the President and CEO of the Hospital in 2021, at which time he entered a Supplemental Executive Retirement Plan with the Hospital that was intended to comply with the requirements of Section 457(f) of the Internal Revenue Code. The Plan is intended to be an unfunded plan maintained primarily for the purpose of providing deferred compensation to a select group of management. During the 2023 tax year, Patrick Taylor received tax-deferred contributions of \$33,150 under the 457(f) Plan. This amount is included in his deferred income as reported on this Form 990, Schedule J, Part II, Column C.

Part I, Line 7:

The Hospital may provide performance-based variable compensation as is deemed appropriate relative to performance metrics and goals. Such variable compensation is subject to review on an annual basis.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **York Hospital** Employer identification number **01-0212444**

Part I	Bond Issues	See Part VI for Column (f) Continuations											
		(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) Pooled financing	
								Yes	No	Yes	No	Yes	No
A	MHHEFA	01-0314384	560427JA5	06/24/10	113,477,369.	Refinance 1993, 1998, 1999A & 200		X		X		X	
B	MHHEFA	01-0314384	56042RLG5	06/27/17	5,004,813.	Refinance 2007A		X		X		X	
C	MHHEFA	01-0314384	56042RTR3	07/31/19	54,640,000.	Refinance 2008C, 2008D, 2009A, 201		X		X		X	
D	MHHEFA	01-0314384	56042RUP5	11/06/19	36,415,000.	Imaging and surgical equipmen		X		X		X	

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	2,891,450.		1,840,000.		1,063,866.		470,000.	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	6,081,252.		5,908,558.		3,119,187.		4,338,016.	
4	Gross proceeds in reserve funds	607,056.		483,431.		542,055.		291,650.	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows	5,418,358.		5,360,081.		2,542,023.			
7	Issuance costs from proceeds	55,838.		65,045.		35,110.		55,176.	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds							3,991,190.	
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2010		2017		2019		2022	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X			X
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X		X			X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2023

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?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
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?		X		X		X		X
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 .....		.00 %		.00 %		.00 %		.00 %
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 .....		.00 %		.00 %		.00 %		.00 %
6 Total of lines 4 and 5 .....		.00 %		.00 %		.00 %		.00 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
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?		X		X		X		X

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?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
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?		X		X		X		X

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
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?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

	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 isn't available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

Schedule K, Part I, Bond Issues:

(a) Issuer Name: MHHEFA

(f) Description of Purpose: Refinance 1993, 1998, 1999A & 2001D

(a) Issuer Name: MHHEFA

(f) Description of Purpose:
Refinance 2008C, 2008D, 2009A, 2010A, and 2017A bonds

(a) Issuer Name: MHHEFA

(f) Description of Purpose:
Imaging and surgical equipment; compounding and cath lab renovation

Form 990, Schedule K, Part III, Line 9, IV, Line 7, and Part V:
Although formal, written policies are not in place to ensure that violations are timely identified and corrected, the bonds issuer, Maine Health & Higher Educational Facilities Authority (MHHEFA), monitors Section 148 requirements for York Hospital until funds are spent down enough to ensure none of the Hospital's tax exempt bonds become arbitrage bonds. Bond proceeds are placed in low yield investments and

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

no funds are released to York Hospital until expenses have been incurred and receipts are provided to MHHEFA.

Furthermore, the Hospital works closely with MHHEFA to ensure that safeguards are in place to take appropriate and timely remedial action should any violations of federal tax requirements occur.

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **York Hospital** Employer identification number **01-0212444**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the 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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

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) Amy Bush	Trustee (end 7/2023)	143,000.	Amy Bush se		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L. See instructions.

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Amy Bush

(b) Relationship Between Interested Person and Organization:

Trustee (end 7/2023)

(d) Description of Transaction: Amy Bush served on the York Hospital's

Board of Trustees until July, 2023. Amy Bush is also the President of

Sevenstep, a recruiting, consulting, management, and analytics service

provider. The Hospital engaged in transactions with Sevenstep to provide

such professional servies during this reporting periods. These

transactions individually exceeded \$10,000 and in aggregate summed to

\$143,000 by the end of this tax year. All transactions between the

Hospital and Sevenstep were negotiated at fair market value and at

arm's-length in accordance with the Hospital's conflict of interest

policy.

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

York Hospital

Employer identification number

01-0212444

Form 990, Part III, Line 3, Changes in Program Services:

York Hospital has closed the Hospital's inpatient Obstetrical unit as of September 25, 2023, due to an ongoing, nationwide shortage of health care workers.

York Hospital continues to provide Gynecology care on its main campus as well as outpatient Pediatric care at its York and Wells campuses.

Form 990, Part VI, Section A, line 4:

During the tax year covered by this Form 990, the Hospital made effective the following changes and amendments to its bylaws:

1. The number of Trustees is to be no less than 15 but no more than 30, exclusive of honorary trustees. Previously, this Trustee limit was inclusive of the President of the Medical Staff; effective October 2023, this position has been removed from the maximum limit of Board Members as prescribed by the Bylaws.

2. Members of the Board of Trustees shall serve for three-year terms and may serve no more than three successive three-year terms (or nine continuous years). Members may serve additional terms beyond the nine continuous years after at least one full term (three years) of non-Board membership.

3. The bylaws now formally state that all Trustees must sign and complete an annual conflict of interest disclosure form.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization York Hospital	Employer identification number 01-0212444
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4. The Board of Trustees shall meet at least quarterly as scheduled. Prior to this amendment, the Board of Trustees was required to meet monthly as scheduled.

5. The Composition of the Executive Committee has been amended as follows: the Committee shall consist of the Chair of the Board, the Vice Chair/Board Clerk, the Treasurer, the Assistant Treasurer, the immediate past Chair (assuming they're still a Board member), and the President of the Hospital.

6. Codifies that no person can serve as a Board Member if they have been excluded, disbarred, or disqualified from participation on federal healthcare program.

Form 990, Part VI, Section B, line 11b:

The Hospital's Form 990 is prepared with the assistance of an independent public accounting firm and thoroughly reviewed by the Hospital's finance staff before it is filed. The 990 is distributed to the Board of Trustees for their review and approval prior to the tax return's filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

Annually the Board of Trustees and the officers sign a conflict of interest form.

Form 990, Part VI, Section B, Line 15:

The executive committee of the Board of Trustees utilizes an outside firm's

Name of the organization York Hospital	Employer identification number 01-0212444
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database of CEO salaries to determine the CEO's compensation. The CEO determines the compensation of other officers or key employees using an outside firm's data to make sure the compensation is market based.

Form 990, Part VI, Section C, Line 19:

The Hospital's governing documents, conflict of interest policy, and financial statements are available upon request.

Form 990, Part VI, Section A, Line 16b:

While York Hospital does not have a formal joint venture policy that is written, it does have procedures in place to ensure that hospital-related assets are not misappropriated which includes periodic review of any joint venture related activity. Furthermore, the Hospital's joint venture arrangements better enable it to provide health-care related services to the community it serves.

Form 990, Part IX, Line 11g, Other Fees:

Contracted labor costs:

Program service expenses	27,429,375.
Management and general expenses	2,192,466.
Fundraising expenses	0.
Total expenses	29,621,841.
Total Other Fees on Form 990, Part IX, line 11g, Col A	29,621,841.

Form 990, Part IX, Line 24e

Name of the organization York Hospital	Employer identification number 01-0212444
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Included on this Form 990, Part IX, Line 24e, All Other Expenses,
include \$38,187 in accrued unrelated business income taxes.

Form 990, Part XI, line 9, Changes in Net Assets:

Adjustment to long-term pension obligations	482,022.
Net periodic pension cost	-763,260.
Total to Form 990, Part XI, Line 9	-281,238.

Form 990, Part XII, Line 2c:

The audit process has not changed from the prior year.

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **York Hospital** Employer identification number **01-0212444**

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.

(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
York Health Services - 02-0469065 15 Hospital Drive York, ME 03909	Heart health	Maine	501(c)(3)	Line 10	N/A		X

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) Disproportionate 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	
Shields Imaging at York Hospital -- 81-5066570, 700 Congress Street, Suite 204, Quincy, MA 02169	Imaging	ME	York Hospital	Related	228,919.	119,783.		X	N/A	X		50.00%

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	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 organization 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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)	X	

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
(1) Shields Imaging at York Hospital, LLC	S	200,000.	Actual per books
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.