weeks		TO B DE 12 1 - " PUBLIC DISCLOSURE CO				1 000 No 45/2 00/7
	90	Return of Organization Exempt F	From In	ncome ept private f	Tax oundations)	2013
ĬĬĬ.	٨		s It may be m	nade public.		Open to Public
lemel	Revers	Information about Form 990 and its instructions is	s at www.irs	aovitorm99	0014	Inspection
A Fo	r the	2013 calendar year, or tax year beginning $$ JUL $1,$ 2013 $$ and	ending J	UN 30,		
B Eog	ch il	C.Name of organization		D Employe	er identificat	lon number
		i .			•	
	Address change Name				01-021	2444
닏	Name change Initial return	Doing Business As Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho		
	return Termin eteci		100,1205,10	12 ,0.00	(207)	363-4321
H	ateo Amend return			G Gross rece	ipts\$	180,905,721.
	Applica	York, ME 03909		H(a) Is this	a group retu	w —
	pendin	F Name and address of principal officer: Jud Knox			bordinates?	
		same as C above		-		ded? Yes No
1 T	x-exe	mpt status: X 501(c)(3)	or 527	- 4		t. (see Instructions)
JW	ebsit	e: Www.yorkhospital.com	L. Voor		exemption	State of legal domicile: ME
		Organization, [25]	L Tear	UI IOIIIAUOII,	T 2 0 2 14 1	sale of topal duminione.
Fa		Summary Briefly describe the organization's mission or most significant activities:	Comp	nunity	Hospit	al
8	1 1	Bheffy describe the organization's mission of most significant activities.		-		
Activities & Governance	2	Check this box F if the organization discontinued its operations or dispose	osed of mor	e than 25%	of its net ass	ets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)			3	43
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	18
8		Total number of individuals employed in calendar year 2013 (Part V, line 2a)				1308 182
Ē		Total number of volunteers (estimate if necessary)				$\frac{182}{3,347,247}$
Acti		Total unrelated business revenue from Part VIII, column (C), line 12				11,394.
	b	Net unrelated business taxable income from Form 990-T, line 34		Prior Y		Current Year
	_	Contributions and grants (Part VIII, line 1h)	<u> </u>		2,672.	1,073,759.
Revenue		Program service revenue (Part VIII, line 2g)		158,73	1,989.	155,255,952.
Š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0,275.	3,454,296.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8o, 9o, 10o, and 11e)			0,005.	149,319.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		161,88		159,933,326.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4	4,317.	27,573.
		Benefits paid to or for members (Part IX, column (A), line 4)		90 77	$\frac{0.1}{2,212.}$	86,991,716.
SS	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	"·····	<u> </u>	0.	0.
senses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	551.	磁量等	Source Std. Va	
<u>a</u>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0,895.	72,168,205.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		161,51		159,187,494.
	19	Revenue less expenses, Subtract line 18 from line 12	,		7,517.	745,832.
58]_	Beginning of (End of Year
t Assets or	20	Total assets (Part X, line 16)		115,74	6,285.	119,765,021. 41,291,950.
# # E	21	Total liabilities (Part X, line 26)	·····		1,176.	78,473,071.
碧		Net assets or fund balances, Subtract line 21 from line 20 문 Signature Block		14,15	111101	70727070.=-
	artill	alties of perjury, I declare that I have examined this return, including accompanying sched	ules and state	ements, and to	the best of m	y knowledge and belief, it is
trn	rer han	ect, and complete. Declaration of preparer (other than officer) is based on all information o	f which prepa	rer has any kn	owledge.	-1_1
uu	, corre	I Sul Sol				113/17
Sig	าก	Signature of officer			Date	
He		Robin Labonte, CFO				
		Type or print name and title		T Date	T	II PTIN
		Print/Type preparer's name Nicholas E. Porto			/15 Check [if self-emplo	 `
Pa		110110240 21 20 20	· · · · · · · · · · · · · · · · · · ·		Firm's EIN	01-0494526
	1918 qu	FAR FAR			I HIN O LIIS	·- •
US	e Only	Film's andress P.O. DOX DO7			Phone no (2	207)879-2100

May the IRS discuss this return with the preparer shown above? (see instructions)

		01-0212444	Page 2
990 (20	13) York Hospital Statement of Program Service Accomplishments		<u> </u>
धाष्ट्र १	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		
	Check if Schedule O contains a response of note to any line in which		
Briefly	describe the organization's mission:		
Com	munity Hospital		
			
	e organization undertake any significant program services during the year which were not listed on	Γ]	No X
Dld th	ne organization undertake any significant program services during the year which word not have not represented from 990 or 990-EZ?	Ye	סאויים ו
the p	rior Form 990 or 990 EZ?	<u></u>	. V
If "Ye	nor Form 950 of 950-22. s," describe these new services on Schedule O. ne organization cease conducting, or make significant changes in how it conducts, any program services or schedule O.	es?Yeرا	S LALINO
Dld ti	ne organization cease conducting, or make significant changes and the significant changes and the significant changes are significant changes and the significant changes are significant changes and the significant changes are significant changes are significant changes and the significant changes are significant chan		
1f *Vc	as " describe these changes our controlle of	s, as measured by expens	0 3,
Desc	wibe the organization's program service accomplishments for each of its three largest program so not one to the three largest programs of not the service and allocations to the service and service a	others, the total expense	s, and
Sect	ion 501(c)(3) and 501(c)(4) organizations are required to report and the second distributions are reported.		012.
reve	ton 501(c)(3) and 501(c)(4) organizations are required to the first state of the first st	Revenue \$ 131,303	0 121
(Code	(Expenses 120,000 profit health care center	estabilshed b	oth
Yo	rk Hospital is a not-for-profit hearth sounty area ovide health care services to the York county area ovide health care services and has 79 1:	It Offers v	beds.
~~	VALUE DEVICE CREA AACT	IZBNISEN ACECC	~~~~
in	patient and outpatient acute services and has 75 1. e Hospital has outpatient facilities in Wells, Kit	cery, berwick,	
Tn	orth Berwick, and South Berwick.		
NO	rtn berwick, and bout-	to matie	nts
	ork Hospital is committed to providing exceptional	care to pactor	ing.
<u>Y C</u>	ork Hospital is committed to providing exceptional of their families. All efforts must be thoughtful, and their families of the creating and nurturing	kind, and iov	<u> </u>
ar	nd their families. All efforts must be thoughtful, ork Hospital is dedicated to creating and nurturing or the creating and nurturing ork Hospital is dedicated to creating and the creating and t	a rapric or	s. and
<u> </u>	ork Hospital is dedicated to creating and nurturing ork Hospital is de	olity medical	care
	1111 AG PA ATTON RENHILLIYO, GIAGOS		
<u> </u>	xperiences. de:) (Expanses \$ including grants of \$		
	NOCE TO COUNTY Including grants of \$	(Havanue \$	
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-) {Revenue \$	
40 ((Code:) (Expenses \$ including grants of \$		
,,,,,			
•			
•			
4d	Other program services (Describe in Schedule O.) (Revenue \$)
	Including orange of		
•	(Expenses \$ 148,537,479. Total program service expenses ▶ 148,537,479.		Form 990

01-0212444 Page 3 York Hospital Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or Х similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 110 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х **11**f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If *Yes," and if the organization answered *No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b $\overline{\mathbf{x}}$ is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14<u>a</u> 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV 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 X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Form 990 (2013)

X 18

19

20a

Х

1c and 8a? If "Yes," complete Schedule G, Part II

complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	23	_X_	
0Aa	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
-	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a	X	
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
^	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
v	any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
OE O	Section 501(c)(3) and 501(o)(4) organizations. Did the organization engage in an excess benefit transaction with a			
<u>z</u> va	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	l	X
L	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	- 1 11 1 Bull	25b		X
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
		26	l	X
	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		Π	
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		147	
28			14	
	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	286		X
b	A family member of a current of former officer, director, trustee, or key employee in 103, complete consists at 100 member thereoft was an officer			
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280	ĺ	x
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	1	T X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	-	╁┈╴	1.
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
	contributions? If "Yes," complete Schedule M	100	+	1
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
	If "Yes," complete Schedule N, Part I	31	+	+-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
	Schedule N, Part II	- 32	+-	 - -
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33	İ	×
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	. 33		+
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	. K	. [
	Part V, line 1		_	7
35	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35	* 	+-
t	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	35	,	
20	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	If "Yes," complete Schedule R, Part V, line 2	36	;	2
~	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1	
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	, [2
	and that is treated as a partnership for rederal income tax purposes in Tes, Compute Schedule V, Vat V. Did the organization complete Schedule O and provide explanations in Schedule O for Part Vi, lines 11b and 19?			十
38	Note, All Form 990 filers are required to complete Schedule O	. 3	3 2	ζĺ
	Mote. All Form and theirs the tedritied to combining actionals o	F۸		0 (20

01-0212444 Page 5 York Hospital Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes 75 1a Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes." enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Бa b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 609(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ______ 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in ileu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

Form 990 (2013)

14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2013)

York Hospital

Page

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 in Schedule O. See instructions. X

	Check if Schedule O contains a response or note to any line in this Part VI			-2-1
Sect	ion A. Governing Body and Management		ve- I	No
	25	S	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax your			3
	If there are material differences in voting rights among members of the governing body, or if the governing			7 1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			2 X
þ	Fater the number of voting members included in the 1a, above, who are independent	多 斯		聚灌
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			2 12
	officer, director, trustee, or key employee?	2	—}	<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		j	77
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the croanization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		X
6	Did the organization have members or stockholders?	6		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?	7a_		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			**
	persons other than the governing body?	7b	March	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			逐動
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		-,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1	Ì	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u> </u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	্ তেওঁ	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			Ĭ.
12a	Did the organization have a written conflict of interest policy? If *No,* go to line 13	12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe]	ļ
	in Schedule O how this was done	120	X	 , -
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	E 50.000	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	1.74	100	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1 2		
а	The organization's CEO, Executive Director, or top management official	. <u>15</u> 6		
	Other officers or key employees of the organization	. 15k	<u> </u>	T 575-57
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	75. Y		望 图
	taxable entity during the year?	16	1 21/2	X
t	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	<u>6</u> 2,	1	2.38
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	583		
	exempt status with respect to such arrangements?	. 16	<u> </u>	<u> </u>
Se	ction 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 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only	y) avall	abie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Uther (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,	and fir	ianclai	i
•	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nization	:▶_	
_	Robin LaBonte, CFO - (207) 363-4321			
	15 Hospital Drive, York, ME 03909			A (00-20
332	006 10-29-13	F	orm 98	O (2013

85585-01

01-0212444 York Hospital Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

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

(A) Name and Title	Average hours per week	hours per box,				than o	ì an I	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual frustoe or director	institutional trustee	Officer	Коу етріоуве	Highest componsated employee	Former	the organization (W·2/1099·MISC)	organizations (W·2/1099·MISC)	compensation from the organization and related organizations	
1) Todd Adams, MD	40.00							05- #05		10 050	
rustee/Physician		X			_	_		267,596.	0.	13,959	
2) J. Thomas Albright, MD	40.00			-	İ				ا م	00 005	
rustee/Orthopedic Surgeon		X			1	_		372,229.	<u>0.</u>	29,805	
3) Richard Brown	1.00								۸	. 0	
rustaa		X			╀-	↓_	<u> </u>	0.	0.	0	
4) Wendy Cote	1.00								0.	o	
rustee		X	_	<u> </u>	╄	-	┡-	0.	U .	· · · · · ·	
5) Danal Epstein	1.00		1		1			0.	0.	o	
rustee	1 00	X	}	ļ	╀	<u> </u>		, <u>, , , , , , , , , , , , , , , , , , </u>	0.		
6) Ken Fellows, MD	1.00	x		1		1		0.	. 0.	C	
rustee	3 00	14	 -	ļ.,	-	+	╀	V.	¥		
7) Robert Foley	1.00	١,,						0.	0.	C	
rustee	1 00	X	 	╁	┿	-	╀				
8) William Foster	1.00	$ _{\mathbf{x}}$						0.	. 0.	(
rustee (part year)	40.00	╀≏	╄	+-	╀	+-	┿			1	
9) James Gilroy, MD, FACP	<u>, 40.00</u>	$ _{\mathbf{x}}$		1				252,191	.\ 0.	13,165	
ruetee/Physician	1.00	_	-	+-	-	+-	+-	202,191		13,10.	
10) Joan Goodrich	1.00	łх	1	1	1	1		0	. 0.	.] (
Trustee	1.00	┼≏	╁	┿	╁	+	┪—			 	
(11) Doug Gray, DDS	1.00	∤ _x						0	.\ o.	.[
Trustee (part year)	1.00		╫	+		┿	+	ļ		<u>'</u>	
(12) Connie Hanley, PhD	1.00	x						0	. 0.	.] (
Trustee	1.00		-	╫	╫	┰	+		1		
(13) Madeline Hayes	1.00	x ├	-					0	. 0		
Trustee (14) Cynthia Hosmer	1.00		+	╁	+	┪	十	 			
(14) Cynthia Hosmer Trustee	1.00	$\forall x$						0	. 0	.]	
(15) Chris Kehl	1.00		╁	╁	+		+			1	
Trustee	1.00	<u>بر</u>						0	. 0		
(16) Jeffrey Lockhart, MD	40.00		+	十	+	十	+			1	
Trustee/Anesthesiologist	20.00	۱,	۱,			1		558,400	.] 0	. 29,42	
(17) Jane May, RN	40.00		+	╁	+	+	+	 		1	
(II) Sand Mall, 144	1 2000		۲ ا	- 1		- 1	- 1	102,120	. 0	. 24,42	

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (C) (D) (E) (A) Position Reportable **Estimated** Average Reportable Name and title (do not check more than one box, unless person is both an hours per compensation compensation amount of officer and a director/trustee) from related other week from organizations compensation (list any the hours for organization (W-2/1099-MISC) from the organization related (W-2/1099-MISC) ndividual trustae organizations and related Say employe below organizations line) 1.00(18) Michael O'Keefe 0. 0. 0. Trustee 1.00(19) Deborah Pease 0. 0. 0. Trustee 40.00 (20) Lawrence Petrovich, MD 21,055. 0. 534,296 X Trustee/Cardiologist 1.00 (21) Suzi Raeside 0. 0. 0 Trustee 1.00 (22) Brett Rankin, MD 0. 0 0. Trustee 1.00 (23) Ala Reid 0 0. 0. Trustee 1.00 (24) Oscar Stone 0 0 0. Trustee (part year) 1.00 (25) Douglas Bracy 0. 0. 0. X Trustee/Chairman 1.00(26) Lorainne Boston 0. 0. Trustee/Vice Chairman 0 131,833. 2,086,832. 1b Sub-total 3,301,037. 316,960. 0. c Total from continuation sheets to Part VII, Section A 448,793. 5,387,869. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 118 compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on 10 X line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors 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
	Locum Physician Services	666,382.
Quest Diagnostic, 12436 Collection Center Drive, Chicago, IL 60693	Contract Laboratory Services	642,396.
Seacoast Pathology, Inc.	Contract Pathology Services	543,047.
Southcoast Radiology 18 Northwood Drive, Kennebunkport, ME 04046	Radiology Services	410,834.
Balanced Healthcare Receivables, 164 Burke	Collection Services	403,115.
 Total number of independent contractors (including but not limited to those listers \$100,000 of compensation from the organization 		
See Part VII, Section A Continuation sh	leets	Form 990 (2013)

om 990 York Ho									01-021	2444	
Part VII Section A. Officers, Directors, 1	Trustees, Key En	olqı	yee	s, al	nd F	ligh	est (Compensated Employ	ees (continued)		
(A)	(B)			(C				(D)	(E)	(F)	
Name and title	Average hours	(cł			ltion lhat	appi	y)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustoe Officer Key amployee Highest compensated ontployee		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
(27) Christopher Crane Prustee/Treasurer	1.00	X		x				0.	0.	0.	
(28) Henry F. Warner, Jr.	1.00					1	_				
rustee/Treasurer (part year)		х		Х				0.	0.	0.	
29) Jud Knox	40.00		Г		1						
President/Leader		Х	ļ	X				416,124.	0.	179,469	
(30) Robin LaBonte	40.00		П		1		П				
CFO/Leader				Х	_		<u> </u>	284,420.	0.	29,028	
(31) Stephen Pelletier	40.00	Į									
COO/Leader				X	<u> </u>	_	L	251,957.	0.	29,805	
(32) Heidar Arjomand-Fard	40.00		1					E1E C0E		0 633	
Cardiologist	1000	<u> </u>	┡	ļ_	╄	Х		515,685.	0.	9,633	
(33) Patrick Robertson, MD	40.00	-		Ì		x	-	476,438.	0.	20,571	
Orthopedic Surgeon (34) Jeffrey Colnes, MD	40.00	 	╁	-	+-	+≏	╆	4/0,430.	0.	20,511	
Cardiologist	#0.00	1	ļ			х		463,227	0.	11,808	
(35) Kira Wendorf, MD	40.00	十	╁╌	T	╫	╁	╁				
Radiologist		1		1	l	X	Į	448,718	. 0.	17,051	
(36) Brandon Stahl, MD	40.00	1	\top	Т	1-	T					
Urologist		1				X		444,468	. 0.	19,595	
		Ţ			T				,		
					1	\bot		-			
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		+									
								2 201 027		316 060	
Total to Part VII, Section A, line 1c				بعبيد		, ,		3,301,037	<u></u>	316,960	

Form !	39C) (20	ois) York H	Iospital				01-0212	144 Page 9
Par	Ņ	Ш.	Statement of Revenu						Г
是 使 了 注			Check if Schedule O contai	ns a response o	r note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ā ₹3 [1	a	Federated campaigns	1a	13,900.	And Analy		(1) 数 数	
Contributions, Giffs, Grants and Other Similar Amounts			Membership dues			建筑			。 对
Ę		o l	Fundralsing events	10	125,705.				
きこ		d	Related organizations	1d			as v		
ν.Ε		е :	Government grants (contributio	ons) 1e	145,808.	A Company	Farry Con		
무입		f .	All other contributions, gifts, grants	, and					计 化二基氯甲苯
尊			similar amounts not included above	1f	788,346.		表现的 Y.A.		
		_	Noncash contributions included in lines 1		21,149.	2 003 750			
<u>8 0</u>		h	Total. Add lines 1a-1f			1,073,759.		18. St.	
					Business Code 621400	116,450,946	116,450,946.		\$20 (1906) 1962224
2	2		Patient Services		621500	28,987,534	· · · · · · · · · · · · · · · · · · ·	258,888.	
g 9		~	Lab		446110	6,851,513			
E S		_	Pharmacy Miscellaneous Program S	ervices	621400	2,176,960			
Program Service Revenue		•	Cafeteria		722210	573,555			
2			All other program service rever	nua	621400	215,444			
- 1			Total, Add lines 2a-2f		>				N語 [編章]
	3	_21_	Investment Income (including	dividends, Intere	est, and				
	4		other similar amounts) Income from investment of tax-exempt bond p		oroceeds	321,121			321,121.
	J	'	Hoyanes	(i) Real	(ii) Personal	Mariana, Partie	A PARTIES AND A	· \$5 - 30.7%	表 示命。该
	A		Gross rents	56,307,			18, 3200 Carl		松 2007年
	٠		Less: rental expenses	0,			#ES M. (4)		
			Rental Income or (loss)	56,307.	,	1 #		22.02	P .
	i		λλ. 1		>	56,307	56,307	,	
	7		Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	24,029,379	10,036		1 4 6 6 3 3		
		b	Less: cost or other basis					10.679	1
			and sales expenses	20,899,496	···	■ 5.06基準に発売して、		1 V2640	
		c	Gain or (loss)	3,129,883	3,292	The spring of the spring of the second			
		d	Net gain or (loss)		. <u></u>	3,133,17	5.	5 (49°E) 4 5 (48°E)	3,133,175
Other Revenue		3 a	Gross income from fundraisin including \$ 125	,705. of					
8			contributions reported on line Part IV, line 18	-	146,290				4 739
Ě		h	Less: direct expenses		57,342				
δ	1		Net income or (loss) from fun		·	88,94	8. 多多数素质	2	88,948
	١,		Gross income from gaming a		The standard of the standard o				
	۱ ٔ		Part IV, line 19		12,877	<u>.</u>			可以應用數學
		b	Less: direct expenses		8,813	المراجعة المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد		The sale sale	
			Net income or (loss) from gar			4,06	4.		4,064
	11		Gross sales of inventory, less						
			and allowances		a		观影》等 。		美麗 名称(表)
			Less: cost of goods sold		b				a English to the so
	\vdash		Net income or (loss) from sal				- 1 9 19 19 19 19 19 19 19 19 19 19 19 19	全 X(() () () () 資格	CONTRACTOR AND AND AND AND AND AND AND AND AND AND
	<u> </u>		Miscellaneous Reven		Business Co			20 400	12L. Ma sk Allest
	1	18				_			
		b			-	 			
		0	1 All other much to						
			All other revenue				\$ 32 90 50		
	.	e 2	Total revenue. See Instructions			159,933,3	26. 151,965,01	2. 3,347,24	7. 3,547,308
332		_		***************************************					Form 990 (2013

Form 990 (2013) York Hospital
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se or note to any line in t		/A)	/80
	ot include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			Market Land	
	organizations in the United States. See Part IV, line 21			化物学的	4) /5°4 (200 44)
2	Grants and other assistance to individuals in	05 550	08 583		
	the United States. See Part IV, line 22	27,573.	27,573.	Name of the second	
3	Grants and other assistance to governments,	İ			
	organizations, and individuals outside the				
	United States, See Part IV, lines 15 and 16				
4	Benefits paid to or for members			第5次第 第三次(2015年)	
5	Compensation of current officers, directors,	2 400 460	2 227 660	181,808.	
	trustees, and key employees	3,409,468.	3,227,660.	101,000.	
6	Compensation not included above, to disqualified				l
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	66,573,749.	63,734,418.	2,783,641.	55,690.
7	Other salaries and wages	00,213,143.	02,134,410+	2,703,041.	33,030.
8	Pension plan accruals and contributions (include	2,245,814.	2,174,299.	69,556.	1,959.
	section 401(k) and 403(b) employer contributions)	10,320,622.	9,880,150.		
9	Other employee benefits	4,442,063.	4,251,942.		3,554.
10	Payroll taxes	4,442,000.	4,431,344.	T00,201.	3,334.
11	Fees for services (non-employees):	·		1	
a	Management	390,967.		390,967.	
b	Legal		49,959.		
¢	Accounting	124,897	49,939.	14,930	<u> </u>
d	Lobbylng		Section 1986 pt 100 \$150 and 100	08.082 10 to 500 to 1 1 1 10 10 10	
0	Professional fundralsing services. See Part IV, line 17	150 707		158,297	<u> </u>
f	Investment management fees	158 <u>,</u> 297.		130,497)
9		12 150 021	11 170 100	1,972,623	
	column (A) amount, list line 11g expenses on Sch O.)	344,304.	11,178,198, 327,089	13,772	
12	Advertising and promotion	33,451,871.			
13	Office expenses	33,431,0/1.	31,119,403	1,330,003	334,313
14	Information technology			 	
15	Royalties	5,558,204.	4,724,473	833,731	
16	Occupancy	299,513.	284,537		
17	Travel	433,313.	204,037	1	4,333
18	Payments of travel or entertainment expenses			•	
	for any federal, state, or local public officials	87,511.	74,384	. 13,127	
19	Conferences, conventions, and meetings	890,935	757,295		
20	Interest	030,333.	131,433.	1 133,040	•
21	Payments to affiliates	4,638,105.	3,942,389	695,716	
22	Depreciation, depletion, and amortization	1,624,300			
23	Insurance	1,024,300	0/3/330	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)	新国研究			11 12 11 11 11 11 11 11 11 11 11 11 11 1
8	Provision for bad debt	7,509,170			
b	Healthcare provider tax	3,857,440	3,857,440	•	
C					
c					
e	All other expenses	81,870			
25	Total functional expenses. Add lines 1 through 24e	159,187,494	148,537,479	. 10,239,464	410,551
26	Joint costs. Complete this line only if the organization				
20		i .	I .	1	I
20	reported in column (B) joint costs from a combined				
20	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

	<u>. ^ .</u>	Check if Schedule O contains a response or note to any line in this Part X		
			(A)	(B)
			Beginning of year	End of year
. [1	Cash - non-interest-bearing	223,928. 1	1,203,573.
	2	Savings and temporary cash investments	2,042,903. 2	5,135,778.
	3	Pledges and grants receivable, net	163,409. 3	84,873.
Ì	4	Accounts receivable, net	22,816,269. 4	22,254,601.
1	5	Loans and other receivables from current and former officers, directors,		
		trustees, key employees, and highest compensated employees. Complete	建建 在工作150克品加量 22%	
l		Part II of Schedule L	5	
	6	Loans and other receivables from other disqualified persons (as defined under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary	1966 74 18 18 18 18 18 18 18 18 18 18 18 18 18	
휷		employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
Assets	7	Notes and loans receivable, net	7	
`	8	inventories for sale or use	3,408,904. в	
	9	Prepald expenses and deferred charges	1,150,659. 9	1,184,975.
İ	10a	Land, buildings, and equipment: cost or other		
		basis. Complete Part VI of Schedule D 10a 117,138,250.		
		Less: accumulated depreciation 10b 69,180,598.		
	11	Investments - publicly traded securities	27,818,204	
	12	Investments other securities. See Part IV, line 11	7,531,147	
	13	Investments - program-related, See Part IV, line 11	178,494.	
1	14	Intangible assets		
	15 16	Other assets. See Part IV, line 11	2,175,704. 16 115,747,461. 16	`
	17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	14,242,462.	
	18	Grants payable	11	
	19	Deferred revenue	11	
	20	Tax-exempt bond liabilities	15,122,885.	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	2	
ري	22	Loans and other payables to current and former officers, directors, trustees,	MANUAL CONTRACTOR	Cara and the
Liabilities		key employees, highest compensated employees, and disqualified persons.	10	
.		Complete Part II of Schedule L	2	2
	23	Secured mortgages and notes payable to unrelated third parties	5,188,044. 2	
	24	Unsecured notes and loans payable to unrelated third parties	2	· · · · · · · · · · · · · · · · · · ·
	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	8,462,894.2	
	26	Total liabilities. Add lines 17 through 25	43,016,285. 2	6 41,291,950.
		Organizations that follow SFAS 117 (ASC 958), check here		
Š		complete lines 27 through 29, and lines 33 and 34.		
au	27	Unrestricted net assets		7 67,576,596.
Ba	28	Temporarily restricted net assets		$8 \mid 7,621,004.$
	29	Permanently restricted net assets	2,879,524. 2	The state of the s
밑		Organizations that do not follow SFAS 117 (ASC 958), check here		
r Fund				
s or Fund		and complete lines 30 through 34.		A WAR SECTION OF THE
sets or Fund	30	Capital stock or trust principal, or current funds		0.
Assets or Fund	31	Capital stock or trust principal, or current funds Pald-in or capital surplus, or land, building, or equipment fund	3	0.
Net Assets or Fund Balances	31 32	Capital stock or trust principal, or current funds Pald-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	3 3	0
Net Assets or Fund	31	Capital stock or trust principal, or current funds Pald-in or capital surplus, or land, building, or equipment fund	72,731,176.	0.

Form 990 (2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2013

Open to Public

Employer identification number York Hospital 01-0212444 Part Reason for Public Charity Status (All organizations must complete this part.) See Instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment Income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated $oldsymbol{\square}$ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type i, Type ii, or Type iii supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(I) (III) A 35% controlled entity of a person described in (i) or (ii) above? 11g(II) h Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iv) Is the organization (v) Dld you notify the (Iii) Type of organization (vi) is the (vil) Amount of monetary organization (described on lines 1-9 in col. (i) listed in your organization in col. (I) organized in the U.S.? organization in col. support above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990 EZ) 2013 York Hospital 01-0212444 Page 2
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 falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

	ction A. Public Support			" ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		·	
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(1) 0040	T	
1	Gifts, grants, contributions, and		10/2010	(6) 2011	(d) 2012	(e) 2013	(f) Total
	membership fees received. (Do not		:		j		
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		·			j	
	or expended on its behalf	1			1		
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	TOWER WINE	建 400.4876.375	Mark to an interest	Kiring Transfer	2 (3 (2 %) 2 (2) 527	
	by each person (other than a						
	governmental unit or publicly	\$ 15 M	4.0			10 A 3 A	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		對計學第3			数的常言	
6	Public support. Subtract line 5 from line 4.		The second second	KIN MARKATA			
Sec	ction B. Total Support	Ed to the Mayoran	entriges age agent	\$4.6, 13.6,			
	ndar year (or fiscal year beginning in)	(a) 2009	(h) 0040	() 004 - 1			
7	Amounts from line 4	(a) zoos	(b) 2010	(o) 2011	(d) 2012	(e) 2013	(f) Total
			·				
	dividends, payments received on	·]	ļ			į.	,
	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			· ·		İ	
10	Other income, Do not include gain						
	or loss from the sale of capital		Ī				
	assets (Explain in Part IV.)					ŀ	
	Total support. Add lines 7 through 10	Ver See Marie	ANY COMP	NA - AMERICA	Strate Co.		
12	Gross receipts from related activities,	Atc (see instruction				ANG 11 51	
13	First five years. If the Form 990 is for organization, check this box and stop	the organization's	(IS)	**********		12	
				i, tourth, or fifth ta	x year as a section	501(c)(3)	
ec	tion C. Computation of Publi	c Support Per	centage			***************	>
4	Public support percentage for 2013 (li	ne 6 column /0 db	ided by the 44				
5	Public support percentage from 2012 33 1/3% support test - 2013. If the or	Schedule A. Post II	Neu by me 11, co	oiumn (1))		14	%
ва	33 1/3% support test - 2013, If the or stop here. The organization qualifies	roanization did not	obsolutha hawar		······ L	15	%
	stop here. The organization qualifies a	is a publicht sunna	rteck tile box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
b	stop here. The organization qualifies a 33 1/3% support test - 2012. If the or and stop here. The organization qualif	manization did not	cpock a post on its				▶□
ı	and stop here. The organization qualif	iges as a nublicly or	CHECK & DOX ON III	18 13 or 16a, and 1	ine 15 is 33 1/3%	or more, check this	box
7a	and stop here. The organization qualif 10% -facts-and-circumstances test	= 2013 If the ema	ipporteo organiza:	lion			
							% or
							▶ □
***************************************	Private foundation, if the organization	GIO HOT CHECK & DO	<u>ox on ⊪ne 13, 16a,</u>	16b, 17a, or 17b,	check this box an	d see instructions	 ▶□
					Sched	ule A (Form 990 o	990-EZ\ 2013

Schedule A (Form 990 or 990-EZ) 2013 York Hospital Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization falled to qualify under Part II. If the organization falls to

Se	ction A. Public Support	below, please col	iipie(e Paπ II.)				
Cal	ondar year (or fiscal year beginning in)	(a) 2009	81.0040				
1	Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	membership fees received. (Do not	1		.			
	include any "unusual grants.")				j		
2	Gross receipts from admissions,						(
_	merchandise sold or services per-						
	formed, or facilities furnished in					1	
	any activity that is related to the						
_	organization's tax-exempt purpose				-		ĺ
3	Gross receipts from activities that	ŀ					
	are not an unrelated trade or bus-		1				
_	Iness under section 513						}
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to]	1			ļ
	or expended on its behalf			1			
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	·]		=
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and		 	 			
	3 received from disqualified persons	-	1				
b	Amounts included on lines 2 and 3 randons		 				
	from other then disqualified persons that				}		
	exceed the greater of \$5,000 or 1% of the emount on line 13 for the year						
c	Add lines 7a and 7b						
ρ	Dublic current	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
200	Public support (Subtration Tation (Fee 5.) tion B. Total Support			自然 新加工局		· · · · · · · · · · · · · · · · · · ·	
'alar	der year (at Sand					27.37	
1816(I	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(6 T-1-)
y ,	Amounts from line 6				1	(0) 2013	(f) Total
IUA	Gross income from interest, dividends, payments received on						
	Securities loans, rente invaltine						
- 1	and income from similar sources]		
ЬI	Inrelated business taxable Income				<u> </u>		
(less section 511 taxes) from businesses						
ä	equired after June 30, 1975						
	Add lines 10a and 10b						
11 [Net income from unrelated business [
ε	ictivities not included in line 10h						****
	vhether or not the business is egularly carried on					Ī	
2 (Other Income. Do not include gain						•
C	r loss from the sale of capital						
a	ssets (Explain in Part IV)						
3 I	otal support. (Add lines 9, 10o, 11, and 12.)						
4 F	irst five years. If the Form 990 is for the heck this box and stop here	the organization's	first, second, thin	d fourth or fifth to	V 1/00' 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	F04(.)(0)	
	heck this box and stop here ion C. Computation of Public	***********		-1 144121 01 11111 (2	ry Acet as a section	out(c)(3) organize	ation,
ect	on C. Computation of Public	Support Pe	rcentage	*************************		***********************	>
D H	ublic support percentage for 2013 (lin	ie 8. column (f. di	vided by line 19 a	Olumn (f))			
						15	
CCL	on b. Computation of Invest	iment Income	a Parcentage			18	%
7 Ir	vestment income percentage for 201	3 (line 10c, colum	on /ft divided by the	m 400 1 (0)			
B Ir	vestment income percentage from 20	12 Schodula A .	ni (i) divided by iiii Doel III. Bood 7	e 13, column (t))		17	
9a 3	3 1/3% support tests - 2013, if the a	⊶ consocite M,) manization ald	- air III, III (9 7 /	***************************************		18	
m	3 1/3% support tests - 2013, if the operation is and the support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support tests - 2013, if the operation is a support test - 2013, if the operation i	a stan para 12.	OL CHECK THE DOX C	n line 14, and line	15 is more than 33	1/3%, and line 17	'is not
							nd
, ,	IVALE IDUNGATION, If the omanization	did not shook a k				BARRINGEL "	📂 📖
	rivate foundation. If the organization	and flot check at	<u>00x on line 14, 19a</u>	, or 19b, check thi	is box and see insti	uctions	

anbhioilleilleil	nformation. Provide the explain	nations required by	Part II line 10: Dad II II-	01-0212444
Also complete this p	2013 York Hospital Iformation. Provide the explainant for any additional information.	(See instructions)	⊤कार II, IIne TU; Part II, line	a 1/a or 17b; and Part III, line 1
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Name of the organization

Employer Identification number York Hospital Organization type (check one): 01-0212444 Filers of: Section: Form 990 or 990 EZ X 501(o)(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 X For an organization filing Form 990, 990 EZ, or 990 PF that received, during the year, \$5,000 or more (in money or property) from any one Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part Vill, line 1h, or (ii) Form 990 EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts i, ii, and iii. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 does not meet the filing requirements of Schedule B (Form 990, 990 EZ, or 990-PF).

religious, charitable, etc., contributions of \$5,000 or more during the year

If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Schedule	В	(Form 990,	990.F7	۸r	000.00	(0040)
		3		v	POUTFI	120131

Page 2

Name of organization Employer identification number York Hospital

Part I	Contributors (see instructions). Use duplicate copies of Part I if a		1-0212444
(a)	(b)		
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	(b)	\$\$.	Person X Payroll
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 (a)		\$26,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 -		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 -		\$\$.	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 -		\$10,000.	Person X Payroll
No,	(b) Name, address, and ZtP + 4	(c) Total contributions	(d) Type of contribution
152 10-24-13			Person X Payroll Noncash (Complete Part II for noncash contributions.)
NE12 7	03351 05505 19	Schedule B (Form 98	10, 990-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-E	Z. or 990-PFI (2015	3
	<u> </u>	٠.

Name of organization Employer identification number York Hospital 01-0212444

Part	Contributors (see instructions) Hos dualisate and		
(a)	Contributors (see Instructions). Use duplicate copies of Part I if (b)		
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b)	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a)		\$13,900.	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 - (a)		sss	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(C) Total contributions	(d) Type of contribution
10 -		\$18,000.	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$21,149. 	Person Payroll Noncash X (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		·	Person X Payroli Noncash (Complete Part II for noncash contributions.)
0540 -	20	Schedule B (Form 9	90, 890-EZ, or 990-PF) (2013)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)	₹	
Name of organization		Page 2
York Hospital	,	Employer identification number
ENCLOSE -		01-0212444

(e) No.	Contributors (see Instructions). Use duplicate copies of Part I if ad (b) Name, address, and ZIP + 4	(c) Total contributions	(d)
13			(d)
			Type of contribution
(a)	(b)	\$20,000.	Person X Payroll
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14 -		\$25,000.	Person X Payroli
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15 - - (a)		\$\$,000.	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution
16 -		s13,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18			Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2013) ganization		Page				
	Hospital		Employer Identification number				
Part I	Contributors (see instructions). Use duplicate copies of Part I		01-0212444				
(a)	(b)						
No.	Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution				
19		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)				
20		\$\$	Person X				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) 8 Type of contribution				
(a)		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(o) Total contributions	(d) Type of contribution				
(a)		\$	Person Payroll (Complete Part II for noncash contributions.)				
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3452 10-24-13		Schadula P.	Person Payroll Noncash (Complete Part II for noncash contributions.) Form 990, 990-EZ, or 990-PF) (2013)				

Employer identification number

York Hospital

01-0212444

Part II	Noncash Property (see Instructions). Use duplicate copies of I	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
11	Publicly Traded Securities		
		\$21,149.	12/09/13
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
·		\$	
a) lo. om art l	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. rom art i	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	
a) lo. om ort I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
a) o, om rti	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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3 10-24-13		Schodula B (Form 0)	0, 990-EZ, or 990-PF) (2

	anization		Employer Identification number
ork H	lospital		The state of the s
Part III	Exclusively religious, charitable, etc., Inc year. Complete columns (a) through (e) and the total of exclusively religious, charitable.	dividual contributions to section 501(c)(7) I the following line entry. For organizations of \$1,000 contributions of \$1,000 co	01-0212444), (8), or (10) organizations that total more than \$1,000 for the completing Part-III, enter systems (sate this internation ercs.)
/=\ N = 1	Use duplicate copies of Part III if addition	mai space is needed.	year. (Enter this information occa.)
(a) No. from	(b) Purpose of gift		
Part I		(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Townstown I.		
	Transferee's name, address, a	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
-			
-	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
- -			or during of the barrier of the during lefter
n) No. Form Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how glit is held
_			
		(e) Transfer of gift	
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
) No. rom art i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -			
		(e) Transfer of gift	

323454 10-24-13

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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. ► See separate instructions. ► information about Schedule C (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Tressury Internal Revenue Service

if the organization answered "Yes," to 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," to 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-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," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

lame of orga	York Ho	spital		1	loyer identification numbe 01-0212444
Rart I-A	Complete if the or	ganization is exempt und	er section 501(c	or is a section 527 o	rganization.
2 Political	a description of the organi expenditures	zation's direct and indirect politic	cal campaign activitie	s In Part IV.	
		ganization is exempt und			
Enter the	amount of any excise tax	incurred by the organization un	der section 4955)(3). ▶ §	
e miroi ilk	s an iounit of arry excise (8x	INCUMED by organization manage	iare under castles 40i	:c 🕨 🖍	
a minia Alf	ianisanon ilkanten 9 26010	งก 4955 tax. did it file Form 4720	for this year?		
id iids u o	MICORDII IIIGUBT	,	***************************************		Yes N
b if 'Yes," art≀I-C	describe in Part IV.				103 N
723	Combiere ii rue oté	ganization is exempt und	ier section 501 (c), except section 501	c)(3).
i ⊑ritertine Di Enterthe	amount directly expende	d by the filing organization for se	ction 527 exempt fun	ction activities	
AYAMAT	raniount of the fling organ	lization's funds contributed to of	ther organizations for	section 527	
Total exe	emot function expanditure	Add lines 4 and 0. Puts de		▶\$	
line 17b	with innerion exhauntines	3. Add lines 1 and 2. Enter here a	and on Form 1120-PO	L,	
Did the fi	ling organization file Form	1120-POL for this year?			
5 Enterthe	names, addresses and er	nployer identification number (El	M) of all cootion 597 -		└── Yes
	in in independent strat Mala ht	VITIDLEY ALTO DIFECTLY DESVERAGE TO	A separate political or	annization auch as a security	ite segrenated fund or a
political a	iction committee (PAC), If	additional space is needed, prov	vide information in Par	rt IV.	vvg.vganou juliu ol a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received an
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Paperwork	k Reduction Act Notice.	see the Instructions for Form 9	190 or 990-E7	<u> </u>	
A			OI 000*EZ,	Schedule C	(Form 990 or 990-EZ) 201
141					
8-13					

Schedule C (Form 990 or 990 EZ) 2013 Part II-A Complete if the of	York	Hospi	al	- FAZZ VAN - 12	01-0	212444 Page 2
(election under se	ction 50) 15 6x6 (h)).	anpi under sectio	on 501 (c)(3) and fi	led Form 5768	
			filated group (and list i	n Part IV each affliator	group member's nam	
ordronous, and on	OLG OLGYCES	ទទ បេបសម្បាញ	expenditures).		n Aroob mentnet s vatt	e, address, EIN,
B Check Lifthe filing organize	ation check	ed box A a	nd "limited control" pr	ovisions apply.		
Lin (The term "expe	nits on Lob nditures" m	bying Expe leans amo	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence pub	lic oplnlon	(grass roots lobbying)	· · · · · · · · · · · · · · · · · · ·		
n i otal longyling exheligitates to tu	liuence a le	olslative bo	dv (direct lobbylos)			
a Loren nonnaling exheudithtes (900	ines la an	d 1b)				
The second control of the second control of	789					
Total exempt purpose expenditur	'es (add line	s 1c and 1	di)			
LONDYING HORITAXBOIG BIHOURT, EU	ter the amo	unt from th	e following table in bo	th columns.		
if the amount on line 18, column (a)	or (b) is:	The lot	bying nontaxable am	ount is:	The State of the S	MEN BW - NO
Not over \$500,000			the amount on line 1e			
Over \$1,000 000 but not over \$1,00		\$100,00	00 plus 15% of the exc	ess over \$500,000.	SALE SE	
Over \$1,000,000 but not over \$1,		\$175,00	00 plus 10% of the exc	ess over \$1,000,000.	冷 學 及 。 第	· 表 等
Over \$1,500,000 but not over \$17,000,000	,000,000		00 plus 5% of the exce	ss over \$1,500,000.	4 16 16 17 17 18	使物的
[CV01 017,000,000		\$1,000,	000.			
g Grassroots nontaxable amount (e h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If zei j If there is an amount other than z	ro or less, e o or less, ei	nter -0-				
reporting section 4911 tax for this					-	_,
The state of the s		4-Year Ave	raging Period Under	Santian EA4/h		Yes No
(Some organi ce	zations the	t made a s	ection 501(h) election	n do not have to comp s 2a through 2f on pa	plete all of the five	
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period	190 4.)	
Calendar year				, , troining i error		
(or fiscal year beginning in)	(a) 2	010	(6) 2011	(o) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount	18 N			886 8 48 46 3 555 1970	AALA LI SENAS 1 TA	
(150% of line 2a, column(e))	14.50 E					
c Total lobbying expenditures						
d Grassroots nontaxable amount						
Grassroots ceiling amount (150% of line 2d, column (e))					e Att King & A	
f Grassroots lobbying expenditures						·
					Sohedule C (Form 9	90 or 990-EZ) 2013

Schedule C (Form 990 or 990 EZ) 2013 York Hospital

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 to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	<u> </u>	(a)	(b)		
		No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state or	180 M	Secretary Secre	120 - 30 B	9 J 3 4	
room registration, arcticaling any attempt to influence public opinion on a legislative matter			学》数数		
or reresend to the file file file file file file file fil				-	
a Volunteers? b Paid staff or management (include compensation in expanses reported at the compensation in expanses reported at the compensation in expanses.				374	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a.	
c Media advertisements?		X	188	溪	
c Media advertisements? d Mailings to members, legislators, or the public?		X			
		Х			
The state of the s	,	Х			
				3,38	
The state of the s		х		2,30	
transplantions definitions, sentinges, conventions, speeches, lectures, or any elmiter means	·				
· - with doubling)		X			
Other activities? Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the oxagnization to be seen in the section of the section.		Х			
2a Did the activities in line 1 cause the average the average.		多灣。	1	3,38	
		Х	N 1885		
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	10000000000000000000000000000000000000	是多。法			
with the large of generation incurred a section 4912 feet did it the Come 4700 feet in		78 G	See Topic of the		
The organization is exempt under section \$61(a)(A) and	tion 501/a)	/E\ ===	出现的 磷酸	1.00	
501(c)(6).	ניטוו טט וו(ט)	(o), or se	ection		
Were substantially all (00% or mare) due			Yes	No	
The state of the s				-	
Did the organization agree to carry over lobbying and political expenditures from the prior year?		2		L	
	••••••	1 3 1			
501(c)(6) and if either (a) BOTH Part III-A lines 1 and 2 are an arranged			ction		
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Rublic Inspection

Name of the organization

York Hospital

Employer Identification number 01-0212444

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Ending balance 16	c	Beginning helence							Amour	ıt	
Ending balance 16	q	Additions during the year									
1 Ending balance	A	· · · · · · · · · · · · · · · · · · ·					[4.3]				
2a Did the organization include an amount on Form 990, Part X, line 217		Digitizations contributed Assi	s				امها				
Part V Part V							1 1				
Part Var Tose, where the examplement in Part XIII Check here if the explanation has been provided in Part XIII	<u> </u>	a tre signification alcode an allocal on Fe	omi 990. Part X. line :	217				□	Yes		No
Beginning of year balance		<u>ii 188, expiani die anancement in Part XIII.</u>	Check have if the av	nkanatlan baa baaw]
Beginning of year balance	,1,14	Towns Complete	the organization ans	wered "Yes" to Fo	rm 990, Part	IV, line 10).	-			
Beginning or year balance			(a) Current year					ars back	(e) Fou	r vears	hack
O Not investment earnings, gains, and losses 1,607,261. 1,078,525. 42,178. 1,320,739. 625,885. Crants or scholarships Other expenditures for facilities and programs 424,411. 930,613. 1,125,804. 1,384,482. 1,086,501. Administrative expensés End of year balance 10,895,475. 9,387,385. 8,569,801. 9,160,794. 8,484,005. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ .00 % Permanent endowment ▶ .30.06 % Temporarily restricted endowment ▶ .69.94 % The percentages in 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: (i) unrelated organizations (ii) related organizations b) If 'Yes' to 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 XIII the Intended uses of the organization's endowment funds. Part XIII the Intended uses of the organization's endowment funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a: See Form 990, Part X, line 10. Describtion of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (inten) depreciation (c) Accumulated depreciation (d) Book value			9,387,385.	8,569,801.	9,160						
Other expenditures for facilities and programs 424,411. 930,613. 1,125,804. 1,384,482. 1,086,501. Administrative expensés End of year balance 10,895,475. 9,387,385. 8,569,801. 9,160,794. 8,484,005. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ .00 % Permanent endowment ▶ 30.06 % The percentages in 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: (i) unrelated organizations (ii) related organizations by: (ii) related organizations by: (iii) related organizations by: (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIII the Intended uses of the organization's endowment funds. Part XIII Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) basis (other) chasses (other) basis (other) depreciation (d) Book value depreciation (d) Book value depreciation 4 (d) Book value depreciation 4 (d) Book value depreciation 1 (d) Book value 4 (d) Book val	b	Contributions	326,240	669,672.	492	2,633.					
d Grants or scholarships Other expenditures for facilities and programs Administrative expensés g End of year balance 10,896,475. 9,387,385. 8,569,801. 9,160,794. 8,484,005. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ .00 % Permanent endowment ▶ 30.06 % The percentages in 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: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations 5 Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 3,904,522. 3,904,522. 3,904,522. Buildings 61,737,410. 26,973,762. 34,763,648. c Leasehold Improvements 3,504,549. 3,191,349. 313,200. d Equipment 46,596,340. 39,015,487. 7,580,853. e Other 1,395,429. 1,395,429.	C	Net investment earnings, gains, and losses	1,607,261.	1,078,525.	42	3,178.					
and programs Administrative expenses 10,896,475. 9,387,385. 8,569,801. 9,160,794. 8,484,005.	d	Grants or scholarships				- 		.,		025	. 005
f Administrative expenses g End of year balance 10,896,475. 9,387,385. 8,569,801. 9,160,794. 8,484,005. 2 Provide the estimated percentage of the current year end balance (line 1g, column (e)) held as: 8 Board designated or quasi-endowment ▶ .00 % b Permanent endowment ▶ .30 .06 % C Temporarily restricted endowment ▶ .69.94 % The percentages in 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: (i) unrelated organizations 5 if "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 5 Buildings 61,737,410.26,973,762.34,763,648. 6 Leasehold improvements 7 See No. 3,904,522. 3,904,522. 3,904,522. 4,904,522. 3,904,522. 3,904,522. 3,904,522. 4,	е	Other expenditures for facilities		······································			****				
g End of year balance			424,411.	930 613	1 125	804	1 38	4 482	4	000	EA4
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ 30 ⋅ 06	f	Administrative expensés			-,	-	-,50	2,202.		,000,	201.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ .00 % Permanent endowment ▶ .30.06 % The percentages in 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: (i) unrelated organizations 3a(i) X (ii) related organizations 3a(ii) X 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation depreciation answered "Yes" to Form 990, Part V, line 17a, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	g		10,896,475	9.387 385	8 569	801	0 16	0.704			^
b Permanent endowment ▶ 30.06	2	Provide the estimated percentage of the curr	ent year and balance	fline 1g. column fo)\ bold on	,,001.	3,10	0,734,	- 8	,484,	005,
b Permanent endowment ▶ 30.06 % Temporarity restricted endowment ▶ 69.94 % The percentages in 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: (i) unrelated organizations (ii) related organizations bi if "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 61,737,410. 26,973,762. 34,763,648. c Leasehold Improvements 46,596,340. 39,015,487. 7,580,853. other Other Total Add lines to the translate of Columbia (Columbia to the Indiana) and the translate of the columbia to the translate of the columbia to th	a	Board designated or quasi-endowment	.00		ijj iloid as.						
The percentages in 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: (i) unrelated organizations (ii) related organizations (iii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 5 Buildings 61,737,410,26,973,762,34,763,648. 61,737,410,26,973,762,34,763,648. 61,737,410,26,973,762,34,763,648. 61,737,410,39,973,762,34,763,648. 61,737,410,39,973,762,34,763,648. 61,737,410,39,973,762,34,763,648. 61,73	b	Permanent endowment > 30.06		-70							
The percentages in 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: (i) unrelated organizations (ii) related organizations b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 1a Land 3,904,522. b Buildings 61,737,410. 26,973,762. 34,763,648. c Leasehold Improvements 3,504,549. 3,191,349. 313,200. d Equipment 46,596,340. 39,015,487. 7,580,853. Total Add lines to the such to Column (the possession of the organization that are held and administered for the organization [Yes] No [3a(ii) X [3a(iiii) X [3a(iii) X [3a(iii) X [3a(iii) X [3a(iii) X [3a(iii) X [3a(i	c		<u> </u>								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (investment) 1a Land 5 Buildings 6 Leasehold improvements 4 Equipment 5 Cother 7 Cother 1 Add lines 1a through 4 (Cother other 1, 395, 429) 1 Add lines 1a through 4 (Cother other 1, 395, 429) 1 Add lines 1a through 4 (Cother other 1, 395, 429)											
(i) unrelated organizations (ii) related organizations (iii) x (3a(ii) X (3a(iii) X (3a(iii) X (3a(iii) X (3b V (3b V (ab organizations) (c) Accumulated depreciation (d) Book value basis (investment) (d) Book value basis (other) (d) Book valu	3a	Are there endowment funds not in the posser	seion of the propries	lloom dhadh aire te elel .							
(ii) unrelated organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) related orga		by:	salon of the organiza	uon mat are nelo a	na administei	red for the	e organiza	tion	,		
b If "Yes" to 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. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value										Yes	
b If "Yes" to 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.		(ii) related organizations			****************		* * * * * * * * * * * * * * * * * * * *		3a(I)		_X_
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	h	() reserve organizations							3a(II)		X
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.	4	Describe in Part VIII the Intended	listed as required on	Schedule R?					3b		
Complete if the organization answered "Yes" to 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		Page 11 the State of the State	OfG8DIZ8tion's endou	vment funds.							
(a) Cost or other basis (investment) 1a Land 5 Bulldings C Leasehold Improvements d Equipment Other Other Total Add lines 1a through 1a (Column (d)) (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 3,904,522. 3,904,52. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,	<u> </u>							_			
(a) Cost or other basis (investment) 1a Land 5 Bulldings C Leasehold Improvements d Equipment Other Other Total Add lines 1a through 1a (20 through 1a (20 through 1a (3) 50 4 (4) 50 2) (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,904,522. 3,191,349. 313,200. 46,596,340. 39,015,487. 7,580,853. 1,395,429.	-	Complete if the organization answered	"Yes" to Form 990,	Part IV, line 11a. Se	ee Form 990,	Part X, Iir	10.				
tal Land 3,904,522. 3,904,522. b Buildings 61,737,410. 26,973,762. 34,763,648. c Leasehold Improvements 3,504,549. 3,191,349. 313,200. d Equipment 46,596,340. 39,015,487. 7,580,853. e Other 1,395,429. 1,395,429.		Description of property	(a) Cost or oth	ier (b) Cost	or other			, , , , , , , , , , , , , , , , , , ,	(d) Bool	k valu	
b Buildings 61,737,410. 26,973,762. 34,763,648. c Leasehold Improvements 3,504,549. 3,191,349. 313,200. d Equipment 46,596,340. 39,015,487. 7,580,853. Total Add lines to the provided to the state of t						depr	eciation		(.,	1 100,000	•
61,737,410. 26,973,762. 34,763,648. c Leasehold Improvements 3,504,549. 3,191,349. 313,200. d Equipment 46,596,340. 39,015,487. 7,580,853. e Other 1,395,429. 1,395,429.	1a	Land				花() 智心	r March	4/2	3,90	4,5	22.
c Leasehold Improvements 3,504,549. 3,191,349. 313,200. d Equipment 46,596,340. 39,015,487. 7,580,853. e Other 1,395,429. 1,395,429.	b	Buildings			7,410.	26,9	73,76		4.76	3 . 6	48
d Equipment 46,596,340. 39,015,487. 7,580,853. e Other 1,395,429. 1,395,429.	C	Leasehold Improvements		3,50	4,549.				31	3 2	00
6 Other 1,395,429. 1,395,429.	d	Equipment				39.0	15.48				
Total Add lines to through to (Column At word)	<u> </u>	Other		1.39	5 429	, -	,	' ' -	1 30	5 / 1	20.
	Total.	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X	, column (B), line 1	0(c).)			1			

Schedule D (Form 990) 2013

				•		•		
Schedule D (Form 990) 2013 York Hospit	al .						01-02	12444 Page 3
Part VII Investments - Other Securities.							V= V=	ZZZZZ Page
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part I	V, line 11	b. See Fo	rm 99	0, Part X,	line 12.		
(A) the second of seconds (second name of seconds)	(b) Book value	0	(c) Me	thod o	f valuatio	n: Cost o	r end-of-ye	ar market value
(1) Financial derivatives (2) Closely-held equity interests								
(3) Other	<u> </u>							
(A) Other Investments	408,1	34	Pad		35	371	- 1 - 9-5	
(B) Alternative Investments	7,172,2	38	End-	-01-	Year	Mark	et Va	Tre
(C)	,,,,,,,	300	Enu-	01-	rear.	mark	et Va	lue
_ (D)			**					
(E)								
(F)								
(G)						· · · · · · · · · · · · · · · · · · ·		
(H)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,580,3	372.				Yakin en	si (Angert)	18 18 18 18 18 18 18 18 18 18 18 18 18 1
Part VIII Investments - Program Related.								
Complete if the organization answered "Yes" (a) Description of investment	to Form 990, Part I\	V, line 11	Ç, See Fo	rm 990	, Part X,	ilne 13.		
(1)	(b) Book value	=	(c) Met	hod o	valuatio	n: Cost o	rend-of-ye	ar market value
(2)								
(3)								
(4)								
(5)							···-	
(6)								<u> </u>
(7)			···········					
(8)			-					
(9)								
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		泵	高生产业					
					-			
Complete if the organization answered "Yes" t	o Form 990, Part IV Description	/, line 11	d. See Fo	rm 990	, Part X,	line 15,		
(1)	Pascublion						(b) Book value
(2)			·					
(3)								
(4)				·			→	
(5)			· · · · · · · · · · · · · · · · · · ·					
(6)								
(7)								
(8)							 - 	
(9)								
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities,	15.)	41					>	
	. = =							
Complete if the organization answered "Yes" to 1. (a) Description of liability	o Form 990, Part IV	, line 11e	or 11f. S	ee For	m 990, F	art X, line	25.	
(1) Federal income taxes		(0)	Book valu	10	18.3			
	rd Party	ৰ	,077,	EE E	-18			
(3) Pension Obligation	<u></u>		,673,					
(4) Estimated 3rd-Party Payor			, , , , ,	- 00		160 J.		第一位 文献
(5) Settlements			72,	122	1 400	增长 心		不 法 派数
(6)		71111			120			旅籍 源
(8)					73			· 化整理数据处
(9)							, 12 (1) 8 (1)	THE PARTY OF
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) 🗲	6	,822,	786	. 143.2	W 1	LANGE S	

332053 09-25-13

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

Sch	edule D (Form 990) 2013 York Hospital			01-	-0212444 Page 4
77	Reconciliation of Revenue per Audited Financial Statem	ents W	ith Reveлue per F	?etur	n.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	164,837,247.
a	Net unrealized gains on investments	الما	4 006 060		
þ	DOLUTION 2014 Ces Still R26 Of ISCHIES	1 1	4,996,063.		
C	resortation of pitol year graning	1 0- 1			
đ	- mor (Second at Late VIII.)	1 - 1	66,155.		
9	ridd mes za tillough za			20	5,062,218.
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	***********			159,775,029.
-					74,023
b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	. 4a	158,297.		
C	Other (Describe in Part XIII.) Add lines 4a and 4b	. 4b		4.英	
5	Total revenue, Add lines 3 and 40 (This must count to - and a			40	158,297.
Pai	The state of the s	ionte W	ith Evpopper	5	159,933,326.
	TO BE A TO THE PARTY OF THE PAR			Hett	ım.
1	Total expenses and losses per audited financial statements			1	150 005 250
2				35.1	159,095,352.
a	Donated services and use of facilities	2a			
0	. no. Jem dolasinanta			200	
	0				
•	Cator (Dodding itt Fait Vill.)	انما	66,155.	1	
3	Add lines 2a through 2d Subtract line 2e from line 1			20	66,155.
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:		***************************************	3	159,029,197.
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4a	158,297.		
-	TOO INTO TO BIT TO				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	158,297.
1 . 2.					159,187,494.
ines 2	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	IV, lines 1 itional info	b and 2b; Part V, line 4 ormation.	1; Part	X, line 2; Part XI,
Par	t V, line 4:			 -	···
n					
rem	porarily Restricted Funds				
····					
3ie	wend (12/82) - Principal and income weaked		_		
	wend (12/82)- Principal and income restric	cted	for purchase	e o:	f_new_
∍qu.	ipment and the acquisition of land and but	ldin	re other th.		
		- 2021	as ocher cus	an a	an addition
	che present hospital buildings.			***	
age	e (1945) - To be used for support and mair	itenai	nce of dist	rict	visiting
urs	Bes.			-	-
aln	ner/Perkins Nursing Scholarship - See Perm	Resi	tricted for	đes	Scription
OBE	e Voignier Scholarship - Fund to remain in	endo	owment until	1 +1	ne value is
100	,000, at that time the funds are to be us	ed to	provide +-	- Ul	ning and
nst	ruction for staff at York Hospital, as we	ll as	health day	~ A +	rainin-
-25-13		~ ~.		Sobod	Taining
305	31 12 793251 85585-446 2013.05080 York Ho	ospit		-01180	ule D (Form 990) 2013 85585-01
					02202~UT

85585-01

for the public.

Baldwin Fund for Nursing Excellence - Financial support for nurses who need to be re-certified and current in their health care skills, including advanced training or change of focus. Scholarships for support staff, who are interested in entering the field of nursing. Financial assistance to help defray the costs of ongoing orientation, classroom instruction and clinical training of new York Hospital nurses. To help defray the costs associated with the York Hospital's Summer Intern program for young nursing students who are currently enrolled in a nursing school. Winkler Fund - Funds to be used for Nursing Education.

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

Permanently Restricted Funds

Elizabeth B. Perkins - Principal to remain in perpetuity, the income for the care of patients who are unable to pay for proper treatment.

Gerrity - 80% of income is unrestricted. 20% is to be reinvested as Principal

YH Memorial Fund - Principal to be kept intact and the income to be used at the board discretion

Cowey - Income and gains to be used for pediatrics (Corpus only to be kept intact)

Forristall - To be used for SNF (Corpus only to be kept intact)

Mason - To be used for free work provided to patients who cannot afford to pay (Corpus only to be kept intact)

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

Palmer/Perkins Endowment - Principal to be kept intact and the income to 332055 09-25-13 Schedule D (Form 990) 2013 be used for nursing education for the staff.

Hospice - Principal to be reinvested and the income to be used to offset expenses of the Hospice.

Sidelinger - (6/88) Principal to be kept intact and the income to be used for general purposes of the support, upkeep and maintenance of the hospital as determined by the Board.

Oncology Fund - Income to be used for support programs for patients, their families and caregivers.

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. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. The Hospital has evaluated the position taken on its filed tax returns. The Hospital has concluded no uncertain income tax positions exist at June 30, 2014. The Hospital's tax years from 2011 through 2014 are open and subject to examination.

Part XI, Line 2d - Other Adjustments:

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 York Hospital Rart XIII Supplemental Information (continued)	01-0212444 Page 5
Special events expenses	66,155.
Part XII, Line 2d - Other Adjustments:	
Special events expenses	66,155.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Name of the organization

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/iorm.990

Open To Public Inspection

York Hos	spital					dentification number
Part Fundraising Activities.	Complete if the organization an	swered *	Yes" t	o Form 990, Part IV.	01-021	Z444
1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Par b If "Yes," list the ten highest paid indivicompensated at least \$5,000 by the organization have a written or key employees listed in Form 990, Par b If "Yes," list the ten highest paid individual to the properties of the properties o	ed funds through any of the foll e Soli f Soli g Spe oral agreement with any indivice t VII) or entity in connection will iduals or entities (bundralson) a	owing act citation of citation of cial fundr	tivities f non- f gove alsing	c. Check all that apply government grants rnment grants events officers, directors, true	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(()) fund have o or con contrib	Did raiser vuslody rirol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundralser listed in col. (i)	(vi) Amount pald to (or retained by) organization
		Yes	No			
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		-				
		-				
Total			•			
 List all states in which the organization is or licensing. 	registered or licensed to solic	t contribu	utions	or has been notified	it is exempt from r	egistration
HA For Denormant Dental						
HA For Peperwork Reduction Act Notice,	see the instructions for Form	990 or 9	90-E	Z. Sc	hedule G (Form 9	90 or 990-EZ) 2013

2 Less: Contributions		of fundraising event contributions and c	ross income on Form 99	d "Yes" to Form 990, Par 0-EZ, lines 1 and 6b. Liet	t IV, line 18, or reported	more than \$15,000
Acade col. (a) Section			(a) caeiir # i	(b) Event #2	(c) Other events	· · · · · · · · · · · · · · · · · · ·
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2 Less: Contributions	5		(oron type)	(event type)	(total number)	
2 Less: Contributions	1	Gross receipts	159,013.	49,768.	63,214	. 271,995
3 Gross income (line 1 minus line 2) 115, 813, 15, 868, 14, 609, 146, 2 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 14, 993, 5, 601, 1, 773, 22, 36 8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Not Income summary. Subtract line 10 from line 3, column (d) 11 Gross revenue (a) Bingo (b) Pull tabsfinstant bingo/progressive bingo (c) Other gaming (d) Total gaming cont. (a) through co.t. (a) through co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (b) Pull tabsfinstant bingo/progressive bingo (c) Other gaming (d) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (d) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (b) Pull tabsfinstant bingo/progressive bingo (c) Other gaming (d) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (b) Pull tabsfinstant bingo/progressive bingo (c) Other gaming (d) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (a) through co.t. (b) Pull tabsfinstant bingo/progressive bingo (e) Other gaming (f) Total gaming co.t. (f) Total gaming co.t. (f) Total ga	2	Less: Contributions	43,200	33,900.	48,605	
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Schedule G (Form 990 or 990-EZ) 2013 York Hospital

to administer charitable gaming?	11	Describe accorded to	01-01	212	444	- Dogo A
to administer charitable parming? I inclicate the precentage of gaming activity operated in: a The organization's teality b An outside facility. Name > Address > 158 Does the organization have a confrect with a third party from whom the organization's gaming/special events books and records: Name > Address > 169 Does the organization have a confrect with a third party from whom the organization receives gaming revenue? Yes h b if "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount	10	boes the organization operate gaming activities with nonmembers?			Vac	No.
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Address 15e Does the organization have a contract with a third party from whom the organization receives gaming revenue? 17e 18e 1		Name >				
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15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Address				
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Supplemental Information. Provide the explanations required by Part i, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		and a state state state state state to be distributed to other every every		Y	6 9 (J No
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		* S S S S S S S S S S S S S S S S S S S				
The sumplete this part to provide any additional information (see instructions).	-ail	The state of the s	art III, line	s 9. 9	b 10h	15b
2083 09-12-13		165, 16, and 176, as applicable. Also complete this part to provide any additional information (see instruction	ona).			
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SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

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

► Attach to Form 990. ► See separate instructions.

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

OMB No. 1645-0047

Open to Public

Name of the organization York Hospital

Employer identification number

	rt Financial Assistance	and Certain C	ther Commu	nity Benefits a	t Cost	01-0212	177		
4								Yes	т.
1 a	Did the organization have a financle if "Yes," was it a written policy?	al assistance polic	y during the tax y	ear? if "No," skip to	Question 6a		400	X	1
2	If "Yes," was it a written policy? If the organization had multiple hospital facilities during the tax year.	s, indicate which of the	adinesh lead oniwoils	norther days become		***************************************	1a 1b	X	╀
	Applied uniformly to all hospi	tol in aller					788	0.00	i i
	Generally tallored to individua	tai tecimies	L J Appi	lied uniformly to me	ost hospital facilitie	9S			1 1° 1 19
3	Answer the following based on the Secretary	ai nospitai tacilities	٠				120	1	#
8	Answer the following based on the financial ass Did the organization use Federal Po	sistance eligibility criteria	that applied to the larg	est number of the organiz	zation's petiente during t	he tax year,	131	1 3	
							# T		l.
		X 200%	annin kicome limi	t for eligibility for fr	ee care:		3a	X	ľ
b							111		t
	Did the organization use FPG as a f of the following was the family income	me limit for elicibili	ig eligibility for pro	oviding discounted	care? If "Yes," ind	icate which	1 1 3 A	THE SECOND	ŀ
	of the following was the family inco	300%	y for discounted	care:		***************************************	3b	100000000000000000000000000000000000000	1
C	If the organization used factors other	er than EDC in way	= 05070	1400%	ther	%	3	80.EX	Ŷ
	If the organization used factors other determining eligibility for free or discontinuous other threshold, regardless of incom-	or unail cred in dete	eligibility	describe in Part V	I the income base	d criteria for		r (* 10	ı
	other threshold, regardless of Incom	to so a factor to d	GO III II III (168CHO)	non whether the Or	ganization used a	n asset test or	1		14 3
4	"medically indigent"?	A rurar ebbreen to the let &	est number of its pation	te during the tax year pro	wide for tree or discount	*** **** ** ** ** ** ** ** ** ** ** **		iğ.	Î
6в	Did the organization budget amounts for if "Yes," did the organization's finan	free or discounted e	are provided and and a	2 - 25	In the Of discould	eu care to the	4	X	
b	If "Yes," did the organization's finan	Cial aggistance ave	are browned gildet i	ts financial assistance	e policy during the ta	x year?	5а	X	Γ
C	if "Yes" to line 5b, as a result of bad	icet considerations	penses exceed the	e budgeted amoun	it?		5b		Г
	if "Yes" to line 5b, as a result of bud care to a patient who was eligible to	r free or disposints	, was the organiz	ation unable to pro	oosib to earl ebive	unted		- "	Г
8 8	care to a patient who was eligible fo Did the organization prepare a comm	niinity benefit yene	d carey		•		50		
b	Did the organization prepare a commif "Yes," did the organization make it	t avalishin to the	er ouring the tax y	/ear?			6a		Г
							6b		T
	Complete the following table using the workshee Financial Assistance and Certain Oti			not submit these workshi	eets with the Schedule H		5 B		4.
	Financial Assistance and	(81) Number of	(b) Persons	(C) Total	[- [d] S				
lear	ns-Tested Government Programs	activities or programs (optional)	served (optional)	(C) Total community benefit expense	(d) Direct offsetting	(e) Net community	(1)	ercent	of Se
a	Financial Assistance at cost (from				revenue	benefit expanse	i		
١	Worksheet 1)	1	1.642	3 630 403					
1	Worksheet 1) Medicald (from Worksheet 3,	1	1,642	3,629,483.		3,629,483.	2.	. 39	ક
b l	Medicald (from Worksheet 3,	1 1							
b l	Medicald (from Worksheet 3,	1	1,642 5,655		8,826,693.	3,629,483. 4,614,938.		.39 .04	
b c 0	Medicald (from Worksheet 3, column a) Costs of other means-tested	1			8,826,693.				
b l = 0 c (0	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from	1			8,826,593.				
b i c (0	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b)	1			8,826,693.				
b b c c c y c y y y y y	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and	1	5,655	13,441,631.		4,614,938.	3.	04	₹ -
b c (0 k	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Acans-Tested Government Programs Other Benefits	1 2			8,826,693. 8,826,693.		3.		₹
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b i c (C (C (C (C (C (C (C (C (C (C (C (C (C	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Acans-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations	2	5,655	13,441,631. 17,071,114.	8,826,693,	4,614,938. 8,244,421.	5.	43	₹ *
b	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Aceans-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4)	2	5,655	13,441,631.		4,614,938.	5.	04	} }
b i c (c (c (f f H	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Means-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4) Bealth professions education	2	5,655	13,441,631. 17,071,114.	8,826,693,	4,614,938. 8,244,421.	5.	43	₹ *
b	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Access-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4) tealth professions education from Worksheet 5)	2	5,655	13,441,631. 17,071,114.	8,826,693,	4,614,938. 8,244,421.	5.	43	8 -
b i c () d i i h c (i f H (f) S (f) S (f)	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Access-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4) Jealth professions education from Worksheet 5) Jubsidized health services from Worksheet 6)	2	5,655	13,441,631. 17,071,114. 285,267.	8,826,693,	4,614,938. 8,244,421. 274,075.	5.	439	- B
b i c (i c (i f H (f S	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Access-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4) Jealth professions education from Worksheet 5) Jubsidized health services from Worksheet 6)	2	5,655	13,441,631. 17,071,114.	8,826,693,	4,614,938. 8,244,421.	5.	439	- B
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bill constant of the constant	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Acans-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4) Itealth professions education from Worksheet 5) Subsidized health services from Worksheet 6) Sesearch (from Worksheet 7) Sash and In-kind contributions	2	5,655	13,441,631. 17,071,114. 285,267.	8,826,693,	4,614,938. 8,244,421. 274,075.	5.	439	- B
b i c c (g c (f f H (f G S C f f f H R C C f f f f f f f f f f f f f f f f f	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Acans-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4) Itealth professions education from Worksheet 5) Subsidized health services from Worksheet 6) Research (from Worksheet 7) Rash and In-kind contributions or community benefit (from	2	5,655	13,441,631. 17,071,114. 285,267.	8,826,693,	4,614,938. 8,244,421. 274,075.	5.	439	- B
b C () () d T C () () f H C () f C (Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Acans-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4) Itealth professions education from Worksheet 5) Subsidized health services from Worksheet 6) Sesearch (from Worksheet 7) Sash and In-kind contributions for community benefit (from Worksheet 8)	2	5,655	13,441,631. 17,071,114. 285,267.	8,826,693, 11,192. 20,083,492,	4,614,938. 8,244,421. 274,075.	5.	439	- B
b i c c (f H (f f f c W W f c T c T c T c T c T c T c T c T c T c	Medicald (from Worksheet 3, column a) Costs of other means-tested government programs (from Worksheet 3, column b) Fotal Financial Assistance and Acans-Tested Government Programs Other Benefits Community health mprovement services and community benefit operations from Worksheet 4) Itealth professions education from Worksheet 5) Subsidized health services from Worksheet 6) Research (from Worksheet 7) Rash and In-kind contributions or community benefit (from	2	7,297	13,441,631. 17,071,114. 285,267. 49,507,590.	8,826,693, 11,192. 20,083,492,	4,614,938. 8,244,421. 274,075.	5.	439	* * * * * * * * * * * * * * * * * * *

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Sch Pa	edule H (Form 990) 2013 YOu	rk Hospita	1				01-02	124	44 F	² 80e 2
167.27	tax year, and describe in Pa	t vi flow ita commit	lete this table if the unity building activ	e organization c rities promoted	onducted the health	any comm		44. 343	during	the
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	(C offset	Direct ting revenue	(e) Net community building expense	(Perce otal expe	
1	Physical Improvements and housing				1-		CONTRACT OF WINDS	+		
2	Economic development							_		
3	Community support							_		
4	Environmental improvements							_		
5	Leadership development and						-			
6	training for community members									
- 5	Coalition building									
•	Community health improvement advocacy									
8	Workforce development				<u> </u>			<u>.</u>		
9	Other	<u> </u>	-							
10	Total	,								
	rt III Bad Debt, Medicare, 8	Collection D	ractions							
	ion A. Bad Debt Expense	A COMOCHOM P	ACTIONS							
1	Did the organization report bad deb	t avnense in eccor	danaa wiith Uaalik	ann Eirean Cill					Yes	No
	Statement No. 15?	CONPOSSO SE ACCOSE	Uligett this editer	care Hinancial M	lanageme	nt Associa	tion			
2	Statement No. 15? Enter the amount of the organization	n's had deht evnen	ee Evoloin in Dad		********		••••••	. 1	X	-
	methodology used by the organizati	ion to estimate this	se. Explain in Pan	i vi ine		. 2	000 616		李基	種。
3	Enter the estimated amount of the o	roanization's had c	entount	hutahla ta	·····	2 3	,233,515	-	李	
	patients eligible under the organizat	ion's financial assis	tanca policy Evol	outable to	.]		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		4
	methodology used by the organizati	on to estimate this	amount and the	ationals H	•			No.		, 'L. &'
	for including this portion of bad deb	as community he	nefit	акопаю, и апу,				1	\$ 1	1 2 1%
4	Provide in Part VI the text of the fool	tnote to the organiz	ration's financial e	tatomonta that	L	3		- ※		
	expense or the page number on whi	ch this footnote is	Contained in the a	ttachad financis	uescribes Il statomo	Dag gebt			1000	5
Secti	on B. Medicare		oomaniba (i) big (Mached III Mildie	n stateme	rns.		100		
5	Enter total revenue received from Me	edicare (including [OSH and IMF)		1	5 28	,369,287			
6	Enter Medicare allowable costs of ce	are relating to payn	ents on line 5		-	6 40	,799,651	- ∰		
7	condition into a now line or this is the	8 sumlus (or shortfi	ali)			7 -12	430 367			
8	Describe in Latt At the extent to Myk	ch any shortfall reo	orted in line 7 sho	uild ha traatari a	e commu	pite bases	· · · · · · · · · · · · · · · · · · ·	1	9.9	183
	was describe in Fall At the costing t	nethodology or sou	rce used to deter	mine the amour	nt renorte	d on line A	••		10	2 M
	Check the DOX that describes the Wi	ethod used:						4	10 液	
	Cost accounting system	X Cost to char	ge ratio	Other				高多		\$
	on C. Collection Practices							£82'6	95.v ::::3k	Marie Control
va	Did the organization have a written d	lebt collection polic	y during the tax y	ear?				9a		Х
D	if "Yes," did the organization's collection p	olicy that applied to t	he largest number o	f its patients durin	g the tax y	ear contain p	rovisions on the			
								9b		1
**************************************	The state of the s	ies and Joint I	/entures (owned	10% or more by offic	ers, directors	s, trustees, key	employees, and phys	siciana - 8	ee instru	ctions)
	(a) Name of entity	(b) Desc	cription of primary		Organizat		Officers, direct-		hysicia	
		act	ivity of entity		ofit % or s	stock or	s, trustees, or		ofit % c	
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Section A. Hospital Facilities (list in order of size, from largest to smallest)	_	<u>2</u>			spita							-
How many hospital facilities did the organization operate during the tax year?1	icensed hospital	edical & surg	Children's hospital	ng hospital	access ho	ch facility	Sinor	Į.	Other (des			
Name, address, primary website address, and state license number 1 York Hospital	Lions	Gen. m	Childre	Teachi	Critical	Resear	ER-24	ER-oth	Other (des	cribe)		
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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 facility reporting group $\underline{\mathtt{York}}$ $\underline{\mathtt{Hospital}}$

if reporting on Part V, Section B for a single hospital facility only: line number of

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	_		
Ç	ommun	ity Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)	T2: .	Yes	-
1	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 9			.]
	If "Yes,	assessment (CHIVA)? If "No," skip to line 9 ," Indicate what the CHNA report describes (check all that apply):	1	X	
ā	للايا	A definition of the community served by the hospital facility			
Ŀ,		Demographics of the community			
c		Existing health care facilities and resources within the community that are available to respond to the health needs of the community.	8.8		
	•			\$	
d	(X	How data was obtained	1		
в	X	The health needs of the community	, V.		1
f	X	Primary and chronic disease needs and other health leaves at the		10.3	【接
		Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	policy.	1	4 800
g	X				. * .
h	X	The process for identifying and prioritizing community health needs and services to meet the community health needs. The process for consulting with persons representing the community's interests.	480.00	1	
j		Information gaps that limit the boards facility and community's interests			
ì	X	Information gaps that limit the hospital facility's ability to assess the community's health needs Other (describe in Section C)	9	3777	3.
2	Indicate	Affice Assessment of the state		14.	J. V.V.
3	In cond	or the tax year the hospital facility last conducted a CHNA: 20 12	Š.		13
-	Interest	ucting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			1
		The continuity served by the riospital raciity, including those with energy knowledge of an amount of the continuity served by the riospital raciity.		1	
		the notation is decisioned now the nospital tacility took into account input from persons who represent the]	1
	oomand.	my) and resulting the persons the hospital tacility consulted	3	X]
	hospitei	I facilities in Section C			
			4	1	X
_	If "Yae "	hospital facility make its CHNA report widely available to the public?	5	Х	
а		Indicate how the CHNA report was made widely available (check all that apply):	W. 10.	. 7	: *
b		Hospital facility's website (list url): http://www.yorkhospital.com/990.aspx	80 m	3.34	
Ç	X	Other website (list url):			
d		Available upon request from the hospital facility	* A 6	3.5	· 茶稿
	بانـــا St#bobo	Other (describe in Section C)			1
•	ihot opp	spital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all	S : 368 C : 31	127	数据:
а	id. gpp	is as of the end of the fax year):			3 .
a	ر ينقصا	Adoption of an implementation strategy that addresses each of the community health needs identified	4,53	V ā	\$ 00 M
h	·	unodit na oi MV			1.00 2.00 2.00
þ	=== :	Execution of the implementation strategy		11.5	
ď		Participation in the development of a community-wide plan			42
		Participation in the execution of a community-wide plan		,	5 5
•	;	nclusion of a community benefit section in operational plans	1%	1	\$11. (3)
ī ~	∀ ;	Adoption of a budget for provision of services that address the needs identified in the CHNA		為國	14
g		Trioritzation of nearth needs in its community	を選	10	
h		Prioritization of services that the hospital facility will undertake to meet health needs in its community			1,00,12
		Agree (describe it 280000 C)	39		
L	JIOI UNB M	ospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain	1430	at the	SEC.3
		of Which needs it rise not addressed and the reasons why it has not addressed out acade	7		Х
	210 HIG D	garization incur an excise tax under section 4950 for the hospital facility's fall us to an excise tax under section 4950 for the hospital facility's fall use to an excise tax under section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the hospital facility is fall use to a section 4950 for the fall use to a section 4950 for			
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Sc	chedule H (Form 990) 2013 York Hospital	. 001044		
Ľ	art Va Facility Information (continued) York Hospital	L-021244	:4 F	age 6
18	Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that			
	Notified individuals of the financial assistance policy on admission	*********		•
	Notified individuals of the financial assistance policy prior to discharge			
	Notified individuals of the financial assistance notice in communications with the last that	!-l1-1 1 1 10		
	The state of the s	QUAIS' DIIIS		
	The state of the s	outy's		
_	e Other (describe in Section C)			
<u>_</u> F	Policy Relating to Emergency Medical Care			
			1	
19	William Indiany have in place dufing the lax year a written policy relation to	,, ,,,,, , , , , , , , , , , , , , , ,	Yes	No
	The state of the s	S U IÐ		
	eligibility under the hospital facility's financial assistance policy?		x	
	38 MILED III	19	-783V	.55°0
	if *No,* indicate why;			
	The hospital facility did not provide care for any emergency medical conditions			20
	The hospital racility's policy was not in writing	414		
	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)	က က		
_	1:	3.0,	382 VI	
<u>2</u> 0	Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)		113	. W
20	tridicate now the hospital facility determined, during the tax year the maximum amounts that are the	alble 233	15:11	17.5%
	Care and a control individual lighters a	[A**A***]		國家
٠	The respiral facility used its lowest negotiated commercial insurance rate when palaulating the most respirate to the second sec	nts 🎇 💮	3/0	\$5.4°
		27學34		48.4
	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged.	. 🐼		数数
	The state of the s		特項	
	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged Other (describe in Section C)	(A) (3)		
21	- mai (= applied at Octribit C)	\$ 1.7		*
•	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided		:AE	
	The state of the s		-	
	Insurance covering such care? If "Yes," explain in Section C.	21	ĺ	X
22	During the tax year did the beauty facility of		6.33	2017. A
•	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for an service provided to that individual?	ıy		912B)(F2
	service provided to that individual? If "Yes," explain in Section C.	22		X
		····		

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

York Hospital:

Part V, Section B, Line 1j: 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 3: Between March and June 2013, York Hospital undertook a community health needs assessment (CHNA) to identify the health needs of those living in the Hospital's entire service area. Hospital worked together 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, etc. A task force of community members representative of the service area led and formed the assessment. Care was taken to include task force members who represent those populations within the service area with poorer health outcomes, including low-income families, the elderly, and the mentally ill. The task force met monthly, or more frequently, to oversee every facet of conducting the CHNA. Organizations and group members consulted include: -York Hospital's Leader for Emergency Care

- -Counseling Services, Inc. and Choose to Be Healthy Coalition
- -York community members
- -York Hospital Trustees
- -York community activist and local writer
- -Public Health Foundation

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Schedule H. Fram 000) 2012 Vonte Hoomite 3	
Schedule H (Form 990) 2013 York Hospital Part V Facility Information (continued)	01-0212444 Page 7
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section E 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in designated by "Facility A," "Facility B," etc.	B, lines 1j, 3, 4, 5d, 6l, 7, 10, 11, n a facility reporting group,
-Eliot community member	
-York County Community Action Corporation, Inc.	
-Southern Maine Area Agency on Aging	
York Hospital:	
Part V, Section B, Line 7: Although identified as a need,	the issue of
childhood obesity was not chosen as an objective to addre	
Hospital. This issue is currently being addressed by the	
Public Health Council's Obesity Prevention Committee which	h is funded with
a federal community transformation grant. Also, although	
need, the issue of adolescent alcohol and drug abuse was	
objective to address as this issue is being addressed by	
Healthy Coalition's drug free community grant activities.	
supports and closely collaborates with both the community	
grant and the drug free community grant activities with s	taff time and
other hospital resources.	
York Hospital:	
Part V, Section B, Line 11: For FY 2014, the Hospital off	
liscount to self-pay patients and a HELP Financial Assist	
offered to patients that had no insurance or were underin	sured. Reduction

York Hospital:

Schedule H (Form 990) 2013

of their hospital bills was based on household income and the amount owed.

Schedule H (Form 990) 2013

General Medical & Surgical

General Medical & Surgical

7 Kittery Medical Services

North Berwick, ME 03906

North Berwick Medical Services

35 Walker Street Kittery , ME 03904

23 Wells Street

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.
- 6 Promotion of community health. Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:
For FY 2014, the Hospital offered an 18% discount to self-pay
patients and a HELP Financial Assistance Program offered to patients that
had no insurance or were underinsured. Reduction of their hospital bills
was based on household income and the amount owed.
Part I, Line 7:
York Hospital has several hospital clinical services and
hospital-owned physician practices. Per instructions for IRS 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 completing 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. Diabetes Education
b. Berwick Walk-In Clinic

c. Kittery Family Practice

Schedule H (Form 990) York Hospital Part VI Supplemental Information (Continuation)	01-0212444 Page 9
d. Emergency Room (the Hospital has ER facilities located a	t thei
hospital campus and also in Wells)	c the main
e. Home Health Agency	
f. Chemical Dependency Clinic	
g. OB/GYN Practice	
h. Wells Walk-In	
i. Rheumatology Practice	
j. Neurology Practice	
k. Orthopedics Practice	-
1. Urology Practice	
m. Physical Therapy Practice	
n. Pulmonary Practice	
o. Great Works Family Practice	
p. Wells Primary Care	
q. York Plastic Surgery Practice	
r. York Family Practice	
s. Webhannet Internal Medicine Practice	
t. Pediatric Practice	
u. Endocrinology Clinic	
v. Surgical Associates	
w. North Berwick Family Practice	
x. Cardiology Practice	
y. Kittery Walk-In	
The above-listed hospital clinical services and hospital-own	ned physician
practices have a community benefit (i.e. aggregate loss or s	subsidy from
the Hognital of amount at the	the community
benefit does not take into account bad debts, charity care,	or contractual
332271 08-13-13	Schedule H (Form 990)
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adjustments. Thus, this community benefit of approximately \$29.4 million is a conservative figure that reconciles to the community benefit reported on IRS Form 990, Schedule H, Part I, Line 7g, Column e.

Form 990, Schedule H instructions/guidance contains 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 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 when determining the profit/loss of each hospital clinical service and hospital-owned physician practice. In addition, when compiling the subsidized hospital clinical services and hospital-owned physician practices listed in 1c above, 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
 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.

Schedule H (Form 990) 101% HOBDICAL 01 0212444 Page 9
Part VI Supplemental Information (Continuation)
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 \$ 7,509,170.
Part II, Community Building Activities:
Not Applicable
Part III, Line 2:
The Hospital estimated the bad debt expense at cost by
utilizing the cost to charge ratio per Worksheet 2 multiplied by the
provision for uncollectible accounts per the financial statements. See
explanation for Part III, Line 4 for more information.
Part III, Line 4:
The allowance for uncollectible accounts is provided based on
an analysis by management of the collectability of outstanding balances.
Management considers the age of outstanding balances and past collection
efforts in determining the allowance for uncollectible accounts. Accounts
deemed uncollectible are charged off against the established allowance.
Services rendered to individuals from whom payment is expected and
ultimately not received are written off and included as part of the
provision for uncollectible accounts.
Part III, Line 8:
Form 990, Schedule H instructions/guidance contains a
template (Worksheet 2) that may be used to determine the overall cost to
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charge ratio that could be applied throughout Schedule H in order to convert 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 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 listed above 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:

Not applicable.

Part VI, Line 2:

During the year, the Hospital focused on three goals identified in its Community Health Needs Assessment: lowering the percentage of overweight and obese individuals in the service area; implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) to reduce the rate of chronic drinking and drug abuse; and promoting York Hospital's tobacco cessation services by advertising the Maine Tobacco Helpline through all physician practices and hospital locations.

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reinvested in the facilities, equipment and services for the communities.

Schedule H (Form 990) York Hospital Part VI Supplemental Information (Continuation)	01-0212444 Page 9
Part VI Supplemental Information (Continuation)	· · · · · · · · · · · · · · · · · · ·
Part VI, Line 6:	
Not Applicable	
Part VI, Line 7, List of States Receiving Community Benefi	t Report:
ME	
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BAKER NEWMAN NOYES

Cartified Public Accountants

York Hospital

Audited Financial Statements

Years Ended June 30, 2014 and 2013 With Independent Auditors' Report

BAKER NEWMAN NOYES

Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Trustees York Hospital

We have audited the accompanying financial statements of York Hospital (the Hospital), which comprise the balance sheets as of June 30, 2014 and 2013, and the related statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Hospital as of June 30, 2014 and 2013, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Portland, Maine October 24, 2014 Limited Liability Company

In Neva: Naga

BALANCE SHEETS

June 30, 2014 and 2013

ASSETS

		<u>2014</u>	<u>2013</u>	
Current assets:	_			
Cash and cash equivalents	\$	1,218,578	\$ 238,8	390
Accounts receivable, less allowance for uncollectible accounts of		20.054.604	00.014	
approximately \$3,692,000 and \$4,413,000 in 2013		22,254,601	22,816,2	
Other receivables		108,072	564,	
Inventories		3,434,214	3,408,	
Prepaid expenses and other current assets		1,184,975	1,150,	
Estimated third-party payor settlements (note 3)		dering.	1,610,	
Trustee held funds (notes 4 and 7)		1,685,735	<u>1,784,</u>	<u>753</u>
Total current assets		29,886,175	31,575,	179
Bond issuance costs, less amortization		152,024	178,	494
Investments in marketable securities (note 5)		29,387,005	25,174,	800
Temporarily restricted assets (note 5)		7,621,004	6,507,	861
Permanently restricted assets (note 5)		3,275,471	2,879,	524
Other investments (note 10)		408,134	268,	454
Assets held on behalf of third-party (notes 5 and 8)		1,077,556	926,	,101
Property, plant and equipment (note 7):				
Land and improvements		8,156,639	8,156	639
Buildings		60,989,842	58,850	481
Equipment		46,596,340	45,606	,782
Construction in progress		1,395,429	1,476	<u>941</u>
		117,138,250	114,090	,843
Less allowances for depreciation		(69,180,598		•
		47,957,652	48,237	<u>,840</u>
Total assets		\$ <u>119,765,021</u>	\$ <u>115,747</u>	<u>,461</u>

LIABILITIES AND NET ASSETS

·		2014		2013
Current liabilities: Accounts payable and accrued expenses	\$	8,909,451	S	7,249,097
Accrued payroil and amounts withheld	.	6,535,402	•	6,612,286
Accrued interest payable		356,436		381,079
Estimated third-party payor settlements (note 3)		72,122		_
Current portion of long-term obligations		1,542,382		1,602,301
Our tent portion or long term our garden			_	
Total current liabilities		17,415,793		15,844,763
Long-term obligations, less current portion (note 7)		17,125,493		18,708,628
Long-term pension and other obligations (note 10)		5,673,108		7,536,793
Long-term pension and other obligations (now 10)				,,0,,,,,
Assets held on behalf of third-party (note 8)	•	1,077,556	-	926,101
Total liabilities		41,291,950		43,016,285
Total nadifices		41,271,750		15,010,205
Commitments and contingencies (notes 7, 10 and 11)				
Net assets:				•
Unrestricted		67,576,596		63,343,791
Temporarily restricted (note 6)		7,621,004		6,507,861
Permanently restricted (note 6)		3,275,471		2,879,524
i ormanomy restricted (note of	•			
Total net assets		78,473,071		72,731,176

Total liabilities and net assets \$119,765,021 \$115,747,461

See accompanying notes.

STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years Ended June 30, 2014 and 2013

	<u> 2014</u>	<u>2013</u>
Unrestricted revenues, gains and other support:		
Net patient service revenues (net of contractual		
allowances and discounts) (note 9)	\$152,289,993	\$154,702,227
Provision for uncollectible accounts	(7,509,170)	(7,730,859)
Net patient service revenues, less provision		/
for uncollectible accounts	144,780,823	146,971,368
	, ,	
Other revenue (note 3)	3,730,412	4,679,385
Net assets released from restrictions used for operations	240,735	<u>257,115</u>
,		
Total revenues, gains and other support	148,751,970	151,907,868
Expenses:	·	
Homecare	3,265,146	2,772,614
Women, infant and kids	5,851,963	5,666,588
Cardiovascular care	11,096,499	11,172,960
Diagnostic lab	6,016,985	6,165,701
Diagnostic imaging	6,434,588	5,768,573
Oncology and breast care	11,374,097	10,853,218
	1,148,362	1,250,960
Wound care	16,468,245	21,798,776
Surgery and special procedures		
Rehabilitative care	4,475,894	4,599,907
Integrated medicine	34,891,117	33,117,845
Patient quality and safety	783,412	533,010
Pharmaceutical care	11,290,258	10,744,494
Care access	4,253,558	4,588,892
MyHealth@Wells	475,009	619,327
MyHealth@Berwick	646,287	664,598
MyHealth@Kittery	808,108	803,453
Friendraising	4,732,185	5,656,283
Other expenses	1,081,735	1,078,448
Administrative operations	11,146,936	10,968,032
Financial care	10,597,423	10,323,659
Health care provider tax (note 3)	3,857,440	3,503,004
Interest	<u>890,935</u>	956,842
Total expenses	151,586,182	<u>153,607,184</u>
Operating loss	(2,834,212)	(1,699,316)
Other branch (annual and		,
Other income (expenses):	2 062 700	2.010.240
Recognized gain in fair value of investments (note 5)	3,853,798	
Unrestricted contributions	198,540	
Investment and other income	37,383	
Gain (loss) on disposal of property, plant and equipment	3,292	(3,397)
Total other income (expenses)	4,093,013	3,523,774
Excess of revenues over expenses	1,258,801	1,824,458
Continued next page.		•

STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS (CONTINUED)

Years Ended June 30, 2014 and 2013

	<u> 2014</u>	<u> 2013</u>
Unrestricted net assets (continued):		
Excess of revenues over expenses	\$ 1,258,801	\$ 1,824,458
Net assets released for property, plant and equipment	82,574	659,348
Adjustment to long-term pension obligations (note 10)	2,891,430	<u>2,661,579</u>
Increase in unrestricted net assets	4,232,805	5,145,385
Temporarily restricted net assets:		
Investment income	88,116	95,364
Net realized gain on investments	561,596	160,412
Donations	326,240	669,672
Income and gains transferred from permanently restricted	79,140	71,393
Net assets released from restrictions	(323,309)	(916,463)
Change in net unrealized gains on investments	381,360	475,919
Increase in temporarily restricted net assets	1,113,143	556,297
Permanently restricted net assets:		
Investment income	37,325	41,033
Net realized gain on investments	275,618	65,608
Income and gains transferred to temporarily restricted	(79,140)	(71,393)
Income and gains transferred to unrestricted	(21,962)	(14,150)
Change in net unrealized gains on investments	<u>184,106</u>	240,189
Increase in permanently restricted net assets	395,947	261,287
Increase in net assets	5,741,895	5,962,969
Net assets beginning of year	72,731,176	66,768,207
Net assets end of year	\$ <u>78,473,071</u>	\$ <u>72,731,176</u>

See accompanying notes.

STATEMENTS OF CASH FLOWS

Years Ended June 30, 2014 and 2013

		<u>2014</u>		<u>2013</u>
Cash flows from operating activities:	e	5,741,895	\$	5,962,969
Increase in net assets	\$	3,141,093	Ф	3,702,909
Adjustments to reconcile increase in net assets				
to net cash provided (used) by operating activities:		4,659,213		4,927,202
Depreciation and amortization		(451,681)		(806,069)
Restricted donations and investment income		(1,964,689)		(2,823,451)
Change in minimum pension liability				(3,954,870)
Change in net realized and unrealized gains on investments		(5,256,478)		(28,287)
Accretion of bond premium		(28,286) (3,292)		3,397
Loss on disposal of property, plant and equipment		(3,494)		2,397
Changes in operating assets and liabilities:		561 669		(2 707 206)
Accounts receivable, net		561,668		(2,797,296)
Other receivables and inventories		431,457		35,681
Prepaid expenses and other current assets		(34,316)		(118,044)
Accounts payable and accrued expenses		(36,494)		(646,677)
Accrued payroli and amounts withheld		(76,884)		38,835
Deferred compensation plans		101,004		149,212
Estimated third-party payor settlements		1,682,987		(1,810,330)
Accrued interest payable		(24,643)	-	(23,545)
Net cash provided (used) by operating activities		5,301,461		(1,891,273)
Cash flows from investing activities:		•		
Additions to property, plant and equipment		(2,662,451)		(4,005,013)
Proceeds from sales of property, plant and equipment		10,036		799,615
Purchase of investments		(24,573,524)		(13,801,088)
Proceeds from sales of investments		24,029,379		16,143,075
Assets held on behalf of third party		(151,455)		(38,429)
Trustee held funds		99,018		(51,534)
Change in other investments		<u>(139,680</u>)		50,787
Net cash used by investing activities		(3,388,677)		(902,587)
Cash flows from financing activities:				•
Proceeds from issuance of long-term debt		_		2,500,000
Proceeds from restricted donations and restricted investment income		530,217		1,133,506
Assets held on behalf of third party		151,455		38,429
Repayment of long-term obligations		(1,614,768)		(1,498,349)
Debt issuance costs				(12.014)
Net cash (used) provided by financing activities		<u>(933,096</u>)		2,161,572
Net increase (decrease) in cash and cash equivalents		979,688		(632,288)
Cash and cash equivalents at beginning of year		238,890		<u>871,178</u>
Cash and cash equivalents at end of year		\$ <u>1,218,578</u>	,	238,890
Supplemental disclosure of noncash activities: Purchases of property, plant and equipment in accounts payable and accrued expenses		\$ <u>1.696.848</u>	,	\$
See accompanying notes.				

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

1. Organization

York Hospital (the Hospital) is a not-for-profit health care center established to provide health care services to the York County area. The Hospital also offers services in Wells, Kittery, Berwick, North Berwick and South Berwick, provides both inpatient and outpatient acute services and has 79 licensed acute beds. To better define the philosophy of the Hospital in providing health care services, the Board of Trustees and Hospital management have developed a Mission Statement which is as follows:

Mission Statement

We are committed to providing exceptional care to our patients and their families. All our efforts must be thoughtful, kind and loving.

We are dedicated to creating and nurturing a fabric of compassionate relationships among physicians, care givers, patients and families to offer sensitive, understandable, high quality medical care experiences.

We recognize our responsibility to serve all in our community as they are the ultimate judge of how well we listen, respond and care.

Community Service

The Hospital completes its mission in serving the community in many different ways, some direct and measurable, while others are less tangible in nature although not any less important.

In accordance with the mission of the Hospital, it is the intent of the Hospital to provide exceptional care to all of its patients. No person shall be denied medically necessary services regardless of their ability to pay. In order to assure this service to the community, the Hospital has established certain policies to define charity services which are based upon recognized poverty income levels established by the federal government. The Hospital has adopted a more lenient policy by recognizing eligibility for charity care services at or below 200% of the federal poverty guidelines.

The Hospital maintains records to identify and monitor the level of charity care it provides. These records include the amount of charges foregone for services and supplies furnished under its charity care policy.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

2. Accounting Policies

The accounting policies that affect the more significant elements of the financial statements of the Hospital are summarized below:

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. The more significant areas which are affected by the use of estimates include the allowance for uncollectible accounts, reserves for self-insurance and estimated third-party payor settlements.

Concentration of Credit Risk

Financial instruments which subject the Hospital to credit risk consist of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the Hospital's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses in such accounts and believes it is not exposed to any significant risk at June 30, 2014. Net accounts receivable represent net receivables from patients and third-party payors for services provided by the Hospital. Patient accounts receivable from government-related programs comprised 54% and 52% of receivables at June 30, 2014 and 2013, respectively. The Hospital's investments consist of diversified investment securities and, while subject to market risk, do not represent any significant concentrations in any sectors.

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Changes in these estimates are reflected in the financial statements in the year in which they occur.

Services rendered to individuals from whom payment is expected and ultimately not received are written off and included as part of the provision for uncollectible accounts.

Activities directly associated with services related to acute and ancillary care services are considered to be operating activities and are included as patient service revenue. Revenue which is not related to patient medical care and which is normal to the day-to-day operations of the Hospital is included in other revenue.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

2. Accounting Policies (Continued)

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Charity care is measured based on services provided at established rates but is not included in net patient service revenue. Costs and expenses incurred in providing these services are included in operating expenses. The Hospital determines the costs associated with providing charity care by calculating a ratio of cost to gross charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. Under this methodology, the estimated costs of caring for charity care patients for the years ended June 30, 2014 and 2013 were approximately \$3,840,000 and \$3,825,000, respectively.

Excess of Revenues Over Expenses

The statement of operations and changes in net assets includes excess of revenues over expenses. Changes in unrestricted net assets which are excluded from excess of revenues over expenses, consistent with industry practice, include the adjustment to long-term pension obligations, and net assets released for property, plant and equipment.

Cash and Cash Equivalents

All highly liquid savings deposits and investments with maturities of three months or less when purchased are considered to be cash equivalents.

Accounts Receivable and the Allowance for Uncollectible Accounts

Accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts and provision for uncollectible accounts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for uncollectible accounts, if necessary (for example, for expected uncollectible deductibles and copayments on accounts for which the third-party payor has not yet paid, or for payors who are known to be having financial difficulties that make the realization of amounts due unlikely). For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for uncollectible accounts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

2. Accounting Policies (Continued)

The Hospital's allowance for uncollectible accounts for gross patients accounts receivable was approximately 7% and 9% at June 30, 2014 and 2013, respectively. The Hospital's provision for uncollectible accounts was \$7,509,170 in 2014 and \$7,730,859 in 2013.

Investments

All investments which are publicly traded are measured at fair market value based on market quotations. Other securities for which no such quotations or valuations are readily available are carried at estimated fair value.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheets, statements of operations, and changes in net assets.

Investment income or loss, including realized and unrealized gains and losses on investments, interest and dividends, is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. Realized gains or losses on the sale of investment securities are determined by the specific identification method.

Investment income earned on unrestricted investments is reported as nonoperating gains. Investment income on restricted investments is reported as nonoperating gains unless specifically restricted by the donor or state law, in which case it is reported as an increase in temporarily or permanently restricted net assets.

Investments in nonmarketable investments are generally carried at fair value estimated by management based on fair values provided by external investment managers. The Hospital reviews and evaluates the valuations provided by the investment managers and believes that these valuations are a reasonable estimate of fair value at June 30, 2014, but are subject to uncertainty and, therefore, may differ from the value that would have been used had a ready market for the investments existed and such differences could be material. The amount of gain or loss associated with these investments is reflected in the accompanying financial statements based on information provided by the management of the fund. The Hospital believes that the carrying amount of its nonmarketable investments of \$7,172,238 is a reasonable estimate of fair value as of June 30, 2014 (Note 5).

Inventories

Inventories of supplies and pharmaceuticals are carried at average cost.

Bond Issuance Costs

Bond issuance costs represent costs incurred in connection with debt related to Maine Health and Higher Educational Facilities Authority (MHHEFA) revenue bonds and are being amortized over the terms of the bonds based upon the bonds outstanding method.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

2. Accounting Policies (Continued)

Other Investments

Other investments primarily represent interests in certain real estate not used for Hospital operating purposes.

Property, Plant and Equipment

Property, plant and equipment is stated at cost or at fair value at the date of donation. The Hospital's policy is to capitalize expenditures for major improvements and additions and charge maintenance and repairs currently for expenditures which do not extend the useful lives of the related assets. Depreciation is computed using the straight-line method in a manner which is intended to amortize the cost of the assets over their estimated useful lives. Assets which have been purchased but not yet placed in service are included in construction in progress and no depreciation expense is recorded.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Hospital in perpetuity.

Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Hospital are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

Pension Plans

The Hospital sponsors a noncontributory defined benefit pension plan which covered substantially all employees through December 31, 2008, the date the plan was frozen. The Hospital's funding policy is to contribute annually at a rate intended to provide for the cost of benefits earned during the year. The plan benefits are based on years of service and the employee's career average compensation during employment. The Hospital had met its funding requirement in 2014 and 2013.

The Hospital also sponsors a defined contribution 401(k) plan available to all employees. Employee contributions under the 401(k) plan are matched up to a maximum of 7% of the employee's current year compensation. Employer contributions in the 401(k) vest immediately. Total expense for the Hospital under the 401(k) plan was approximately \$1,010,000 and \$1,135,000 for the years ended June 30, 2014 and 2013, respectively. The Hospital's policy under the defined contribution plan is to recognize expense as incurred and fund its portion of amounts due under the plan on a current basis.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

2. Accounting Policies (Continued)

Self-Insured Programs

The Hospital self-insures its unemployment risk and employee health benefits. The Hospital has estimated and recorded its obligations under these programs. As experience develops, any deviations from estimated amounts will be recorded in current operations. Stop-loss insurance coverage on an individual claims basis is in effect for the employee health benefits which mitigates the Hospital's exposure to loss, however, the Hospital has not obtained aggregate stop-loss insurance coverage.

Total expense for health benefits was approximately \$7,819,000 and \$9,516,000 in 2014 and 2013, respectively, of which approximately \$5,810,000 and \$5,585,000, respectively, represented services rendered by the Hospital for which revenue was recorded.

The Hospital also participates in a worker's compensation insurance plan through an industry cooperative. Current funding levels are considered to be adequate to meet future claims. Excess insurance has been purchased to mitigate the cooperative's exposure on an aggregate and individual basis.

Advertising Expense

Advertising costs are expensed as incurred and total approximately \$446,000 and \$582,000 in fiscal 2014 and 2013, respectively.

Income Taxes

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. Estimated interest and penalties, if applicable, related to uncertain tax positions are included as a component of income tax expense. The Hospital has evaluated the positions taken on its filed tax returns. The Hospital has concluded no uncertain income tax positions exist at June 30, 2014. The Hospital's tax years from 2011 through 2014 are open and subject to examination.

Reclassifications

Certain 2013 amounts have been reclassified to permit comparison with the 2014 financial statements presentation format.

<u>Subsequent Events</u>

Events occurring after the balance sheet date are evaluated by management to determine whether such events should be recognized or disclosed in the financial statements. Management has evaluated subsequent events through October 24, 2014 which is the date the financial statements were available to be issued.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

3. Estimated Third-Party Payor Settlements

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Inpatient and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical diagnosis and other factors. The Hospital files an annual cost report with the Medicare program after the completion of each fiscal year to report activity applicable to the Medicare program and to determine any final settlements.

<u>MaineCare</u>

MaineCare, the State of Maine's Medicaid program, is a medical assistance program offered by the State of Maine Department of Human Services. Inpatient and outpatient services rendered to MaineCare program beneficiaries are reimbursed under a variety of methodologies, including prospective rates, fee schedules and cost reimbursement. The Hospital is reimbursed a prospective amount during the year with final settlement determined after submission of an annual cost report by the Hospital and audit thereof by MaineCare.

The State of Maine enacted legislation establishing a health care provider tax (State tax). As a result, the Hospital was subjected to and recorded \$3,857,440 and \$3,503,004 of State tax in 2014 and 2013, respectively.

As of June 30, 2014 and 2013, the Hospital has amounts due from the State of Maine under the MaineCare program of approximately \$1,900,000 and \$3,900,000, respectively. The amounts recorded have been determined based upon applicable regulations and the Hospital expects that these amounts will ultimately be paid in full. Due to the complex nature of such regulations, there is at least a reasonable possibility that recorded estimates will change by a material amount. In September 2013, the Hospital received an interim payment of \$3,900,000 from the State of Maine.

Other

The Hospital has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates per discharge and discounts from established charges.

The estimated third-party payor settlements reflected on the balance sheets represent the estimated net amounts to be paid or received under reimbursement contracts with the Centers for Medicare and Medicaid Services (Medicare), Anthem Blue Cross and the Maine Department of Human Services (MaineCare). As of June 30, 2014, settlements for the Hospital have been finalized through fiscal 2013 with Blue Cross, fiscal 2009 with Medicare and fiscal 2004 with MaineCare.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

3. Estimated Third-Party Payor Settlements (Continued)

Revenues from the Medicare and MaineCare programs accounted for approximately 49% and 6%, respectively, of the Hospital's gross patient service revenues for the year ended June 30, 2014 and 47% and 7%, respectively, for 2013. Laws and regulations governing the Medicare and MaineCare programs are complex and subject to interpretation. Compliance with such laws and regulations can be subject to government review and interpretation as well as significant regulatory action including fines, penalties and exclusion from the Medicare and MaineCare programs. The Hospital believes that it is in compliance with all applicable laws and regulations.

Electronic Health Records Incentive Payments

The CMS Electronic Health Records (EHR) incentive programs provide a financial incentive for the "meaningful use" of certified EHR technology to achieve health and efficiency goals. To qualify for incentive payments, eligible organizations must successfully demonstrate meaningful use of certified EHR technology through various stages defined by CMS. The Hospital filed their meaningful use attestations with CMS. Revenue totaling approximately \$1,700,000 and \$2,400,000 associated with these meaningful use attestations was recorded within other revenues for the years ended June 30, 2014 and 2013, respectively.

4. Trustee Held Funds

As part of the note agreements the Hospital has with MHHEFA in conjunction with certain bond issues (see Note 7), the Hospital is required to fund and maintain certain bond funds. The total amounts held in these funds by a trustee are as follows:

	<u>2014</u>	<u>2013</u>
Debt service funds:		
2010B	\$ 361,328	\$ 357,878
2009A	165,913	162,938
2008D	194,106	196,406
2008C	138,265	134,915
2007A	393,109	388,209
2006F	273,208	268,108
2004B	159,806	157,169
2003C	·	119,130
	\$ <u>1.685,735</u>	\$ <u>1,784,753</u>

All trustee held funds consist of cash and cash equivalents.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

5. Investments and Restricted Assets

Unrestricted and restricted investments, along with temporarily restricted donations receivable, total as follows at fair value:

	<u> 2014</u>	<u>2013</u>
Unrestricted investments Unrestricted board designated	\$19,446,360 9,940,645	\$19,022,964 6,151,044
Temporarily restricted Temporarily restricted donations receivable	7,536,131 84,873	6,344,452 163,409
Permanently restricted	3,275,471	2,879,524
	40,283,480	34,561,393
Less donations receivable	(84,873)	<u>(163,409</u>)
Total Hospital investments	40,198,607	34,397,984
Assets held on behalf of third party	<u>1,077,556</u>	926,101
Total investments	\$ <u>41,276,163</u>	\$ <u>35,324,085</u>

Investment and Spending Policies

The Hospital's investment objective is to preserve its purchasing power, while providing a continuing and stable funding source to support the current and future mission. To accomplish this objective, the investment portfolio seeks to generate a total return that will exceed not only amounts approved for distribution but also all expenses associated with managing the investments and the eroding effects of inflation. It is the intention that all total return (interest income, dividends, realized gains and unrealized gains), above and beyond the amount approved for expenditure or distribution, will be reinvested. Investments will be managed on a total return basis, consistent with the applicable standard of conduct set forth in the Uniform Prudent Management of Institutional Funds Act (UPMIFA).

The Hospital pools the majority of its investments. Investment income and gains or losses are aggregated and allocated equitably to the funds participating in the pool. Investment income and gains and (losses) consisted of the following for the years ended June 30:

	<u>2014</u>	<u>2013</u>
Interest and dividend income Realized gains on sales of securities, net	\$ 321,121 3,129,883	\$ 376,825 _1,006,847
	3,451,004	1,383,672
Change in net unrealized gains on investments	2,126,595	2,948,023
	\$ <u>5,577,599</u>	\$ <u>4,331,695</u>

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

5. Investments and Restricted Assets (Continued)

Fair Value Measurements

GAAP has established a fair value hierarchy that results in classification of assets and liabilities within three different levels. Financial assets and liabilities carried at fair value are classified and disclosed in one of the following three categories:

Level 1 – Assets or liabilities classified as Level 1 represent items that are traded in active exchange markets and for which valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities. Assets classified as Level 1 include cash and cash equivalents, mutual funds and marketable equity securities.

Level 2 - Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities. Assets classified as Level 2 include U.S. Government and agency bonds, and municipal and corporate bonds.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer, or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities. Assets classified as Level 3 include alternative investments.

In determining the appropriate levels, the Hospital performs a detailed analysis of the assets and liabilities. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

The following table provides the assets carried at fair value as of June 30:

	<u>Total</u>	Level 1	Level 2	Level 3
<u>2014</u>			_	Ф
Cash and cash equivalents	\$ 3,435,038	\$ 3,435,038	\$ -	\$ -
Equity mutual funds	15,008,592	15,008,592		_
International equity mutual funds	5,508,377	5,508,377	_	-
U.S. government and agency bonds	1,320,823	_	1,320,823	-
Municipal bonds	1,460,427	_	1,460,427	
Corporate bonds	2,462,353	, - .	2,462,353	
Marketable equity securities:				
Healthcare	286,050	286,050		_
Financial	1,036,190	1,036,190	_	_
Consumer staples	828,042	828,042	_	_
Consumer discretionary	412,321	412,321	-	
Materials	326,610	326,610	_	
Energy	278,025	278,025	_	_
Information technology	852,039	852,039	•	
Industrial	71,620	71,620	_	_
ADR's	817,418	817,418	_	- ,
Alternative investments	7,172,238			7,172,238
Viternative macerinents				
	\$ <u>41,276,163</u>	\$ <u>28,860,322</u>	\$ <u>5,243,603</u>	\$ <u>7,172,238</u>

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

5. Investments and Restricted Assets (Continued)

	<u>Total</u>	Level 1	Level 2	Level 3
<u>2013</u>				
Cash and cash equivalents	\$ 243,188	\$ 243,188	\$ -	\$ -
Equity mutual funds	11,482,896	11,482,896		
International equity mutual funds	4,837,022	4,837,022	-	
U.S. government and agency bonds	1,232,317	_	1,232,317	
Municipal bonds	1,489,941	_	1,489,941	_
Corporate bonds	2,260,309	· –	2,260,309	_
Marketable equity securities:				
Healthcare	394,610	394,610	<u> </u>	-
Financial	1,219,339	1,219,339		
Consumer staples	1,018,743	1,018,743	_	_
Consumer discretionary	694,016	694,016	_	Commit
Materials	537,004	537,004	-	-
Energy	509,775	509,775	_	-
Information technology	1,315,424	1,315,424		*****
Industrial	76,545	76,545	_	· -
ADR's	750,263	750,263	_	_
Alternative investments	7,262,693	- terre		7,262,693
	\$ <u>35,324,085</u>	\$ <u>23,078,825</u>	\$ <u>4,982,567</u>	\$ <u>7,262,693</u>
The change in fair value of Level 3 altern	native investments	is due to the fo	ollowing:	
Balance at June 30, 2012				\$7,000,702
Sales				(189,997)
Net realized and unrealized gains on inve	estments		•	451,988
Balance at June 30, 2013				\$ <u>7,262,693</u>
Balance at June 30, 2013				\$7,262,693
Purchases				200,000
Sales				(871,774)
Net realized and unrealized gains on inve	estments			<u>581,319</u>
Balance at June 30, 2014				\$ <u>7,172,238</u>

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

6. Temporarily Restricted and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at June 30:

	<u>2014</u>	<u>2013</u>
Contributions receivable	\$ 84,873	\$ 163,409
Plant replacement	6,650,763	5,675,813
Home health	70, 555	61,728
Nursing education	462,848	369,209
Breast cancer	351,965	237,702
	\$ <u>7,621,004</u>	\$ <u>6,507,861</u>
Permanently restricted net assets at June 30 are restricted to:		
	2014	<u>2013</u>
Net assets to be held in perpetuity with gains reinvested		******
and income temporarily restricted	\$2,184,604	\$1,866,323
Net assets with gains and income temporarily restricted	380,785	380,785
Net assets with gains and a portion of income retained as permanently restricted and a portion of income unrestricted	710,082	632,416
	\$ <u>3,275,471</u>	\$ <u>2,879,524</u>

Donor restricted net assets are managed in accordance with donor intent and are invested in a portfolio of stocks and bonds.

7. Long-Term Obligations

Long-term obligations consist of the following at June 30:

	<u>2014</u>	<u>2013</u>
Note payable to MHHEFA in conjunction with Revenue Bonds Series 2010B issued by MHHEFA, including premium of \$173,908 in 2014 and \$188,400 in 2013, which bears interest at rates varying from 2.5% to 5%; annual principal payments due in amounts ranging from \$140,000 to \$480,000 with the last payment due in fiscal year 2026		
(see below)	\$ 2,471,852	\$ 2,776,344
Note payable to MHHEFA in conjunction with Revenue Bonds Series 2009A issued by MHHEFA, including premium of \$51,052 in 2014 and \$57,434 in 2013, which bears interest at rates varying from 2% to 5%; annual principal payments due in amounts ranging from		
\$135,000 to \$185,000 with the last payment due in fiscal year 2021 Note payable to MHHEFA in conjunction with Revenue Bonds Series 2008D issued by MHHEFA, which bears interest from 3.5% to 5.5%;	1,131,127	1,272,509
annual principal payments due in amounts ranging from \$115,000 to \$230,000 with the last payment due in fiscal year 2029	2,218,695	2,333,695

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

7. Long-Term Obligations (Continued)

	<u> 2014</u>	<u>2013</u>
Note payable to MHHEFA in conjunction with Revenue Bonds Series 2008C issued by MHHEFA, which bears interest from 3% to 5%; annual principal payments due in amounts ranging from \$110,000 to \$125,000 with the last payment due in fiscal year 2024 Note payable to MHHEFA in conjunction with Revenue Bonds Series 2007A issued by MHHEFA including premium of \$68,131 in 2014	\$ 1,034,879 \$	1,144,879
and \$72,389 in 2013, which bears interest at rates varying from 4% to 5%; annual principal payments due in amounts ranging from \$240,000 to \$500,000 with the last payment due in fiscal year 2031 Note payable to MHHEFA in conjunction with Revenue Bonds Series 2006F issued by MHHEFA, including premium of \$3,649 in 2014	5,530,564	5,774,822
and \$4,865 in 2013, which bears interest at 4%; annual principal payments due in amounts ranging from \$245,000 to \$280,000 with the last payment due in fiscal year 2017 Note payable to MHHEFA in conjunction with Revenue Bonds Series 2004B issued by MHHEFA, including premium of \$10,358 in 2014	512,449	758,665
and \$12,296 in 2013, which bears interest at rates varying from 3% to 5%; annual principal payments due in amounts ranging from \$135,000 to \$175,000 with the last payment due in fiscal year 2020 Note payable to MHHEFA in conjunction with Revenue Bonds Series 2003C issued by MHHEFA, which bears interest at rates	810,033	946,971
varying from 2.25% to 3.62%; annual principal payments due in the amount of \$115,000 in fiscal year 2014 Commercial loan payable to Peoples United Bank which bears	-	115,000
interest at a fixed rate of 3.74%, monthly principal and interest payments of \$12,914 due through 2022; the proceeds were used to fund the construction of a medical office building in Kittery, Maine; the note is secured with a security interest in the related building and land and an assignment of all rentals Commercial loan payable to Kennebunk Savings Bank which bears	2,378,236	2,441,385
interest at a fixed rate of 6.75% through January 2015, at which time the rate becomes variable; monthly principal and interest payments of \$16,071; the proceeds were used to fund the construction of a physician building in South Berwick, Maine; the note is secured with a security interest in the related building and land and an assignment of all rentals Commercial loan payable to Kennebunk Savings Bank which bears	1,015,533	1,087,581
interest at a fixed rate of 6.75% through January 2015, at which time the rate becomes variable; monthly principal and interest payments of \$11,385; the proceeds were used to fund the construction of a medical office building in Wells, Maine; the note is secured with a security interest in the related building and land and an assignment of all rentals	1,564,507 18,667,875	1,659,078 20,310,929
Less current portion	(1,542,382)	
	\$ <u>17,125,493</u>	\$ <u>18,708,628</u>

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

7. Long-Term Obligations (Continued)

All of the above notes payable to MHHEFA are secured by a shared first mortgage on substantially all of the Hospital's property, plant and equipment and the Hospital's gross receipts.

The Hospital is required to make monthly deposits of interest and principal sufficient to make the semi-annual interest payments and to retire the Bonds when due for each of the notes payable to MHHEFA and these amounts, as funded, are included in trustee held funds (see Note 4).

Aggregate principal payments required under long-term debt agreements for the next five years are as follows: 2015 - \$1,542,382; 2016 - \$1,612,266; 2017 - \$1,286,088; 2018 - \$1,341,373; and 2019 - \$1,398,435.

The fair value of the Hospital's long-term debt at June 30, 2014 was approximately \$19,037,000.

Actual interest paid on long-term obligations was approximately \$944,000 and \$1,009,000 in 2014 and 2013, respectively, which includes approximately \$2,000 of capitalized interest in 2013.

On March 6, 2014, the Hospital was issued a letter of credit in the amount of \$250,000 which expires in March 2015.

8. Assets Held on Behalf of Third-Party

At June 30, 2014 and 2013, the Hospital was holding \$1,077,556 and \$926,101, respectively, on behalf of York Health Foundation, an entity unrelated to the Hospital. The assets consist of cash, mutual funds, debt and equity securities.

9. Net Patient Service Revenue

The amounts which the Hospital charged at established rates are shown below, along with the adjustments to net patient service revenue:

	<u> 2014</u>	<u>2013</u>
Gross patient service revenue	\$ 333,743,868	\$ 330,800,518
Deductions from revenue: Third-party contractual adjustments Provisions for charity care Other	(172,544,006) (8,428,724) (481,145)	(167,185,401) (8,271,040) (641,850)
	(181,453,875)	(176,098,291)
Net patient service revenue	\$ <u>152,289,993</u>	\$ <u>154,702,227</u>

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

9. Net Patient Service Revenue (Continued)

An estimated breakdown of patient service revenue, net of contractual adjustments and provision for uncollectible accounts recognized from these major payor sources, is as follows:

	<u>2014</u>	<u>2013</u>
Medicare Medicaid Commercial Patients	\$ 53,812,633 8,453,568 81,602,384 16,850,132	\$ 50,347,652 7,892,822 87,695,382 17,037,411
	160,718,717	162,973,267
Provision for bad debt Provision for charity care	(7,509,170) (8,428,724)	(7,730,859) (8,271,040)
	\$ <u>144,780,823</u>	\$ <u>146,971,368</u>

10. Defined Benefit Pension Plan and Other Benefits

Defined Benefit Pension Plan

The long-term pension obligation of \$3,284,434 and \$5,249,123 at June 30, 2014 and 2013, respectively, is included as part of long-term obligations and other obligations on the balance sheet which also includes other liabilities of \$2,388,674 and \$2,287,670 at June 30, 2014 and 2013, respectively, as described below.

All amounts reflected in the change in unrestricted net assets relate to the adjustment to the long-term pension obligation.

The amount expected to be recognized as a component of net periodic benefit cost in 2015 is approximately \$450,000.

The following table sets forth the plan's funded status and amounts recognized in the Hospital's balance sheets with respect to its deferred benefit pension plan at June 30:

	<u>2014</u>	<u>2013</u>
Pension benefits: Fair value of plan assets at June 30 Projected benefit obligation at June 30	\$ 23,621,529 (26,905,963)	\$ 23,494,128 (28,743,251)
Funded status	\$ <u>(3,284,434</u>)	\$ <u>(5,249,123)</u>
Accumulated benefit obligation	\$ <u>26,905,963</u>	\$ <u>28,743,251</u>
Accrued pension cost	\$ <u>(3,284,434</u>)	\$ <u>(5,249,123</u>)

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

10. Defined Benefit Pension Plan and Other Benefits (Continued)

The assets of the plan are carried at fair value and are classified in the three categories as described in Note 5. The following table provides the assets of the plan carried at fair value as of June 30.

	<u>Total</u>	Level 1	Level 2	Level 3
2014			•	Φ .
Equity mutual funds	\$11,334,597	\$11,334,597	\$ -	\$ -
Fixed income mutual funds	2,941,909	2,941,909	-	
Closed end equity mutual funds	3,858,675	3,858,675		. –
U.S. government and agency bonds	1,119,114	-	1,119,114	-
Corporate bonds	1,604,223	_	1,604,223	· –
Municipal bonds	969,128	- .	969,128	_
Alternative investments	1,793,883			1,793,883
Plan assets	\$ <u>23,621,529</u>	\$ <u>18,135,181</u>	\$ <u>3,692,465</u>	\$ <u>1,793,883</u>
2013				
Cash and cash equivalents	\$ 1,036,678	\$ 1,036,678	\$ -	\$ -
Equity mutual funds	11,413,648	11,413,648	. —	-
Fixed income mutual funds	2,821,178	2,821,178	hre	
International equity mutual funds	4,456,711	4,456,711	-	-
U.S. government and agency bonds	795,596	_	795,596	_
Corporate bonds	1,471,440		1,471,440	_
Municipal bonds	986,107	_	986,107	
Alternative investments	512,770		<u> </u>	_512,770
Plan assets	\$ <u>23,494,128</u>	\$ <u>19,728,215</u>	\$ <u>3,253,143</u>	\$ <u>512,770</u>
The change in fair value of Level 3 alterna	tive investments	s is due to the fo	ollowing:	,
Balance at June 30, 2013				\$ 512,770
Purchases				1,100,000
Sales				(14,628)
Net realized and unrealized loss on investi	nents			195,741
Balance at June 30, 2014				\$ <u>1,793,883</u>

The target allocation percentage for investments is 60% equities and 40% debt securities. The Plan trustee evaluates its target allocation periodically in relation to market performance and overall market conditions. The Plan does not allow for the purchase of derivatives and the overall goal is to provide for adequate investment growth, along with contributions, to provide adequate funding to meet plan obligations on a current and projected basis.

The overall expected long-term rate of return is based upon achieved historical returns of a mix of stocks and bonds and expectations of future yields and market performance for such securities.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

10. Defined Benefit Pension Plan and Other Benefits (Continued)

The following table provides information with respect to the plan for the years ended June 30:

	<u>2014</u>	<u>2013</u>
Net pension cost	\$ 926,741	\$1,338,128
Employer contribution		1,500,000
Benefits paid	3,294,687	1,465,876

Expected benefits to be paid in future years are: 2015 - \$1,556,203; 2016 - \$1,592,589; 2017 - \$1,588,802; 2018 - \$1,556,346; and 2019 - \$1,681,970; and aggregate for the next five fiscal years thereafter - \$8,397,672.

There is no expected contribution to be made in fiscal 2015.

The following table provides the weighted average assumptions as of June 30:

	2014 End of Year	2013 End of Year
Discount rate Expected return on plan assets	4.5% 7.0	5.0% 7.0

Deferred Compensation Plans

During 2007, the Hospital established a deferred compensation arrangement under a nonqualified defined contribution plan to provide supplemental retirement benefits to certain employees. A fund was established to provide for benefits under the plan. The plan was terminated in 2013 and all assets were distributed. The Hospital also has a supplemental executive retirement plan (SERP) for an executive officer. The total obligation of the Hospital under this agreement was \$2,388,674 and \$2,287,670 at June 30, 2014 and 2013, respectively. The obligations are included in long-term pension and other obligations on the balance sheet and amounts funded for the plan are included in investments. The assets are carried at fair value and are classified as Level 1 under the GAAP hierarchy described in Note 5.

Under the plan, all gains and losses in trust fund investments increase or decrease the deferred compensation liability.

NOTES TO FINANCIAL STATEMENTS

June 30, 2014 and 2013

11. Medical Malpractice Insurance

The Hospital insures its medical malpractice risks on a claims made basis. At June 30, 2014, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of insurance coverage nor were there any unasserted claims or incidents which require a loss accrual in excess of insurance coverage. The Hospital intends to renew coverage on a claims made basis and anticipates that such coverage will be available.

In accordance with Accounting Standards Update (ASU) No. 2010-24, Health Care Entities (Topic 954): Presentation of Insurance Claims and Related Insurance Recoveries (ASU 2010-24), the Hospital recorded a liability of \$735,000 and \$744,000 at June 30, 2014 and 2013, respectively, related to estimated professional liability losses. There is no receivable related to estimated recoveries under insurance coverage for recoveries of the potential losses.

12. Volunteer Services

Total volunteer service hours provided to the Hospital were approximately 46,000 and 56,000 in 2014 and 2013, respectively. The volunteers provide various nonspecialized services to the Hospital, none of which has been recognized as revenue or expense in the statements of operations.

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Sarvice

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No. 1545-0047

▼ Attach to Form 990.

Open to Public

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

Schedule I (Form 990) (2013) Employer Identification number 01 - 0212444(h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (D) EIN criteria used to award the grants or assistance? York Hospital 1 (a) Name and address of organization or government Name of the organization Part II Part

York Hospital

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. education funds are allocated to each department head responsible for staff allocating a portion for seminars and workshops or continuing education, The committee does this Continuing and allocating funds for The orientation program is directly administered by the Part IV Supplemental Information. Provide the information required in Part I, ine 2, Part III, column (b), and any other additional information. is then responsible for spending funds in accordance with the The scholarship fund is monitored by a committee which manages (d) Amount of non-cash assistance ö or primary education. 27,073 (c) Amount of cash grant an orientation program, the funds in accordance with the donor's wishes. (b) Number of recipients 9 those who want to attend nursing school Continuing Education/Seminars and Workshops allocating a portion for (a) Type of grant or assistance donor's wishes. Part I, Line 2: each 332102 10-28-13 and ሷ

85585-01

SCHEDULE J (Form 990)

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. ➤ See separate instructions.

➤ Information about Schedule J (Form 990) and its instructions is at your irs gov/form 990.

01-0212444

OMB No. 1845-0047

Department of the Treasury Internal Revenue Service Name of the organization

York Hospital

Open to Public A Employer Identification number

⊬ 8	Cuestions Regarding Compensation			
		\$ 25 2.1	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	100	de in	新 水
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	3 4		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	2.8	4.6	
	Tax indemnification and gross-up payments X Health or social club dues or initiation fees			O.
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)		可以	20.7F
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	18.2	1024	100
-	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		X	93
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X	adimina.
	theread are outside whereand are errormed any areas in a few and are a market and a market and a market areas.	7 T (8)	3116	MA
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	1 5	2	
9	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			\$ 160 5 5 5 7 7 7 8 7 8 7 8 8 8 9 8 9 8 9 8 9 8 9 8
-	establish compensation of the CEO/Executive Director, but explain in Part III.	1/8	基成	
				. 5
	X Compensation committee Written employment contract	13.78	* **	\$
	Independent compensation consultant X Compensation survey or study		影響	\$ 0.
	Form 990 of other organizations X Approval by the board or compensation committee		、 蒙	多 类
			1. 4	957
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing	1	學黎	250
	organization or a related organization:	1200	1.02	X
a	Receive a severance payment or change-of-control payment?		17	 ^
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		Х	
¢	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	20.00	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		200	
		13/2	200	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			1 (2) 10 (4) 10 (4)
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			100
	contingent on the revenues of:	948	7.0	1
а	The organization?	5a		X
	Any related organization?	_6b		Х
	If "Yes" to line 6a or 5b, describe in Part III.	(F) (A)		10.00
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		190	
	contingent on the net earnings of:	200	1000	1 整熱
8	The organization?	1		X
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	3.48	3	14
7		S. Constitution		
•	not described in lines 5 and 6? If "Yes," describe in Part III		X	
8		·		
J	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X (1.414960)	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	, J		
¥	If Test to line 8, out the organization also follow the reputtable presumption procedure described in	Ass. or.		[h.tesa i

Schedule J (Form 990) 2013

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

York Hospital

Part II.] Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2013

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

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

e statement .		(B) Breakdown of	of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	ejqi	(E) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	compensation	Silver	(2) (A) (A)	in prior Form 990
# # # T	1	222 862	44 734.	0	3,432.	10,527.	281,555.	0.
(1) Todd Adams, MD	€ €	• 1		0.	0		1 1	0
Truscee/ruysician	\$ 6		0	0	8,750.	21,055.	402,03	0.
(1) J. Inchas Albingue, mo	3 6		0.	0	0.	0	1	0
(1) Tames Gilrov MD FACE	Ē	241,721.	10,470.	0.	3,532.	σ.	265,35	5 0
ì			0.	0		1		0.0
(4) Jeffrey Lockhart, MD	₽	558,400.	0.		8,371.	21	. 928, /86	
mrstee/Anesthesiologist	•	0	.0		0.			
(5) Lawrence Petrovich, MD	E		93,212.		0	21,055.	. 105, 354.	0
Trustee/Cardiologist	(E)				- 1	21 055	505 50	0
(6) Jud Knox	ε	416,124.		-	158,414.	`1	,000	
President/Leader	▣			0	7 973	21 055	313.448.	W
(7) Robin LaBonte	€	284,420.	5		0 0 0	~,		
CFO/Leader	€	0	-	•	0 750	21 055.	281.76	
(8) Stephen Pelletier	€	251,957.		***************************************	٦.	-		0
COO/Leader	€	- 1	· k			9.63	525,31	
(9) Heider Arjomand-Fard	ε	515,685.			0			0
Cardiologist	阜	۶ ا			1 375	16.19	497,009.	0
(10) Patrick Robertson, MD	ε	476,438.						0
Orthopedic Surgeon	Ξ	0	. O .	i servici di		11,808.	475,03	0
(11) Jeffrey Colnes, MD	8	412,5/0.	.TC0'0C		0.			0
- 1		110 710			6.113.	10,938.	465,769.	0
(12) Kira Wendorf, MD	e 1					0		0
		0 7 7 7 7			3,399.	16,196.	464,063	0
(13) Brandon Stahl, MD	€	~ Ⅱ			0	0	•	0
Urologist		0						
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,437,938. ,368,244. Schedule K (Form 990) 2013 (i) Pooled 1,330,000 Employer identification number financing Yes No M M M 547,568 × 968'46 2013 Open to Public Inspection OMB No. 1545-0047 × 2007 ŝ ž (g) Defeased (h) On behalf 01 - 0212444Yes M M M M or issuer **%** × × ž gov/form990 M × M × 1,989,274. Yes 1,505,000 2,318,380 291,200 37,906 2 M M M ٤ 2006 ER project & 2000 radio 91,723,676. digital MAMMO equ Entity Refinance 1999B ¢ O (1) Description of purpose Kes es Š explanations, and any additional information in Part VI.

Attach to Form 890. See separate instructions. Pinformation about Schedule K (Form 990) and its instructions is at a M unit ► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, scanner, nuclear me T scanner 975,000. 1,773,730 居田 1,941,005 135,325 31,950 § ⋈ М M M ş 2005 POR Δ, œ Supplemental Information on Tax-Exempt Bonds 6,988,265. 97, 716, 087. 42 196 950 Yes Yes M M Continuations (e) Issue price 1,002,665. 1,055,000 1,179,561 137,879 39,017 M × × ٥ Ž 2003 07/24/03 (d) Date issued 12/09/04 90/10/60 07/18/07 Yes Yes × × 79 (Ŧ) See Part VI for Column 01-0314384560425NW6 01-0314384560425UT5 01-0314384560425G20 01-0314384|560425L40| 332121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP # Does the organization maintain adequate books and records to support the final ellocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) Issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Hospital Has the final allocation of proceeds been made? Working capital expenditures from proceeds Credit enhancement from proceeds Capital expenditures from proceeds Capitalized interest from proceeds Amount of bonds legally defeased York Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use bond-financed property? Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Name of the organization Part I Bond Issues Dopartment of the Treasury Internal Revenue Service Part II Proceeds B MHHEFA C MHHEFA D MHHEFA A MHHEFA SCHEDULEK (Form 990) φ Q) N V) ø 2 12 9 4 ħ 9 1 ţ

2 Entity

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

> SCHEDULEX Form 990)

OMB No. 1545-0047

Open to Public Inspection

explanations, and any additional information in Part VI.

See separate instructions. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990. ►

Employer identification number 01-0212444

5,418,358. 51,237. financing ş Schedule K (Form 990) 2013 (i) Pooled 607,056 M M × × 325,000 4,001,877 Ž 2010 ŝ ŝ (g) Defeased (h) On behalf ĝ Ħ M M × of issuer Yes Yes M × ž M M M M Yes 200,000 1,827,960 194,925 29,377 1,603,658 M M ŝ ŝ 2010 200 48,451,841.Imaging equipment New CT and other O (f) Description of purpose Surgery center Refinance 1993 1999A & ¥es Š 93,040,181, equipment 295,000. 41,658,395.addition 2,788,576. 545 46,861 2,400,170 ₽ M M ы ŝ 113,477,369.11998, 2010341. See Part VI for Column (f) Continuations ₹ es Yes × Þ¢ (e) Issue price 1,707,209. 1,474,018. 42,816. A 105,000. 28,044 162,330 × ĝ 일 2008 (d) Date issued 01-0314384560525278 06/19/08 06/24/10 12/03/08 12/10/09 Kes × M Yes 63 01-03143845604253L2 01-0314384560427JA5 01-0314384560427GE0 382121 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) CUSIP# Does the organization maintain adequate books and records to support the final allocation of proceeds? Are there any lease arrangements that may result in private business use of Was the organization a partner in a partnership, or a member of an LLC, (b) issuer EIN Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? which owned property financed by tax-exempt bonds? Hospital Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Amount of bonds legally defeased Capitalized interest from proceeds York Gross proceeds in reserve funds Proceeds in refunding escrows Total proceeds of issue Year of substantial completion Issuance costs from proceeds (a) Issuer name Part III Private Business Use Amount of bonds retired Other unspent proceeds bond-financed property? Other spent proceeds Name of the organization Bond Issues Part II Proceeds A MHEEFA B MHHEFA C MHHEFA D MHHEFA Part N ø G œ O 유 4 알 ę. 9

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School of Com son and York Hospital			01-	01-0212444				Page 2
Use (Continued)								
		_	,	8		c	G	
aterial of the same and address of the same and the same	Yes	Ŷ	Yes	Ŷ	Yes	No	Yes	No
At a mere and management of service contracts that may come in principle		×		×		×		×
business use or condeminance property?								
b if the strong control to the strong and an analysis control to the financed property?								
Are there any research agreements that may result in private business use of bond-financed property?		X		X		×		×
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						•		?
		8		%	•	%		8
5 Enter the percentage of financed property used in a private business use as a result of								
						7		6
section 501(c)(3) organization, or a state or local government		%		8		%		8 3
- ;		%		- 1		%		8
Poes the bond issue meet the private security or payment test?		×		×		×		4
Has there been a sale or disposition of any of the bond-financed	-	l		ł		.		Þ
		×		×		4		4
b if "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed						•	ē	à
Jo		%		%		%		8
Yes" to line 8a, was any remedial action taken pursuant to Regula								
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		;		Þ		Þ		×
Regulations sections 1.141-12 and 1.145-27		×		4		4		**
Part IV Arbitrage								
	1	_		8	1	اد	Ì	
1 Los the immediat Form 2038.T Arbitrace Rebate Yield Reduction and	Yes	No	Yes	Ñ	Ϋ́ε	Š	Yes	ON.
	×			X		×		×
2 If "No to line 1, did the following about 1			M		×		м	
a Rebate not due yet?				×		×		×
b Exception to rebate?				×		×		×
c No rebate due?								
If you checked "No rebate due" in line 2c, provide in Part VI the date the repate								
computation was performed		×		×		×		×
3 Is the bond issue a variable rate issue?		4		1				
۱ ـ		Þ		>		×		×
hedge with respect to the bond Issue?		4		4		4		
b Name of provider								
c Term of hedge								
Was the hedge superintegrated								
332/22 30-04-13						Sol	Schedule K (Form 990) 2013	5 (086 n

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Schedule K (Form 990) 2013 York Hospital			01	01-0212444		Entity	2	Page 2
Use (Cor								
			[m	-	O	۵	1
3a Are there any management or service contracts that may result in private	Yes	S.	Yes	<u>چ</u>	Kes	2	Yes	2
business use of bond-financed property?		×		Ą		4		٥
Counsel to review any management of service contracts relating to the Intalical property of		×		×		×		×
A 14 Movement in the 20 Accepted from the properties in thinks and the hood counsel or other outside								
							-	
4 Enter the percentage of financed property used in a private business use by								
		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another								;
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
Does the bond issue meet the private security or payment test?		×		M		×		×
8a Has there been a sale or disposition of any of the bond-financed property to a non-				>		Þ		Þ
governmental person other than a 501(c)(3) organization since the bonds were issued?		4		4		4		4
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed		8		*		. %		%
10		82						
23								
1.14 i-12 and 1.145-27								Ī
9 Has the organization established written procedures to ensure and an included								
ance will use re		×		M		×		×
The Market of the Control of the Con								
Tractive Authority		_		8	•	Ċ	۵	
	Yes	2	Yes	2	Yes	No	Yes	<u>₽</u>
ulage repare, rold roddo		×		M		×		×
- 1								
2 If "No" to line 1, did the following apply?		×	×		M		X	
a Rebate not due yet?		×		×		×		×
b Exception to rebate?	×			M		×		×
c No rebate due?		, and the second second						
	٠							
1		×		X		X		×
4a Has the organization of the governmental issuel entered into a quantities		×		×		×		×
hedge with respect to the bond issue?		1						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?]	0700
352 122 10-09-13						S S	Schedule A (Form 990) 2013	m seuj zurs
				,				

Entity 1

Page 3 20.0000000 Schedule K (Form 990) 2013 × M × ŝ ş PRANS AMERICA ۵ ž × Ϋ́ × 26.00000000 X ş £ M × Š Š Ş 24.0000000 X 01 - 0212444ş Ŷ M × × 凹 m ž × Yes Part VI: Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). SA 23.0000000 X ŝ ŝ M × Xes X Šes PSA d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? Has the organization established written procedures to monitor the requirements of federal tax requirements are timely identified and corrected through the voluntary Has the organization established written procedures to ensure that violations of closing agreement program if self-remediation is not available under applicable 6 Were any gross proceeds Invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? York Hospital Parive Procedures To Undertake Corrective Action Schedule K (Form 990) 2013
Part IV: Arbitrage (Continued) b Name of provider section 148? c Term of GIC regulations?

Schooling K from 990 2013 York Hospital			-10	01-0212444]	だっ	3	Page 3
(pen								
	1	1		8		O	Δ]
	Yes	No	Yes	£	Yes	£	Yes	Ν̈́
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			M		×		×
b Name of provider	GEPCM							
	28.	.0000000.	į					
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
Were any gross proceeds invested beyond an available temporary p		X		×		×		×
1		۵		Þ		>		×
section 148?		4		4		4		4
Part V Procedures To Undertake Corrective Action								
	4	_		m	-	اری		
	Yes	No	Yes	Š	Yes	2	Yes	œ N
Has the organization established written procedures to ensure that violations of					٠.	-	٠	
federal tax requirements are timely identified and corrected through the voluntary								
closing agreement program if self-remediation is not available under applicable		×		×		M		×
regulations? Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see Instructions)	I s on Schedule	K (see instr	ctions).					
Schedule K, Part I, Bond Issues:								
(a) Issuer Name: MHHEFA	me, rad	radiology,	, MAMMO	o unit				
דעמגדודענים יו ייייים איניים דייים דיייים דיייים דיייים דיייים דיייים דיייים דיייים דייים דיייים דיים דייים דייים דייים דייים דייים דיים דייים דייים דייים דייים דיים דיים דייים דיים	1							
(a) Issuer Name: MHHEFA								
Description of Purpose:								
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inance 1999B	1.							
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(f) Description of Purpose: Refinance 1993, 1998	, 1999A	A & 2001D	10				-	
Schedule K, Part IV, Arbitrage, Line 2c:								
or Name: MHHEFA		4					-	
Date the Rebate Computation was Performed: U	12/51/90	72013	,					
Antil WI Gart TTT Tare Time 9 TV Line	7	and Part	V:			-		
מכוופסמוט אין יינוד ביינו היינו						Sc	Schedule K (Form 990) 2013	n 990) 2013
% See Part VI Supplemental Information Sheet								

	Vork Hospital 01-0212444	Page 4
appropriate and timely remedial I tax requirements occur.	Ander North Say 2015 Though formal information for responses to questions on Schedule K (see instructions) (Continued) Though formal policies are not in place to ensure that violations are nely identified and corrected, the bonds issuer, Maine Health & The said in the Bonds issuer, Maine Health & The said in the Hospital until funds are spent down enough to sure none of the Hospital's tax exempt bonds become arbitrage bonds. The proceeds are placed in low yield investments and no funds are leased to York Hospital until expenses have been incurred and are provided to MHHEFA.	
	closely with MHHEFA to ensure thappropriate and timely remedial tax requirements occur.	
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

OMB No. 1645-0047 Open to Public Inspection 3

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.nov/form990

Employer Identification number

Name of the organization York Hospital 01-0212444 Form 990, Part VI, Section B, line 11: 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 after it is filed. 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 database of CEO salaries to determine the CEO's 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 XII, Line 2c: The audit process has not changed from the prior year.

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Employer identification number 01-021244

Open to Public Inspection ε Ð ►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► See separate instructions. Information about Schedule R (Form 990) and its instructions is at www.ire.gov/form990. Đ Part [33] Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Ō Ð York Hospital <u>10</u> Name of the organization Department of the Treesury Internal Revenue Service

Direct controlling entity		-	mpt
			related tax-exe
End-of-year assets			it had one or more
Total income			rt IV, line 34 becaus
Legal domicile (state or foreign country)			wered "Yes" on Form 990, Pa
Primary activity			ions Complete If the organization ans
Name, address, and EIN (if applicable) of disregarded entity			Perf II dentification 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 part II, line 34 because it had one or more related tax-exempt or manipaline during the tax year.

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	(f) Direct controlling entity	Section 512(b)(13) Controlled entity?	20)(13) ed 7
				501(c)(3))		Yes	No No
York Health Services - 02-0469065							
15 Hospital Drive							1
	Heart health	Maine	501(c)(3)	Line 9	N/A		×
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For Paperwork Reduction Act Notice, see the instructions for Form 990.

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Schedule R (Form 990) 2013

York Hospital Schedule R (Form 990) 2013

Percentage ownership \mathbf{z} 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. Yes No \$ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) € Dispropertionate Yes allocations? Ξ (g)
Share of end-of-year assets Share of total income (e)
Predominant income (related, unrelated, excluded from tax under sections 512-514) (d)
(Direct controlling entity (C)
Legal
domicilo
(state or
foreign Primary activity 9 Name, address, and EIN of related organization **(e)**

Partive 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 programment organizations treated as a concernion or trust during the tax year.

(a)	Ð	(2)	(p)	(e)	(J)	(6)	(F)	
Name, address, and BN of related organization	Primary activity	Legal domicile (state or foreign	Direct	Type of entity (C corp. S corp.	Share of total income	Share of end-of-year	Percentage ownership	512(b)(13) controlled entity?
		country)		or trust)		assers		Yes No
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Page 3

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

Receipt of (f) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Sale of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s)
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Performance of services or membership or fundralsing solicitations for related organization(s)
Performance of services or membership or fundraising solicitations by related organization(s)
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
for information on who must complete this line, including covered
(b) (c) Transaction Amount involved type (a-s)
72

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Schedule R (Form 990) 2013 York Hospital

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

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

(a) (h) (h) (h)	Navo Buro mão como	All Inches	esument partnerships.		ı		7,11		•
Name, address, and EIN	Primary activity	(c)	(a) (e) Dradominant inverse At			£	8	3	(k)
of entity		(state or foreign	(related, unrelated, 501(e)(3) excluded from tax		_ a	Disproper- tionate	Code V-UBI Coneral or Percentage amount in box 20 menaging ownership of Schedille K-1 partner?	General or managing partner?	Percentage ownership
			under section 512-514) Yes	No	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2013

Provide additional information for responses to questions on Schedule R (see Instructions).	01-0212444 Page 5
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