

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

**A For the 2021 calendar year, or tax year beginning and ending**

|  |  |  |
|--|--|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C Name of organization</b><br>York Hospital<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>15 Hospital Drive<br>City or town, state or province, country, and ZIP or foreign postal code<br>York, ME 03909<br><b>F Name and address of principal officer:</b> Patrick Taylor, MD<br>same as C above | <b>D Employer identification number</b><br>01-0212444<br><b>E Telephone number</b><br>(207) 363-4321<br><b>G Gross receipts \$</b> 269,734,077.<br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |  |
| <b>J Website:</b> ▶ <a href="http://www.yorkhospital.com">www.yorkhospital.com</a>   |  |  |
| <b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |  |
| <b>L Year of formation:</b> 1904 <b>M State of legal domicile:</b> ME  |  |  |

**Part I Summary**

|            |   |              |
|------------|---|--------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: Community Hospital  |              |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |              |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | 21           |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | 14           |
| <b>5</b>   | Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | 1450         |
| <b>6</b>   | Total number of volunteers (estimate if necessary)  | 200          |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12  | 1,957,574.   |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, Part I, line 11  | 0.           |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h)   | 5,319,553.   |
| <b>9</b>   | Program service revenue (Part VIII, line 2g)  | 210,090,396. |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 5,945,144.   |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 91,551.      |
| <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 221,452,190. |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 134,569.     |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.           |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 107,243,227. |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.           |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 235,521.  |              |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 101,401,299. |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 208,779,095. |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | 12,673,095.  |
| <b>20</b>  | Total assets (Part X, line 16)  | 137,570,951. |
| <b>21</b>  | Total liabilities (Part X, line 26)   | 66,426,372.  |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | 71,144,579.  |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |   |      |
|-------------------------------|---|------|
| <b>Sign Here</b>              | Signature of officer<br>Robin Labonte, CFO<br>Type or print name and title  | Date |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>Connor Smart<br>Preparer's signature<br><br>Date<br>10/31/22<br>Check if self-employed <input type="checkbox"/> PTIN<br>P02285543<br>Firm's name ▶ Baker Newman & Noyes<br>Firm's EIN ▶ 01-0494526<br>Firm's address ▶ P.O. Box 507<br>Portland, ME 04112<br>Phone no. (207) 879-2100 |      |

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐

- 1**
- Briefly describe the organization's mission:

Community Hospital

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

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

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

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 186,335,546. including grants of \$ 134,569. ) (Revenue \$ 208,268,646. )

York Hospital is a not-for-profit health care center established to provide health care services to the York county area. It offers both inpatient and outpatient acute services and has 79 licensed acute beds. The Hospital has outpatient satellite services in Wells, Kittery, Berwick, South Berwick, Sanford, and Newington, NH.

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

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

- 4d**
- Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **186,335,546.**

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | <b>2</b> X   |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   | <b>4</b> X   |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>  | <b>5</b>     | X  |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>  | <b>6</b>     | X  |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   | <b>8</b>     | X  |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>            | <b>9</b>     | X  |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | <b>10</b> X  |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |              |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | <b>11a</b> X |    |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  | <b>11b</b>   | X  |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  | <b>11c</b>   | X  |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   | <b>11d</b> X |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <b>11e</b> X |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | <b>12a</b> X |    |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | <b>12b</b>   | X  |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  | <b>14a</b>   | X  |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | <b>14b</b>   | X  |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   | <b>15</b>    | X  |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   | <b>16</b>    | X  |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>   | <b>17</b>    | X  |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>   | <b>18</b> X  |    |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | <b>20a</b> X |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b> X |    |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>  | <b>21</b>    | X  |

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

|  | Yes          | No |
|--|--------------|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | <b>22</b> X  |    |
| <b>23</b> 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  | <b>23</b> X  |    |
| <b>24a</b> 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  | <b>24a</b> X |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | <b>24b</b>   | X  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | <b>24c</b>   | X  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | <b>24d</b>   | X  |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | <b>25a</b>   | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   | <b>25b</b>   | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | <b>26</b>    | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | <b>27</b>    | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):   |              |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV  | <b>28a</b>   | X  |
| <b>b</b> A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | <b>28b</b>   | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV  | <b>28c</b>   | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | <b>29</b>    | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | <b>30</b>    | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | <b>31</b>    | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | <b>32</b>    | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | <b>33</b>    | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1   | <b>34</b> X  |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>35a</b>   | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | <b>35b</b>   |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | <b>36</b>    | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | <b>37</b>    | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?   | <b>38</b> X  |    |

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

|   | Yes          | No |
|---|--------------|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  | <b>1a</b> 54 |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  | <b>1b</b> 0  |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | <b>1c</b> X  |    |

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

|  |                | Yes | No |
|--|----------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .....  | <b>2a</b> 1450 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....  | <b>2b</b>      | X   |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.   |                |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  | <b>3a</b>      | X   |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....   | <b>3b</b>      | X   |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... | <b>4a</b>      |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country ▶ .....   |                |     |    |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |                |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....  | <b>5a</b>      |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....  | <b>5b</b>      |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....   | <b>5c</b>      |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....                                    | <b>6a</b>      |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....   | <b>6b</b>      |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |                |     |    |
| <b>a</b> 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? .....   | <b>7a</b>      |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? .....   | <b>7b</b>      |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....  | <b>7c</b>      |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year .....   | <b>7d</b>      |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....   | <b>7e</b>      |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....  | <b>7f</b>      |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .....  | <b>7g</b>      |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....  | <b>7h</b>      |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? .....   | <b>8</b>       |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |                |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? .....  | <b>9a</b>      |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .....   | <b>9b</b>      |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |                |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 .....  | <b>10a</b>     |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....   | <b>10b</b>     |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |                |     |    |
| <b>a</b> Gross income from members or shareholders .....   | <b>11a</b>     |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....   | <b>11b</b>     |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....  | <b>12a</b>     |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year .....   | <b>12b</b>     |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |                |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state? .....  | <b>13a</b>     |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   |                |     |    |
| <b>b</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 .....   | <b>13b</b>     |     |    |
| <b>c</b> Enter the amount of reserves on hand .....  | <b>13c</b>     |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? .....  | <b>14a</b>     |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....   | <b>14b</b>     |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? .....   | <b>15</b>      |     | X  |
| If "Yes," see the instructions and file Form 4720, Schedule N.   |                |     |    |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....  | <b>16</b>      |     | X  |
| If "Yes," complete Form 4720, Schedule O.  |                |     |    |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .....                                 | <b>17</b>      |     |    |
| If "Yes," complete Form 6069.  |                |     |    |

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

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

☒**Section A. Governing Body and Management**

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 21<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 14  |     |    |
| <b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>   |     | X  |
| <b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... <b>3</b>   |     | X  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>  |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>  |     | X  |
| <b>6</b> Did the organization have members or stockholders? ..... <b>6</b>  |     | X  |
| <b>7a</b> 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? ..... <b>7a</b>  |     | X  |
| <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>  |     | X  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b> The governing body? ..... <b>8a</b>  | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>  | X   |    |
| <b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... <b>9</b>  |     | X  |

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

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

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
**Robin LaBonte, CFO - (207) 363-4321**  
**15 Hospital Drive, York, ME 03909**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) Peter Dourdoufis, MD<br>Cardiologist                 | 40.00<br>0.00   |   |                       |         |              | X                            |        | 794,403.  | 0.   | 46,568.   |
| (2) Jeffrey Colness, MD<br>Cardiologist                  | 40.00<br>0.00   |   |                       |         |              | X                            |        | 777,713.  | 0.   | 24,323.   |
| (3) Jeffrey Lockhart<br>Anesthesiologist                 | 40.00<br>0.00   |   |                       |         |              | X                            |        | 574,315.  | 0.   | 22,834.   |
| (4) Daneille Leighton<br>Radiologist                     | 40.00<br>0.00   |   |                       |         |              | X                            |        | 533,762.  | 0.   | 39,402.   |
| (5) Alex Gold<br>Cardiologist                            | 40.00<br>0.00   |   |                       |         |              | X                            |        | 559,574.  | 0.   | 11,404.   |
| (6) Jud Knox<br>Former President/CEO                     | 0.00<br>0.00  |   |                       |         |              |                              | X      | 568,500.  | 0.   | 0.  |
| (7) Jennifer Cutts, MD<br>CMO/Trustee/Radiologist/co-CEO | 40.00<br>0.00   | X   |                       | X       |              |                              |        | 482,274.  | 0.   | 45,667.   |
| (8) Patrick A. Taylor, MD<br>President/CEO               | 40.00<br>0.00   | X   |                       | X       |              |                              |        | 429,274.  | 0.   | 53,146.   |
| (9) Marilyn McLaughlin, MD<br>Trustee/Oncologist         | 40.00<br>0.00   | X   |                       |         |              |                              |        | 434,520.  | 0.   | 13,503.   |
| (10) Robin LaBonte<br>CFO/Leader/co-CEO                  | 40.00<br>0.00   |   |                       | X       |              |                              |        | 335,213.  | 0.   | 48,975.   |
| (11) Erich Fogg, PA-C<br>Trustee/Physician Assistant     | 40.00<br>0.00   | X   |                       |         |              |                              |        | 245,752.  | 0.   | 40,657.   |
| (12) James Gilroy, MD<br>Trustee/Physician (end 8/2021)  | 40.00<br>0.00   | X   |                       |         |              |                              |        | 123,691.  | 0.   | 17,634.   |
| (13) Meghan Ceberek, RN<br>Trustee/RN                    | 36.00<br>0.00   | X   |                       |         |              |                              |        | 78,670.   | 0.   | 15,932.   |
| (14) Kathryn Ford<br>Trustee/Volunteer Coordinator       | 40.00<br>0.00   | X   |                       |         |              |                              |        | 69,173.   | 0.   | 1,038.  |
| (15) Amy Bush<br>Trustee                                 | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) Mark Eves<br>Trustee                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) Ken Fellows, MD<br>Trustee                          | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) John Houlihan<br>Trustee                                  | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) Connie James<br>Trustee (end 3/2021)                      | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) Deborah Pease<br>Trustee                                  | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) Suzi Raeside<br>Trustee                                   | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) Dianne Smallidge, EdD, RDH<br>Trustee                     | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) David Speert, MD<br>Trustee                               | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) Robert Sullivan<br>Trustee                                | 1.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) Wendy Cote<br>Trustee/Co-Chair                            | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (26) Daniel Morrison<br>Trustee/Co-Chair                       | 1.00<br>0.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 6,006,834.  | 0.   | 381,083.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 6,006,834.  | 0.   | 381,083.  |

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

|   | Yes | No |
|---|-----|----|
| 3 | X   |    |
| 4 | X   |    |
| 5 |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| Seacoast Pathology, Inc.<br>P.O. Box 100519, Atlanta, GA 30384  | Contract pathology services    | 2,994,139.          |
| Medifis<br>P.O. Box 5068, New York, NY 10087  | Locum staffing                 | 2,609,115.          |
| Weatherby Locums, Inc.<br>P.O. Box 972633, Dallas, TX 75397-2633  | Locum tenums services          | 1,765,518.          |
| ECG Management Consultants<br>P.O. Box 847950, Boston, MA 02284-7950  | Consulting services            | 1,445,580.          |
| Quest Diagnostics, Inc., 12436 Collection Center Drive, Chicago, IL 60693   | Contract laboratory services   | 972,065.            |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization |                                | 35                  |

See Part VII, Section A Continuation sheets

Form 990 (2021)





**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|  |  |  |                            | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |          |
|--|--|--|----------------------------|----------------------|--|--------------------------------------|---|----------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>          | <b>1 a</b> Federated campaigns .....   | <b>1a</b>  | 26,250.                    |                      |  |                                      |   |          |
|  | <b>b</b> Membership dues .....   | <b>1b</b>  |                            |                      |  |                                      |   |          |
|  | <b>c</b> Fundraising events .....  | <b>1c</b>  | 21,436.                    |                      |  |                                      |   |          |
|  | <b>d</b> Related organizations .....   | <b>1d</b>  |                            |                      |  |                                      |   |          |
|  | <b>e</b> Government grants (contributions) .....   | <b>1e</b>  | 4,248,276.                 |                      |  |                                      |   |          |
|  | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ...   | <b>1f</b>  | 1,029,137.                 |                      |  |                                      |   |          |
|  | <b>g</b> Noncash contributions included in lines 1a-1f   | <b>1g</b>  | \$ 6,073.                  |                      |  |                                      |   |          |
|  | <b>h Total.</b> Add lines 1a-1f .....  |  | 5,325,099.                 |                      |  |                                      |   |          |
|  | <b>Program Service<br/>Revenue</b>   | <b>2 a</b> Patient services .....  | <b>Business Code</b>       |                      |  |                                      |   | 621400   |
| <b>b</b> Diagnostic and reference labs .....                               |  |  | 621500                     | 53,951,491.          | 53,663,851.                                  | 287,640.                             |   |          |
| <b>c</b> Pharmacies and drug stores .....                                  |  |  | 446110                     | 5,255,866.           | 3,633,978.                                   | 1,621,888.                           |   |          |
| <b>d</b> Miscellaneous program services .....                              |  |  | 621400                     | 1,919,215.           | 1,914,177.                                   | 5,038.                               |   |          |
| <b>e</b> Cafeteria and dietary .....                                       |  |  | 722210                     | 601,284.             | 601,284.                                     |                                      |   |          |
| <b>f</b> All other program service revenue .....                           |  |  | 621400                     | 37,256.              | 37,256.                                      |                                      |   |          |
| <b>g Total.</b> Add lines 2a-2f .....                                      |  |  |                            | 210,090,396.         |  |                                      |   |          |
| <b>Other Revenue</b>   |  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |                            |                      | 328,733.                                     |                                      |   | 328,733. |
|  |  | <b>4</b> Income from investment of tax-exempt bond proceeds .....                              |                            |                      |  |                                      |   |          |
|  | <b>5</b> Royalties .....   |  |                            |                      |  |                                      |   |          |
|  | <b>6 a</b> Gross rents .....   | <b>6a</b>  | (i) Real 92,816.           |                      |  |                                      |   |          |
|  | <b>b</b> Less: rental expenses .....   | <b>6b</b>  | (ii) Personal 0.           |                      |  |                                      |   |          |
|  | <b>c</b> Rental income or (loss) .....   | <b>6c</b>  | 92,816.                    |                      |  |                                      |   |          |
|  | <b>d</b> Net rental income or (loss) .....   |  |                            | 92,816.              | 92,816.                                      |                                      |   |          |
|  | <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....   | <b>7a</b>  | (i) Securities 53,803,848. |                      |  |                                      |   |          |
|  | <b>b</b> Less: cost or other basis<br>and sales expenses .....   | <b>7b</b>  | (ii) Other 731,352.        |                      |  |                                      |   |          |
|  | <b>c</b> Gain or (loss) .....  | <b>7c</b>  | 6,255,013.                 |                      |  |                                      |   |          |
|  | <b>d</b> Net gain or (loss) .....  |  |                            | 5,616,411.           |  | 43,008.                              | 5,573,403.  |          |
|  | <b>8 a</b> Gross income from fundraising events (not<br>including \$ 21,436. of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... | <b>8a</b>  | 435.                       |                      |  |                                      |   |          |
|  | <b>b</b> Less: direct expenses .....   | <b>8b</b>  | 1,700.                     |                      |  |                                      |   |          |
|  | <b>c</b> Net income or (loss) from fundraising events .....  |  |                            | -1,265.              |  |                                      | -1,265.   |          |
|  | <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....  | <b>9a</b>  |                            |                      |  |                                      |   |          |
| <b>b</b> Less: direct expenses .....                                       | <b>9b</b>  |  |                            |                      |  |                                      |   |          |
| <b>c</b> Net income or (loss) from gaming activities .....                 |  |  |                            |                      |  |                                      |   |          |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances ..... | <b>10a</b>   |  |                            |                      |  |                                      |   |          |
| <b>b</b> Less: cost of goods sold .....                                    | <b>10b</b>   |  |                            |                      |  |                                      |   |          |
| <b>c</b> Net income or (loss) from sales of inventory .....                |  |  |                            |                      |  |                                      |   |          |
| <b>Miscellaneous<br/>Revenue</b>   | <b>11 a</b> .....  | <b>Business Code</b>   |                            |                      |  |                                      |   |          |
|  | <b>b</b> .....   |  |                            |                      |  |                                      |   |          |
|  | <b>c</b> .....   |  |                            |                      |  |                                      |   |          |
|  | <b>d</b> All other revenue .....   |  |                            |                      |  |                                      |   |          |
|  | <b>e Total.</b> Add lines 11a-11d .....  |  |                            |                      |  |                                      |   |          |
|  | <b>12 Total revenue.</b> See instructions .....  |  |                            | 221,452,190.         | 208,268,646.                                 | 1,957,574.                           | 5,900,871.  |          |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  | 134,569.              | 134,569.                        |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees   | 2,435,119.            | 2,261,797.                      | 173,322.                               |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages   | 84,122,142.           | 77,014,756.                     | 6,976,875.                             | 130,511.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 1,239,752.            | 1,140,988.                      | 96,809.                                | 1,955.                      |
| <b>9</b> Other employee benefits  | 13,627,533.           | 12,502,254.                     | 1,104,864.                             | 20,415.                     |
| <b>10</b> Payroll taxes   | 5,818,681.            | 5,339,256.                      | 470,807.                               | 8,618.                      |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management   | 2,294,251.            |                                 | 2,294,251.                             |                             |
| <b>b</b> Legal  | 330,842.              |                                 | 330,842.                               |                             |
| <b>c</b> Accounting   | 168,572.              |                                 | 168,572.                               |                             |
| <b>d</b> Lobbying   | 12,795.               |                                 | 12,795.                                |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees   | 8,014.                |                                 | 8,014.                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 20,644,654.           | 16,876,190.                     | 3,768,464.                             |                             |
| <b>12</b> Advertising and promotion   | 172,697.              | 81,168.                         | 91,529.                                |                             |
| <b>13</b> Office expenses   | 6,625,004.            | 3,995,971.                      | 2,567,954.                             | 61,079.                     |
| <b>14</b> Information technology  | 1,599.                | 752.                            | 847.                                   |                             |
| <b>15</b> Royalties   |                       |                                 |  |                             |
| <b>16</b> Occupancy   | 6,605,834.            | 5,020,434.                      | 1,585,400.                             |                             |
| <b>17</b> Travel  | 182,357.              | 85,708.                         | 96,649.                                |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings  | 10,030.               | 4,714.                          | 5,316.                                 |                             |
| <b>20</b> Interest  | 463,186.              |                                 | 463,186.                               |                             |
| <b>21</b> Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization   | 4,360,036.            | 3,240,631.                      | 1,106,462.                             | 12,943.                     |
| <b>23</b> Insurance   | 3,524,939.            | 2,639,869.                      | 885,070.                               |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> Medical supplies/fees  | 35,229,673.           | 35,229,673.                     |  |                             |
| <b>b</b> Provision for bad debt   | 9,082,767.            | 9,082,767.                      |  |                             |
| <b>c</b> Pharmacy supplies  | 7,755,140.            | 7,755,140.                      |  |                             |
| <b>d</b> Healthcare provider tax  | 3,928,909.            | 3,928,909.                      |  |                             |
| <b>e</b> All other expenses   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 208,779,095.          | 186,335,546.                    | 22,208,028.                            | 235,521.                    |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                      |                       |                                 |  |                             |

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

|  |  | (A)<br>Beginning of year |              | (B)<br>End of year |
|--|--|--------------------------|--------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 1,717,769.               | <b>1</b>     | 3,424,800.         |
|  | <b>2</b> Savings and temporary cash investments .....  | 6,461,070.               | <b>2</b>     | 4,817,040.         |
|  | <b>3</b> Pledges and grants receivable, net .....  | 363,821.                 | <b>3</b>     | 645,523.           |
|  | <b>4</b> Accounts receivable, net .....  | 20,240,501.              | <b>4</b>     | 20,604,286.        |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>     |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>     |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>     |                    |
|  | <b>8</b> Inventories for sale or use .....   | 5,477,026.               | <b>8</b>     | 5,506,554.         |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 1,467,154.               | <b>9</b>     | 2,682,719.         |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 137,857,457.  |              |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 95,352,475.   |              |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 46,137,339.              | <b>10c</b>   | 42,504,982.        |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 36,627,505.              | <b>11</b>    | 40,763,723.        |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 1,626,087.               | <b>12</b>    | 2,497,718.         |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>    |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 30,828,215.              | <b>14</b>    |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....   | 150,946,487.   | <b>15</b>                | 14,123,606.  |                    |
| <b>17</b> Accounts payable and accrued expenses .....  | 24,594,440.  | <b>16</b>                | 137,570,951. |                    |
| <b>18</b> Grants payable .....   |  | <b>17</b>                | 35,556,929.  |                    |
| <b>19</b> Deferred revenue .....   |  | <b>18</b>                |              |                    |
| <b>20</b> Tax-exempt bond liabilities .....  | 9,440,641.   | <b>19</b>                |              |                    |
| <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |  | <b>20</b>                | 8,436,752.   |                    |
| <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |  | <b>21</b>                |              |                    |
| <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 6,017,548.   | <b>22</b>                |              |                    |
| <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |  | <b>23</b>                | 5,538,492.   |                    |
| <b>25</b> 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 .....                                      | 47,436,899.  | <b>24</b>                |              |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 87,489,528.  | <b>25</b>                | 16,894,199.  |                    |
| <b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |  | <b>26</b>                | 66,426,372.  |                    |
| <b>28</b> Net assets without donor restrictions .....  | 44,884,619.  | <b>27</b>                | 50,360,406.  |                    |
| <b>29</b> Net assets with donor restrictions .....   | 18,572,340.  | <b>28</b>                | 20,784,173.  |                    |
| <b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |  |                          |              |                    |
| <b>31</b> Capital stock or trust principal, or current funds .....   |  | <b>29</b>                |              |                    |
| <b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |  | <b>30</b>                |              |                    |
| <b>33</b> Retained earnings, endowment, accumulated income, or other funds .....   |  | <b>31</b>                |              |                    |
| <b>34</b> Total net assets or fund balances .....  | 63,456,959.  | <b>32</b>                | 71,144,579.  |                    |
| <b>35</b> Total liabilities and net assets/fund balances .....   | 150,946,487.   | <b>33</b>                | 137,570,951. |                    |

Form 990 (2021)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 221,452,190. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 208,779,095. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 12,673,095.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 63,456,959.  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -2,636,134.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | -2,349,341.  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 71,144,579.  |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

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

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

York Hospital

Employer identification number

01-0212444

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |           |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....  | 14 | % |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....   | 15 | % |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... ▶ <input type="checkbox"/>  |    |   |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ..... ▶ <input type="checkbox"/>   |    |   |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ <input type="checkbox"/>    |    |   |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... ▶ <input type="checkbox"/> |    |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ..... ▶ <input type="checkbox"/>  |    |   |

Schedule A (Form 990) 2021

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ☐

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |     |    |
|---|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  | Yes | No |
| <b>2a</b>   |  |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>2b</b>   |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .  |  |     |    |
| <b>3a</b>   |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |     |    |
| <b>3b</b>   |  |     |    |

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

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

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

| Section B - Minimum Asset Amount   |           | (A) Prior Year | (B) Current Year (optional) |
|--|-----------|----------------|-----------------------------|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |           |                |                             |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |                |                             |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |                |                             |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |                |                             |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |                |                             |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |                |                             |
| <b>2</b> Acquisition indebtedness applicable to non-exempt-use assets  | <b>2</b>  |                |                             |
| <b>3</b> Subtract line 2 from line 1d.   | <b>3</b>  |                |                             |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |                |                             |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |                |                             |
| <b>6</b> Multiply line 5 by 0.035.   | <b>6</b>  |                |                             |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |                |                             |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |                |                             |

| Section C - Distributable Amount   |          |  | Current Year |
|--|----------|--|--------------|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)   | <b>1</b> |  |              |
| <b>2</b> Enter 0.85 of line 1.   | <b>2</b> |  |              |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)  | <b>3</b> |  |              |
| <b>4</b> Enter greater of line 2 or line 3.  | <b>4</b> |  |              |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |              |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).  | <b>6</b> |  |              |
| <b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |          |  |              |

Schedule A (Form 990) 2021

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

| Section D - Distributions  |           | Current Year |
|--|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>  |              |
| <b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>  |              |
| <b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2021 from Section C, line 6  | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by line 9 amount   | <b>10</b> |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2021 | (iii)<br>Distributable<br>Amount for 2021 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2021   |                             |  |   |
| <b>a</b> From 2016   |                             |  |   |
| <b>b</b> From 2017   |                             |  |   |
| <b>c</b> From 2018   |                             |  |   |
| <b>d</b> From 2019   |                             |  |   |
| <b>e</b> From 2020   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2021 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2017  |                             |  |   |
| <b>b</b> Excess from 2018  |                             |  |   |
| <b>c</b> Excess from 2019  |                             |  |   |
| <b>d</b> Excess from 2020  |                             |  |   |
| <b>e</b> Excess from 2021  |                             |  |   |

Schedule A (Form 990) 2021

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**York Hospital**

Employer identification number

**01-0212444**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

|                      |                                |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| <b>York Hospital</b> | <b>01-0212444</b>              |

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   |                                   | \$ <u>2,154,485.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   |                                   | \$ <u>1,054,102.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   |                                   | \$ <u>500,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   |                                   | \$ <u>484,737.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   |                                   | \$ <u>395,040.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   |                                   | \$ <u>132,105.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                      |                                |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| <b>York Hospital</b> | <b>01-0212444</b>              |

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>7</u>   |                                   | \$ <u>100,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>8</u>   |                                   | \$ <u>81,394.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>9</u>   |                                   | \$ <u>50,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>10</u>  |                                   | \$ <u>30,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>11</u>  |                                   | \$ <u>29,785.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>12</u>  |                                   | \$ <u>27,807.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|                      |                                |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| <b>York Hospital</b> | <b>01-0212444</b>              |

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 13         |                                   | \$ 26,250.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         |                                   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         |                                   | \$ 20,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>York Hospital</b> | Employer identification number<br><b>01-0212444</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 19         |                                   | \$ 10,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         |                                   | \$ 6,919.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         |                                   | \$ 6,767.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         |                                   | \$ 6,073.                  | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input checked="" type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 23         |                                   | \$ 5,005.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 24         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                      |                                |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| <b>York Hospital</b> | <b>01-0212444</b>              |

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 25         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 26         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 27         |                                   | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Employer identification number

01-0212444

## Part II

[illegible]

|                      |                                |
|----------------------|--------------------------------|
| Name of organization | Employer identification number |
| <b>York Hospital</b> | <b>01-0212444</b>              |

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

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

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

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

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

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

Name of organization

York Hospital

Employer identification number

01-0212444

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ..... ▶ \$

3 Volunteer hours for political campaign activities .....

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

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

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                 |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                      |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

| Lobbying Expenditures During 4-Year Averaging Period                |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2021

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|   | (a) |    | (b)     |
|---|-----|----|---------|
|   | Yes | No | Amount  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers?  |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | X  |         |
| <b>c</b> Media advertisements?  |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public?   |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements?  |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes?   | X   |    | 12,795. |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     | X  |         |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | X  |         |
| <b>i</b> Other activities?  |     | X  |         |
| <b>j</b> Total. Add lines 1c through 1i   |     |    | 12,795. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |         |

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

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

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

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

**Part IV Supplemental Information**

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

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

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



**Part IV** Supplemental Information *(continued)*

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

The specific dues paid by York Hospital to the trade associations in 2021, as well as the portion of the dues that were available for lobbying expenditures, are detailed below:

Maine Hospital Association

- Total 2021 dues: \$56,020
- Portion of dues available for lobbying: \$8,291

American Hospital Association

- Total 2021 dues: \$17,621
- Portion of dues available for lobbying: \$4,504

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

York Hospital

Employer identification number

01-0212444

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds      | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year .....   |                              |                              |
| 2 Aggregate value of contributions to (during year) .....   |                              |                              |
| 3 Aggregate value of grants from (during year) .....  |                              |                              |
| 4 Aggregate value at end of year .....  |                              |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |

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

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

|   |   |
|---|---|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat  | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> Preservation of open space   |   |

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2021

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 18,572,340.      | 16,116,712.    | 12,558,375.        | 13,337,701.          | 11,703,343.         |
| b Contributions                                  | 739,411.         | 641,121.       | 1,507,759.         | 247,972.             | 367,880.            |
| c Net investment earnings, gains, and losses     | 1,964,538.       | 2,261,257.     | 2,583,038.         | -474,485.            | 1,864,700.          |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 492,116.         | 446,750.       | 532,460.           | 552,813.             | 598,222.            |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 20,784,173.      | 18,572,340.    | 16,116,712.        | 12,558,375.          | 13,337,701.         |

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

a Board designated or quasi-endowment ☒ .0000 %

b Permanent endowment ☒ 24.5900 %

c Term endowment ☒ 75.4100 %

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

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

(i) Unrelated organizations

(ii) Related organizations

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 3,904,522.                      |                              | 3,904,522.     |
| b Buildings  |                                      | 73,159,907.                     | 43,011,122.                  | 30,148,785.    |
| c Leasehold improvements   |                                      | 3,293,515.                      | 2,982,670.                   | 310,845.       |
| d Equipment  |                                      | 56,880,546.                     | 49,358,683.                  | 7,521,863.     |
| e Other  |                                      | 618,967.                        |                              | 618,967.       |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 42,504,982.    |

Schedule D (Form 990) 2021

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) Medical malpractice insurance recoveries receivable                     | 810,697.       |
| (2) Miscellaneous receivables   | 1,385,773.     |
| (3) Medicare advances   | 11,752,367.    |
| (4) Funds for deferred FICA payments  | 174,769.       |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 14,123,606.    |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) Pension obligation  | 13,580,440.    |
| (3) Estimated professional liability  |                |
| (4) losses  | 810,697.       |
| (5) Estimated third-party payor   |                |
| (6) settlements   | 1,231,821.     |
| (7) Other liabilities   | 1,271,241.     |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 16,894,199.    |

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

Schedule D (Form 990) 2021

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

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

|          |  |           |              |
|----------|--|-----------|--------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 209,726,975. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |              |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | -2,636,134.  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |              |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 1,700.       |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | -2,634,434.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 212,361,409. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 8,014.       |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 9,082,767.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 9,090,781.   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 221,452,190. |

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

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

|          |   |           |              |
|----------|---|-----------|--------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 199,690,014. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |              |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |              |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |              |
| <b>c</b> | Other losses  | <b>2c</b> |              |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 1,700.       |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 1,700.       |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 199,688,314. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |              |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 8,014.       |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | 9,082,767.   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 9,090,781.   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 208,779,095. |

**Part XIII Supplemental Information.**

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

Part V, line 4:

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

Capital Campaign Funds are to be used for the Cardiac Cath Lab Campaign.

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

**Part XIII** Supplemental Information *(continued)*

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

Diana Baldwin-Dunnan Fund for Nursing Excellence to be used for financial support of Newly Licensed Nurse Residency Program to defray costs of orientation, preceptors, and classroom instruction for current year graduate nurses orienting to hospital required nursing skills. Other funds support 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 cost of recently transferred nurses in need of ongoing orientation, and classroom instruction. Funds may also be used to defray the costs associated with the York Hospital Summer Internship program for nursing students who are currently enrolled in a nursing school.

Winkler Fund - Funds that are to be used for Nursing Education.

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

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

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

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

**Part XIII** Supplemental Information *(continued)*

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

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

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

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

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

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

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

**Part XIII** Supplemental Information (continued)

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

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

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

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

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

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

Part 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



**Part XIII** Supplemental Information (continued)

on various tax exposure items including unrelated business income or tax status. Under guidance issued by the Financial Accounting Standards Board, assets and liabilities are established for uncertain tax positions taken or positions expected to be taken in income tax returns when such positions are judged to not meet the "more-likely-than-not" threshold, based upon the technical merits of the position. The Hospital has evaluated the positions taken on its filed tax returns. The Hospital has concluded no uncertain income tax positions exist at December 31, 2021.

## Part XI, Line 2d - Other Adjustments:

|                            |        |
|----------------------------|--------|
| Fundraising event expenses | 1,700. |
|----------------------------|--------|

## Part XI, Line 4b - Other Adjustments:

|                         |            |
|-------------------------|------------|
| Provision for bad debts | 9,082,767. |
|-------------------------|------------|

## Part XII, Line 2d - Other Adjustments:

|                            |        |
|----------------------------|--------|
| Fundraising event expenses | 1,700. |
|----------------------------|--------|

## Part XII, Line 4b - Other Adjustments:

|                         |            |
|-------------------------|------------|
| Provision for bad debts | 9,082,767. |
|-------------------------|------------|

Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public Inspection**

Name of the organization

York Hospital

Employer identification number

01-0212444

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| Total .....   |               |  |    |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

|                 |   | (a) Event #1<br>Virtual Road Race | (b) Event #2 | (c) Other events<br>None | (d) Total events<br>(add col. (a) through col. (c)) |
|-----------------|---|-----------------------------------|--------------|--------------------------|---|
|                 |   | (event type)                      | (event type) | (total number)           |   |
| Revenue         | 1 Gross receipts .....  | 21,871.                           |              |                          | 21,871.   |
|                 | 2 Less: Contributions .....   | 21,436.                           |              |                          | 21,436.   |
|                 | 3 Gross income (line 1 minus line 2) .....                            | 435.                              |              |                          | 435.  |
| Direct Expenses | 4 Cash prizes .....   |                                   |              |                          |   |
|                 | 5 Noncash prizes .....  |                                   |              |                          |   |
|                 | 6 Rent/facility costs .....   |                                   |              |                          |   |
|                 | 7 Food and beverages .....  | 150.                              |              |                          | 150.  |
|                 | 8 Entertainment .....   |                                   |              |                          |   |
|                 | 9 Other direct expenses .....   | 1,550.                            |              |                          | 1,550.  |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                   |              |                          | 1,700.  |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                                   |              |                          | -1,265.   |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

- 16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV 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 provide any additional information. See instructions.

|                |  |
|----------------|--|
| <b>Part IV</b> | <b>Supplemental Information</b> <i>(continued)</i> |
|----------------|--|

[illegible]

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

York Hospital

Employer identification number

01-0212444

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," was it a written policy? .....   | <input checked="" type="checkbox"/> |                                     |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |                                     |                                     |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.   |                                     |                                     |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?<br>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %                   |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.  |                                     |                                     |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....   | <input checked="" type="checkbox"/> |                                     |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....   | <input checked="" type="checkbox"/> |                                     |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....   |                                     | <input checked="" type="checkbox"/> |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....   |                                     |                                     |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? .....  |                                     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," did the organization make it available to the public? .....  |                                     |                                     |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1) .....   | 1   | 160                           | 216,053.                            |                               | 216,053.                          | .11%                         |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....   | 1   | 7,627                         | 20,096,131.                         | 17,745,117.                   | 2,351,014.                        | 1.18%                        |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....              |   |                               |                                     |                               |                                   |                              |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....                          | 2   | 7,787                         | 20,312,184.                         | 17,745,117.                   | 2,567,067.                        | 1.29%                        |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... |   |                               | 583,994.                            | 12,320.                       | 571,674.                          | .29%                         |
| <b>f</b> Health professions education (from Worksheet 5) .....   |   |                               |                                     |                               |                                   |                              |
| <b>g</b> Subsidized health services (from Worksheet 6) .....   |   |                               | 63,311,129.                         | 31,262,072.                   | 32,049,057.                       | 16.05%                       |
| <b>h</b> Research (from Worksheet 7) .....   |   |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |   |                               | 3,578.                              |                               | 3,578.                            | .00%                         |
| <b>j Total.</b> Other Benefits .....   |   |                               | 63,898,701.                         | 31,274,392.                   | 32,624,309.                       | 16.34%                       |
| <b>k Total.</b> Add lines 7d and 7j .....  | 2   | 7,787                         | 84,210,885.                         | 49,019,509.                   | 35,191,376.                       | 17.63%                       |

|   | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| 2 Economic development                                      |   |                               |                                      |                               |                                    |                              |
| 3 Community support   |   |                               |                                      |                               |                                    |                              |
| 4 Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5 Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6 Coalition building  |   |                               |                                      |                               |                                    |                              |
| 7 Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| 8 Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| 9 Other   |   |                               |                                      |                               |                                    |                              |
| 10 Total  |   |                               |                                      |                               |                                    |                              |

|  |  |    |             |  |
|--|--|----|-------------|--|
| 1                                      | Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....  | 1  | X           |  |
| 2                                      | Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....   | 2  | 3,553,682.  |  |
| 3                                      | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....   | 3  |             |  |
| 4                                      | Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.  |    |             |  |
| <b>Section B. Medicare</b>             |  |    |             |  |
| 5                                      | Enter total revenue received from Medicare (including DSH and IME) .....   | 5  | 28,518,258. |  |
| 6                                      | Enter Medicare allowable costs of care relating to payments on line 5 .....  | 6  | 37,750,530. |  |
| 7                                      | Subtract line 6 from line 5. This is the surplus (or shortfall) .....  | 7  | -9,232,272. |  |
| 8                                      | Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.<br>Check the box that describes the method used:<br><input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other |    |             |  |
| <b>Section C. Collection Practices</b> |  |    |             |  |
| 9a                                     | Did the organization have a written debt collection policy during the tax year? .....  | 9a | X           |  |
| b                                      | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....  | 9b | X           |  |

[illegible]

|               |                             |
|---------------|-----------------------------|
| <b>Part V</b> | <b>Facility Information</b> |
|---------------|-----------------------------|

## Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

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

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1

|   | Yes        | No       |
|---|------------|----------|
| <b>Community Health Needs Assessment</b>  |            |          |
| <b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   | <b>1</b>   | <b>X</b> |
| <b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  | <b>2</b>   | <b>X</b> |
| <b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....   | <b>3</b>   | <b>X</b> |
| If "Yes," indicate what the CHNA report describes (check all that apply):   |            |          |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |          |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |          |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |          |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |          |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |          |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |          |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |          |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |          |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |          |
| <b>j</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |            |          |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>  |            |          |
| <b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | <b>5</b>   | <b>X</b> |
| <b>6a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | <b>6a</b>  | <b>X</b> |
| <b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  | <b>6b</b>  | <b>X</b> |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? .....   | <b>7</b>   | <b>X</b> |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):  |            |          |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>Please see Part V</u>   |            |          |
| <b>b</b> <input type="checkbox"/> Other website (list url): .....   |            |          |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |          |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |            |          |
| <b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | <b>8</b>   | <b>X</b> |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 21</u>  |            |          |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   | <b>10</b>  | <b>X</b> |
| <b>a</b> If "Yes," (list url): <u>Please see Part V</u>   |            |          |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   | <b>10b</b> |          |
| <b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |            |          |
| <b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  | <b>12a</b> | <b>X</b> |
| <b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   | <b>12b</b> |          |
| <b>c</b> If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |            |          |

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group York Hospital

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

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**Part V Facility Information** (continued)**Billing and Collections**Name of hospital facility or letter of facility reporting group York Hospital

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

**Policy Relating to Emergency Medical Care**

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

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**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group York Hospital

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

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**Part V Facility Information** (continued)

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

York Hospital:

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

York Hospital:

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

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

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

**Part V Facility Information** (continued)

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

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

CTBH has a membership and Advisory Board purposefully comprised of those representing from all of its communities and diverse community sectors including education, law enforcement, behavioral health care, social service agencies, municipalities, business, faith, parents and youth. The involvement of these perspectives is necessary to implement successful health improvement initiatives.

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

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

**Part V Facility Information** (continued)

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

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

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

York Hospital:

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

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

York Hospital:

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

**Part V Facility Information** (continued)

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

2018-2021 CHNA) identified four priority health issues: Substance Use; Mental Health; Healthy Aging; and Food Insecurity. The Report outlines the Hospital's strategies, activities, progress, and status on each of these core issues.

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

Please see the Community Health Needs Assessment 2018-2021 Final Progress Report on our website for additional and specific details on how York Hospital is addressing the significant needs identified in previously conducted CHNA. The full report can be found at the following web address: <https://www.yorkhospital.com/york-hospital-chna-2018-2021-final-progress-r>

The new CHNA for 2021-2024 and its Implementation Plan for 2021 is found at <https://www.yorkhospital.com/wp-content/uploads/2021/12/YH-CHNA-Report-202>

York Hospital:

Part V, Section B, Line 13b: In addition to providing free care to patients with household income at or below 200% of the FPG, during 2021 York Hospital also offered a 33% discount to self-pay patients and a HELP



**Part V Facility Information** (continued)

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

Financial Assistance Program, which is provided to patients who had no insurance or who were underinsured. Any reduction of these patients' hospital bills was based on the applicable patients' household income and the amount owed the Hospital.

York Hospital:

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

York Hospital:

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

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

**Part V Facility Information** (continued)

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

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

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

<https://www.yorkhospital.com/wp-content/uploads/2021/12/YH-CHNA-Report-2021-2024-1.pdf>

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

York Hospital's Financial Assistance Policy is available on their website at the following web address:

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

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

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

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

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

**Part V Facility Information** (continued)

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

<https://www.yorkhospital.com/wp-content/uploads/2021/03/>

2021-FAP-01042021.x-1.pdf

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

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

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

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

York Hospital's Community Health Needs Assessment (CHNA) 2018-2021 Implementation Plan Progress Report can be found at the following web address:

<https://www.yorkhospital.com/york-hospital-chna-2018-2021-final-progress-report-2021/>

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

501(r) Regulations require that hospitals translate their financial assistance policy (FAP) into primary languages spoken by limited English proficient (LEP) populations in their hospital service area.

Should a LEP population demographic exceed 5% of the community residents or 1,000 individuals, whichever is less, a hospital must make

**Part V Facility Information** (continued)

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

available translated copies of its FAP.

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

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

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

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 14

| Name and address   | Type of Facility (describe) |
|--|-----------------------------|
| 1 York Hospital @ Long Sands<br>127 Long Sands<br>York, ME 03909                             | See Description in Part VI  |
| 2 York Hospital in Wells<br>112-114 Sanford Road<br>Wells, ME 04090                          | See Description in Part VI  |
| 3 York Hospital @ 16 Hospital Drive<br>16 Hospital Drive<br>York, ME 03909                   | See Description in Part VI  |
| 4 Cardiovascular Care in Newington<br>2064 Woodbury Avenue, Suite 103<br>Newington, NH 03801 | See Description in Part VI  |
| 5 York Hospital in Kittery<br>35 Walker Street<br>Kittery, ME 03909                          | See Description in Part VI  |
| 6 York Hospital Kittery Medical Service<br>75 US Route 1<br>Kittery, ME 03909                | See Description in Part VI  |
| 7 York Hospital @ 12 Hospital Drive<br>12 Hospital Drive<br>York, ME 03909                   | See Description in Part VI  |
| 8 York Hospital in South Berwick<br>57 Portland Street<br>South Berwick, ME 03908            | See Description in Part VI  |
| 9 York Hospital Neurology Associates<br>223 York Street<br>York, ME 03909                    | See Description in Part VI  |
| 11 York Hospital in Sanford<br>1474 Main Street<br>Sanford, ME 04073                         | See Description in Part VI  |

Schedule H (Form 990) 2021

|               |  |
|---------------|--|
| <b>Part V</b> | <b>Facility Information</b> <i>(continued)</i> |
|---------------|--|

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 14

[illegible]

Schedule H (Form 990) 2021

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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Part I, Line 3c:

In addition to its financial assistance program, during 2021 York Hospital offered a 33% 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.

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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. Endocrinology Practice

b. Adult House Call

**Part VI** Supplemental Information (Continuation)

c. Kittery Family Practice

d. Emergency Room (the Hospital has ER facilities located at the main hospital campus and also in Wells)

e. Home Health Agency

f. OB/GYN Practice

g. Wells Walk-In

h. Rheumatology Practice

i. Neurology Practice

j. Psychiatry Practice

k. Urology Practice

l. Berwick Walk-In

m. Pulmonary Practice

n. Great Works Family Practice

o. Family Medicine in Wells

p. York Family Practice

q. Webhannet Internal Medicine Practice

r. Pediatric Practice

s. York Walk-In

t. Surgical Associates

u. Sanford Family Practice

v. Kittery Walk-In

w. Sanford Walk-In

x. Wells Primary Care

y. Center for Older Adults

z. York Hospital Recovery Center

aa. Sanford Family Practice

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

Schedule H (Form 990)



**Part VI** Supplemental Information (Continuation)

practices have a community benefit (i.e. aggregate loss or subsidy from the Hospital) of approximately \$32.049 million. In addition, the community benefit does not take into account bad debts, charity care, or contractual adjustments. Thus, this community benefit of approximately \$32.049 million is a conservative figure that reconciles to the community benefit information 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. Instead, 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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

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

**Part II, Community Building Activities:**

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

**Part III, Line 2:**

The Hospital utilized Worksheet 2 from the IRS Schedule H instructions/guidance to determine the ratio of patient care cost to charge (39.13% for fiscal year 2021) and multiplied this ratio by the Hospital's total bad debt expense of \$9,082,767 to determine the Part II,

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

Line 2 bad debt expense of \$3,553,682.

Part III, Line 3:

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

Part III, Line 4:

See Footnote 2 on page 10 of the attached audited financial statements.

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 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 VI** Supplemental Information (Continuation)

## Part III, Line 9b:

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

## Part VI, Line 2:

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

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

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

<https://www.yorkhospital.com/wp-content/uploads/2021/12/YH-CHNA-Report-2021-2024.pdf>

The Hospital's most recent CHNA identifies a number of core objectives as part of its overall community assistance goals, which are detailed below.

## Mental Health:

- Increase access to mental health services and improve collaboration

**Part VI** Supplemental Information (Continuation)

between service providers, especially in helping youth and young adults.

- Build capacity of York Hospital staff to understand mental health and increase ability to provide support for each other and patients.
- Build capacity of families and professionals to understand mental health and increase ability to provide support and access services.
- Advocate for mental health services and options for inpatient treatment.

Substance Use and Misuse:

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

Increase and Improve Access to Care:

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

These priorities were chosen through a process that examined data from state and county sources as well as local data including the York Hospital Community Themes and Strengths Survey results, local forums, discussion groups and one-on-one key informant interviews.

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

- Data showing significant problem(s) compared to past and/or to the state

**Part VI** Supplemental Information (Continuation)

numbers

- Gaps in existing services and efforts
- Concern for issue demonstrated by community members and collaborating partners
- Capacity at York Hospital and among partners to implement actions resulting in measurable outcomes

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

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

York County and local area data used in the 2018-2019 and the 2021 CHNA include:

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

Qualitative data was compiled from:

- Group discussions with hospital staff and community members;
- Key informant interviews with stakeholders and patients;
- A Community Themes & Strengths online survey; and,

**Part VI** Supplemental Information (Continuation)

- A York County Community Health Forum via Zoom.

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

Part VI, Line 3:

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

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

The Hospital offers free care to patients whose income is twice the federal poverty income level. For example, an uninsured family of 4 whose total annual income is \$51,500 or lower qualify for free care at York Hospital. Based on this program alone, York Hospital provides free care to patients who utilize our services every year and FAP-eligible individuals can't be charged more than the amounts generally billed (AGB) for an emergency or other medically-necessary care. Additionally, York Hospital's

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

Prescription Assistance Program (PAP) helps qualifying patients without prescription drug coverage get the medicines they need through the program that is right for them. Many can get their medications free or nearly free.

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

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

Part VI, Line 4:

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

Additionally, the Hospital's secondary service area includes the following communities: Lebanon and Kennebunk, Maine, and Portsmouth and Newington, New Hampshire.



**Part VI** Supplemental Information (Continuation)

Approximately 7.21% of York Hospital patients utilize Medicaid and approximately 50.64% of York Hospital patients utilize Medicare. According to the United States Census Bureau, as of the July 1, 2021 census data, 4.2% of York County Residents lived in poverty (<http://www.census.gov/>).

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

According to the United States Census Bureau, the overwhelming majority of the County's population is white (white alone)(98.4%), with Hispanic (0.5%), Asian (0.4%), or two or more races (.7%) making up the difference.

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

Part VI, Line 5:

York Hospital is a not-for-profit 79 bed hospital that has been serving the needs of our community, patients and visitors for over 110 years. The Hospital maintains a dual purpose to provide high quality health care services to care for all, and to improve the health of those living in our

**Part VI** Supplemental Information (Continuation)

expanding service area community. Medical services are offered at the Hospital's main campus in York and at satellite locations throughout the Hospital's service area in Southern York County. York Hospital's service area covers an approximately 250 square mile area, with a combined population of approximately 90,000 residents. The Hospital's Board of Trustees is made up of members from all communities served by York Hospital. All medical staff are eligible to participate with the Board if they meet privileging criteria. All hospital profits are reinvested in the facilities, equipment and services for the communities.

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

York Hospital responds to community needs for clinically excellent healthcare, close to home, by partnering with tertiary care hospitals in Boston and Portland. To provide patients with easy access to care, York Hospital has community outpatient medical facilities in Berwick, Kittery, Sanford, South Berwick, Wells and York.

In addition to providing needed medical/healthcare services, the hospital supports its communities in many meaningful ways such as the York Hospital

**Part VI** Supplemental Information (Continuation)

Transportation Services. The York Hospital Transportation Services provides help patients get to and from medical appointments or to deliver prescription medications to their homes. This same fleet of vehicles, staffed largely by volunteer drivers, also delivers meals to residents and families who lacked access to fresh, nutritious meals due to illness, injury or other physical barriers.

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

Part VI, Line 6:

Not Applicable

Schedule H, Part V, Section D:

Non-Hospital Facility Services Offered:

1. York Hospital in Wells: ER, Walk-In Clinic, Lab, Imaging, Breast Care, Wound Care, Physical Therapy, Oncology, OB/GYN practice, Pediatric Associates, Primary Care.

2. York Hospital @ Long Sands: Family Practice, Physical Therapy, Oncology, Home Care, Cardiovascular Care.

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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

Imaging, OB/GYN Practice.

4. York Hospital in South Berwick: Family Practice, Imaging, Lab,  
Physical Therapy, OB/GYN Practice.

5. York Hospital Neurology Associates: Neurology

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

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

8. York Hospital @ Route 1 York: Walk-In Clinic, Lab, Imaging,  
Pediatric Rehab.

9. York Hospital @ 12 Hospital Drive: Internal Medicine,  
Cardiovascular, Urology, Diabetes, Endocrinology.

10. Psychiatric Associates of York Hospital: Psychiatric Care.

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

12. Cardiovascular Care in Newington: Cardiovascular Care.

14. York Hospital at 16 Hospital Drive: Surgery Associates, Pediatric  
Associates, Pulmonary Associates, OB/GYN Practice, Rheumatology  
Associates.

**Part VI** Supplemental Information (Continuation)

15. Webhannett Internal Medicine: Internal Medicine.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |
|   |                |  |                                 |   |  |  |   |

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

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

Schedule I (Form 990) 2021

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

| (a) Type of grant or assistance                       | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| Health Stream Online Learning Library                 | 1000                     | 45,934.                  | 0.                                |   |                                       |
| Continuing Education/Seminars and Workshops           | 19                       | 30,312.                  | 0.                                |   |                                       |
| Bias Awareness & Intervention in the Remote Workplace | 80                       | 5,000.                   | 0.                                |   |                                       |
| New Graduate Nursing Orientation                      | 2                        | 36,707.                  | 0.                                |   |                                       |
| Employee Assistance Program                           | 29                       | 16,616.                  | 0.                                |   |                                       |

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

**Part I, Line 2:**

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

**Part IV** Supplemental Information

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

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

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



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**York Hospital**

Employer identification number

**01-0212444**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

Yes No

|           |   |   |
|-----------|---|---|
|           |   |   |
| <b>1b</b> |   |   |
| <b>2</b>  | X |   |
|           |   |   |
| <b>4a</b> | X |   |
| <b>4b</b> | X |   |
| <b>4c</b> |   | X |
|           |   |   |
| <b>5a</b> |   | X |
| <b>5b</b> |   | X |
|           |   |   |
| <b>6a</b> |   | X |
| <b>6b</b> |   | X |
|           |   |   |
| <b>7</b>  | X |   |
| <b>8</b>  |   | X |
| <b>9</b>  |   |   |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title                                       |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) Peter Dourdoufis, MD<br>Cardiologist                 | (i)  | 444,878.   | 346,320.                            | 3,205.                              | 5,856.   | 40,712.                 | 840,971.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) Jeffrey Colness, MD<br>Cardiologist                  | (i)  | 486,050.   | 288,458.                            | 3,205.                              | 7,324.   | 16,999.                 | 802,036.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) Jeffrey Lockhart<br>Anesthesiologist                 | (i)  | 548,369.   | 0.                                  | 25,946.                             | 13,000.  | 9,834.                  | 597,149.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) Daneille Leighton<br>Radiologist                     | (i)  | 474,128.   | 56,249.                             | 3,385.                              | 1,260.   | 38,142.                 | 573,164.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) Alex Gold<br>Cardiologist                            | (i)  | 366,431.   | 190,377.                            | 2,766.                              | 2,414.   | 8,990.                  | 570,978.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) Jud Knox<br>Former President/CEO                     | (i)  | 0.   | 0.                                  | 568,500.                            | 0.   | 0.                      | 568,500.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) Jennifer Cutts, MD<br>CMO/Trustee/Radiologist/co-CEO | (i)  | 476,509.   | 1,713.                              | 4,052.                              | 6,133.   | 39,534.                 | 527,941.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) Patrick A. Taylor, MD<br>President/CEO               | (i)  | 374,342.   | 50,000.                             | 4,932.                              | 39,750.  | 13,396.                 | 482,420.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) Marilyn McLaughlin, MD<br>Trustee/Oncologist         | (i)  | 412,261.   | 0.                                  | 22,259.                             | 9,849.   | 3,654.                  | 448,023.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) Robin LaBonte<br>CFO/Leader/co-CEO                  | (i)  | 313,615.   | 0.                                  | 21,598.                             | 10,324.  | 38,651.                 | 384,188.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) Erich Fogg, PA-C<br>Trustee/Physician Assistant     | (i)  | 243,985.   | 0.                                  | 1,767.                              | 6,828.   | 33,829.                 | 286,409.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

Part I, Lines 4a-b:

Schedule J, Part I, Line 4a, Severance Payments:

Jud Knox served as the Hospital's President from November 1992 until March 2020 and had a SERP Defined Benefit Plan with the Hospital during this time. In 2020 Mr. Knox's SERP Defined Benefit Plan was appropriately settled and the Hospital was released of this obligation. Mr. Knox's SERP Defined Benefit Plan payout was recorded as taxable compensation on his 2020 Form W-2. Mr. Knox is to receive separation payments over a five-year period beginning in 2020. In 2021, Mr. Knox received severance compensation of \$427,500, which is included in the Total Other Compensation reported for Mr. Knox on this Schedule J, Part II, column B (iii). In accordance with the IRS instructions, Mr. Knox has been listed in Form 990, Part VII as a former officer as he did not serve as an officer during the period covered by this return.

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

**Part III Supplemental Information**

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

Patrick A. Taylor, MD became the President and CEO of the Hospital in 2021 and entered into a Supplemental Executive Retirement Plan intended to comply with the requirements of Section 457(f) of the Internal Revenue Code with the Hospital in April. The Plan is intended to be an unfunded plan maintained primarily for the purpose of providing deferred compensation to a select group of management. During the 2021 tax year, Patrick Taylor received tax-deferred contributions of \$20,250 under the 457(f) Plan. This amount is included in his deferred income as reported on this Schedule J, Part II, Column C.

Part I, Line 7:

Performance-based variable compensation which is subject to review annually.

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
▶ **Attach to Form 990.** ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**  
**Open to Public**  
**Inspection**

Name of the organization

York Hospital

Employer identification number  
01-0212444

| Part I          | See Part VI for Column (f) Continuations |                |             |                 |                 |                                    |              |    |                         |    |                      |    |
|-----------------|--|----------------|-------------|-----------------|-----------------|------------------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name |  | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose         | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|                 |  |                |             |                 |                 |                                    | Yes          | No | Yes                     | No | Yes                  | No |
| A MHHEFA        |  | 01-0314384     | 560427JA5   | 06/24/10        | 113,477,369.    | Refinance 1993, 1998, 1999A & 200  |              | X  |                         | X  |                      | X  |
| B MHHEFA        |  | 01-0314384     | 56042RLG5   | 06/27/17        | 5,004,813.      | Refinance 2007A                    |              | X  |                         | X  |                      | X  |
| C MHHEFA        |  | 01-0314384     | 56042RTR3   | 07/31/19        | 54,640,000.     | Refinance 2008C, 2008D, 2009A, 201 |              | X  |                         | X  |                      | X  |
| D MHHEFA        |  | 01-0314384     | 56042RUP5   | 11/06/19        | 36,415,000.     | Imaging and surgical equipmen      |              | X  |                         | X  |                      | X  |

| <b>Part II Proceeds</b>  |            |    |            |    |            |    |            |    |   |
|--|------------|----|------------|----|------------|----|------------|----|---|
|  | <b>A</b>   |    | <b>B</b>   |    | <b>C</b>   |    | <b>D</b>   |    |   |
| <b>1</b> Amount of bonds retired   | 2,589,250. |    | 1,175,000. |    | 675,750.   |    | 205,000.   |    |   |
| <b>2</b> Amount of bonds legally defeased  |            |    |            |    |            |    |            |    |   |
| <b>3</b> Total proceeds of issue   | 6,081,252. |    | 5,908,558. |    | 3,119,187. |    | 4,338,016. |    |   |
| <b>4</b> Gross proceeds in reserve funds   | 607,056.   |    | 483,431.   |    | 542,055.   |    | 291,650.   |    |   |
| <b>5</b> Capitalized interest from proceeds  |            |    |            |    |            |    |            |    |   |
| <b>6</b> Proceeds in refunding escrows   | 5,418,358. |    | 5,360,081. |    | 2,542,023. |    |            |    |   |
| <b>7</b> Issuance costs from proceeds  | 55,838.    |    | 65,045.    |    | 35,110.    |    | 55,176.    |    |   |
| <b>8</b> Credit enhancement from proceeds  |            |    |            |    |            |    |            |    |   |
| <b>9</b> Working capital expenditures from proceeds  |            |    |            |    |            |    |            |    |   |
| <b>10</b> Capital expenditures from proceeds   |            |    |            |    |            |    | 3,991,190. |    |   |
| <b>11</b> Other spent proceeds   |            |    |            |    |            |    |            |    |   |
| <b>12</b> Other unspent proceeds   |            |    |            |    |            |    |            |    |   |
| <b>13</b> Year of substantial completion   | 2010       |    | 2017       |    | 2019       |    | 2019       |    |   |
|  | Yes        | No | Yes        | No | Yes        | No | Yes        | No |   |
| <b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X          |    | X          |    | X          |    |            |    | X |
| <b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?   | X          |    | X          |    | X          |    |            |    | X |
| <b>16</b> Has the final allocation of proceeds been made?  | X          |    | X          |    | X          |    |            |    | X |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?                           | X          |    | X          |    | X          |    | X          |    |   |

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

Schedule K (Form 990) 2021

**Part III Private Business Use**

|   | A     |    | B     |    | C     |    | D     |    |
|---|-------|----|-------|----|-------|----|-------|----|
|   | Yes   | No | Yes   | No | Yes   | No | Yes   | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |       | X  |       | X  |       | X  |       | X  |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....  |       | X  |       | X  |       | X  |       | X  |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....  |       | X  |       | X  |       | X  |       | X  |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....   |       |    |       |    |       |    |       |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....   |       | X  |       | X  |       | X  |       | X  |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...   |       |    |       |    |       |    |       |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  | .00 % |    | .00 % |    | .00 % |    | .00 % |    |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... | .00 % |    | .00 % |    | .00 % |    | .00 % |    |
| <b>6</b> Total of lines 4 and 5 .....   | .00 % |    | .00 % |    | .00 % |    | .00 % |    |
| <b>7</b> Does the bond issue meet the private security or payment test? .....   |       | X  |       | X  |       | X  |       | X  |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....   |       | X  |       | X  |       | X  |       | X  |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  | %     |    | %     |    | %     |    | %     |    |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |       |    |       |    |       |    |       |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           |       | X  |       | X  |       | X  |       | X  |

**Part IV Arbitrage**

|   | A   |    | B   |    | C   |    | D   |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | X  |     | X  |     | X  |
| <b>2</b> If "No" to line 1, did the following apply? .....  |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? .....  | X   |    | X   |    | X   |    | X   |    |
| <b>b</b> Exception to rebate? .....   |     | X  |     | X  |     | X  |     | X  |
| <b>c</b> No rebate due? .....   |     | X  |     | X  |     | X  |     | X  |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                                 |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? .....   |     | X  |     | X  |     | X  |     | X  |

**Part IV Arbitrage** (continued)

|  | A   |    | B   |    | C   |    | D   |    |
|--|-----|----|-----|----|-----|----|-----|----|
|  | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of hedge .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the hedge superintegrated? .....  |     |    |     |    |     |    |     |    |
| <b>e</b> Was the hedge terminated? .....   |     |    |     |    |     |    |     |    |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |     | X  |     | X  |     | X  |     | X  |
| <b>b</b> Name of provider .....  |     |    |     |    |     |    |     |    |
| <b>c</b> Term of GIC .....   |     |    |     |    |     |    |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....                     |     |    |     |    |     |    |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period? .....  |     | X  |     | X  |     | X  |     | X  |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....                 |     | X  |     | X  |     | X  |     | X  |

**Part V Procedures To Undertake Corrective Action**

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

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.**Schedule K, Part I, Bond Issues:**

(a) Issuer Name: MHHEFA

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

(a) Issuer Name: MHHEFA

(f) Description of Purpose:

Refinance 2008C, 2008D, 2009A, 2010A, and 2017A bonds

(a) Issuer Name: MHHEFA

(f) Description of Purpose:

Imaging and surgical equipment; compounding and cath lab renovation

Form 990, Schedule K, Part III, Line 9, IV, Line 7, and Part V:

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

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

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

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



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

York Hospital

Employer identification number  
01-0212444

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

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

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

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

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

The executive committee of the Board of Trustees utilizes an outside firm's database of CEO salaries to determine the CEO's compensation. The CEO determines the compensation of other officers or key employees using an outside firm's data to make sure the compensation is market based.

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

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

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

While York Hospital does not have a formal joint venture policy that is written, it does have procedures in place to ensure that hospital-related assets are not misappropriated which includes periodic review of any joint venture related activity. Furthermore, the

Name of the organization

York Hospital

Employer identification number

01-0212444

Hospital's joint venture arrangements better enable it to provide  
health-care related services to the community it serves.

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

Adjustment to long-term pension obligations -875,389.

Net periodic pension cost -1,473,952.

Total to Form 990, Part XI, Line 9 -2,349,341.

Form 990, Part XII, Line 2c:

The audit process has not changed from the prior year.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**York Hospital**

Employer identification number

**01-0212444**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
|  |                         |   |                     |                           |                                     |
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| York Health Services - 02-0469065<br>15 Hospital Drive<br>York, ME 03909 | Heart health            | Maine   | 501(c)(3)                     | Line 10   | N/A                                 |  | X  |
|  |                         |   |                               |   |                                     |  |    |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2021

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| Shields Imaging at York<br>Hospital - 81-5066570, 700<br>Congress Street, Suite 204,<br>Quincy, MA 02169 | Imaging                 | ME   | York Hospital                       | Related   | 84,658.                         | 70,254.                                  |   | X  | N/A   | X   |    | 50.00%                         |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|   | Yes       | No |
|---|-----------|----|
| <b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?                          |           |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....  | <b>1a</b> | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....  | <b>1b</b> | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....  | <b>1c</b> | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....   | <b>1d</b> | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....  | <b>1e</b> | X  |
| <b>f</b> Dividends from related organization(s) .....   | <b>1f</b> | X  |
| <b>g</b> Sale of assets to related organization(s) .....  | <b>1g</b> | X  |
| <b>h</b> Purchase of assets from related organization(s) .....  | <b>1h</b> | X  |
| <b>i</b> Exchange of assets with related organization(s) .....  | <b>1i</b> | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....   | <b>1j</b> | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....   | <b>1k</b> | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....   | <b>1l</b> | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....  | <b>1m</b> | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....  | <b>1n</b> | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....   | <b>1o</b> | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....   | <b>1p</b> | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....   | <b>1q</b> | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....  | <b>1r</b> | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....  | <b>1s</b> | X  |
| <b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |           |    |

| (a)<br>Name of related organization       | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) Shields Imaging at York Hospital, LLC | S                                | 100,000.               | Actual per books                             |
| (2)                                       |                                  |                        |  |
| (3)                                       |                                  |                        |  |
| (4)                                       |                                  |                        |  |
| (5)                                       |                                  |                        |  |
| (6)                                       |                                  |                        |  |

**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.

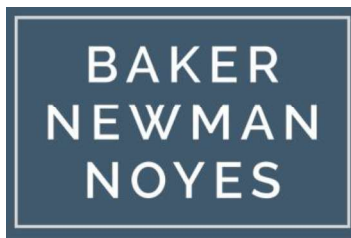
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**Part VII** Supplemental Information

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

Electronic Filing PDF Attachment

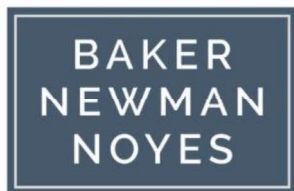




# **York Hospital**

## **Audited Financial Statements**

*Years Ended December 31, 2021 and 2020  
With Independent Auditors' Report*



## **INDEPENDENT AUDITORS' REPORT**

Board of Trustees  
York Hospital

### **Opinion**

We have audited the financial statements of York Hospital (the Hospital), which comprise the balance sheets as of December 31, 2021 and 2020, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Hospital as of December 31, 2021 and 2020, 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.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a period of one year from the issuance of the financial statements.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

*Baker Newman + Noyes LLC*

Portland, Maine  
April 27, 2022

# YORK HOSPITAL

## BALANCE SHEETS

December 31, 2021 and 2020

### ASSETS

|   | <u>2021</u>          | <u>2020</u>          |
|---|----------------------|----------------------|
| Current assets:   |                      |                      |
| Cash and cash equivalents                                 | \$ 15,351,936        | \$ 20,361,424        |
| Accounts receivable                                       | 20,604,286           | 20,240,501           |
| Other receivables   | 1,385,773            | 1,384,558            |
| Inventories   | 5,506,554            | 5,477,026            |
| Prepaid expenses and other current assets                 | 2,682,719            | 1,467,154            |
| Trustee held funds (notes 4 and 7)                        | <u>645,930</u>       | <u>646,474</u>       |
| Total current assets                                      | 46,177,198           | 49,577,137           |
| Investments in marketable securities (note 5)             | 25,970,661           | 24,117,341           |
| Donor restricted assets and donations receivable (note 6) | 20,784,173           | 18,572,340           |
| Trustee held construction funds                           | 812,870              | 1,229,711            |
| Other investments (note 9)                                | 510,370              | 512,617              |
| Other assets (note 10)                                    | 810,697              | 10,800,002           |
| Property, plant and equipment (note 7):                   |                      |                      |
| Land and improvements                                     | 8,341,795            | 8,341,795            |
| Buildings   | 72,016,149           | 71,156,362           |
| Equipment   | 56,880,546           | 55,779,032           |
| Construction in progress                                  | <u>618,967</u>       | <u>2,305,809</u>     |
|   | 137,857,457          | 137,582,998          |
| Less accumulated depreciation                             | <u>(95,352,475)</u>  | <u>(91,445,659)</u>  |
|   | <u>42,504,982</u>    | <u>46,137,339</u>    |
| Total assets  | <u>\$137,570,951</u> | <u>\$150,946,487</u> |

LIABILITIES AND NET ASSETS

|  | <u>2021</u>          | <u>2020</u>          |
|--|----------------------|----------------------|
| Current liabilities:                                 |                      |                      |
| Accounts payable and accrued expenses (note 2)       | \$ 24,471,750        | \$ 14,849,941        |
| Accrued payroll and amounts withheld (note 2)        | 10,846,326           | 9,480,477            |
| Accrued interest payable                             | 238,853              | 264,022              |
| Estimated third-party payor settlements (note 3)     | 1,231,821            | 3,086,917            |
| Current portion of long-term obligations             | <u>3,152,116</u>     | <u>1,320,013</u>     |
| Total current liabilities                            | 39,940,866           | 29,001,370           |
| Long-term obligations, less current portion (note 7) | 10,823,128           | 14,138,176           |
| Long-term pension and other obligations (note 9)     | 13,580,440           | 13,950,531           |
| Other liabilities (notes 2 and 10)                   | <u>2,081,938</u>     | <u>30,399,451</u>    |
| Total liabilities                                    | 66,426,372           | 87,489,528           |
| Commitments and contingencies (notes 2, 7, 9 and 10) |                      |                      |
| Net assets:  |                      |                      |
| Without donor restrictions                           | 50,360,406           | 44,884,619           |
| With donor restrictions (note 6)                     | <u>20,784,173</u>    | <u>18,572,340</u>    |
| Total net assets                                     | 71,144,579           | 63,456,959           |
|  | <hr/>                | <hr/>                |
| Total liabilities and net assets                     | <u>\$137,570,951</u> | <u>\$150,946,487</u> |

See accompanying notes.

# YORK HOSPITAL

## STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years Ended December 31, 2021 and 2020

|  | <u>2021</u>      | <u>2020</u>    |
|--|------------------|----------------|
| Revenues without donor restrictions, gains and other support:      |                  |                |
| Patient service revenues   | \$198,449,874    | \$166,504,604  |
| Other revenue  | 3,036,131        | 3,608,191      |
| Grant revenue (note 2)   | 4,088,364        | 4,102,299      |
| Net assets released from restrictions used for operations          | <u>483,127</u>   | <u>417,516</u> |
| Total revenues without donor restrictions, gains and other support | 206,057,496      | 174,632,610    |
| Expenses:  |                  |                |
| Acute care   | 17,924,880       | 16,355,047     |
| Emergent care and walk-ins   | 11,189,786       | 11,425,341     |
| Diagnostic care  | 22,444,999       | 20,038,732     |
| Procedural care  | 18,375,077       | 14,514,601     |
| At home care   | 3,331,438        | 3,487,013      |
| Transition care  | 4,525,284        | 3,957,497      |
| Market care  | 6,577,135        | 7,710,880      |
| Financial care   | 9,355,396        | 8,661,163      |
| Patient quality  | 730,469          | 624,239        |
| Oncology   | 18,236,363       | 15,074,898     |
| Wound care   | 705,716          | 797,692        |
| Provider organization  | 32,474,366       | 32,383,351     |
| Patient supplies and facility care                                 | 10,416,830       | 9,944,339      |
| Care access  | 2,292,160        | 2,253,707      |
| Fundraising  | 4,502,892        | 4,289,409      |
| Culture care   | 2,932,043        | 2,458,867      |
| Other expenses   | 997,345          | 747,178        |
| Employee benefits  | 21,085,703       | 22,975,122     |
| Depreciation and amortization                                      | 4,360,036        | 4,387,030      |
| General insurance  | 2,840,001        | 2,758,476      |
| Health care provider tax (note 3)                                  | 3,928,909        | 3,816,160      |
| Interest   | <u>463,186</u>   | <u>517,171</u> |
| Total expenses   | 199,690,014      | 189,177,913    |
| Operating gain (loss)  | 6,367,482        | (14,545,303)   |
| Other income (expense):  |                  |                |
| Net periodic pension cost, net of service cost (note 9)            | (1,473,952)      | (1,964,115)    |
| Recognized gain in fair value of investments                       | 1,946,137        | 2,454,861      |
| Contributions without donor restrictions                           | 198,415          | 164,116        |
| Investment and other income (loss)                                 | 22,707           | (35,199)       |
| (Loss) gain on disposal of property, plant and equipment           | <u>(718,602)</u> | <u>151,867</u> |
| Total other income   | (25,295)         | 771,530        |
| Excess (deficiency) of revenues over expenses                      | 6,342,187        | (13,773,773)   |

Continued next page.

# YORK HOSPITAL

## STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS (CONTINUED)

Years Ended December 31, 2021 and 2020

|   | <u>2021</u>          | <u>2020</u>          |
|---|----------------------|----------------------|
| Net assets without donor restrictions (continued):                |                      |                      |
| Excess (deficiency) of revenues over expenses                     | \$ 6,342,187         | \$(13,773,773)       |
| Net assets released for property, plant and equipment             | 8,989                | 29,234               |
| Adjustment to long-term pension obligations (note 9)              | <u>(875,389)</u>     | <u>(871,383)</u>     |
| Increase (decrease) in net assets without donor restrictions      | 5,475,787            | (14,615,922)         |
| Net assets with donor restrictions:                               |                      |                      |
| Investment income   | 291,796              | 248,891              |
| Recognized gains in fair value of investments                     | 1,706,149            | 2,034,020            |
| Donations   | 739,411              | 641,121              |
| Net assets released from restrictions                             | (492,116)            | (446,750)            |
| Income and gains transferred to assets without donor restrictions | <u>(33,407)</u>      | <u>(21,654)</u>      |
| Increase in net assets with donor restrictions                    | <u>2,211,833</u>     | <u>2,455,628</u>     |
| Increase (decrease) in net assets                                 | 7,687,620            | (12,160,294)         |
| Net assets beginning of the year                                  | <u>63,456,959</u>    | <u>75,617,253</u>    |
| Net assets end of the year  | <u>\$ 71,144,579</u> | <u>\$ 63,456,959</u> |

See accompanying notes.

# YORK HOSPITAL

## STATEMENTS OF CASH FLOWS

Years Ended December 31, 2021 and 2020

|  | <u>2021</u>          | <u>2020</u>          |
|--|----------------------|----------------------|
| Cash flows from operating activities:  |                      |                      |
| Increase (decrease) in net assets  | \$ 7,687,620         | \$(12,160,294)       |
| Adjustments to reconcile increase (decrease) in net assets<br>to net cash (used) provided by operating activities: |                      |                      |
| Depreciation and amortization  | 4,360,036            | 4,387,030            |
| Restricted donations and investment income   | (1,031,207)          | (890,012)            |
| Adjustment to long-term pension obligations  | 875,389              | 868,383              |
| Change in net realized and unrealized gains on investments   | (3,652,286)          | (4,488,881)          |
| Change in bond premium/bond issuance costs   | (163,139)            | (179,036)            |
| Loss (gain) on disposal of property, plant and equipment   | 718,602              | (151,867)            |
| Changes in operating assets and liabilities:   |                      |                      |
| Accounts receivable  | (363,785)            | 2,979,355            |
| Other receivables and inventories  | (30,743)             | (427,184)            |
| Prepaid expenses and other current assets  | (1,215,565)          | (95,199)             |
| Accounts payable and accrued expenses  | 9,621,809            | 5,173,374            |
| Accrued payroll and amounts withheld   | 1,365,849            | 2,019,462            |
| Deferred compensation plans  | (1,245,480)          | (1,970,458)          |
| Estimated third-party payor settlements  | (1,855,096)          | 5,867,441            |
| Accrued interest payable   | (25,169)             | 77,048               |
| Other assets   | 9,989,305            | (8,329,991)          |
| Other liabilities  | <u>(28,317,513)</u>  | <u>27,106,341</u>    |
| Net cash (used) provided by operating activities   | (3,281,373)          | 19,785,512           |
| Cash flows from investing activities:  |                      |                      |
| Additions to property, plant and equipment   | (1,459,031)          | (1,182,500)          |
| Proceeds from sales of property, plant and equipment   | 12,750               | 282,804              |
| Purchase of investments  | (3,370,907)          | (9,405,034)          |
| Proceeds from sales of investments   | 3,239,742            | 9,580,955            |
| Trustee held funds   | 417,385              | 1,111,454            |
| Change in other investments  | <u>2,247</u>         | <u>(19,812)</u>      |
| Net cash (used) provided by investing activities   | (1,157,814)          | 367,867              |
| Cash flows from financing activities:  |                      |                      |
| Proceeds from restricted donations and investment income   | 749,505              | 561,839              |
| Repayment of long-term obligations   | <u>(1,319,806)</u>   | <u>(1,280,715)</u>   |
| Net cash used by financing activities  | <u>(570,301)</u>     | <u>(718,876)</u>     |
| Net (decrease) increase in cash and cash equivalents   | (5,009,488)          | 19,434,503           |
| Cash and cash equivalents at beginning of year   | <u>20,361,424</u>    | <u>926,921</u>       |
| Cash and cash equivalents at end of year   | <u>\$ 15,351,936</u> | <u>\$ 20,361,424</u> |

See accompanying notes.



# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 1. **Organization**

York Hospital (the Hospital) is a not-for-profit health care center established to provide health care services to the York County, Maine area. The Hospital offers services in York, Wells, Kittery, Sanford, 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 being the best community hospital by providing loving care to our patients and their families, creating and nurturing a fabric of compassionate relationships among all care givers, patients and families to provide high quality medical care, and delivering to all in our communities as the ultimate judges of how well we serve.

#### *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.

### 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 accounting principles generally accepted in the United States (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 valuation of accounts receivable, reserves for self-insurance and estimated third-party payor settlements.

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 2. **Accounting Policies (Continued)**

#### 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. Accounts receivable represent receivables from patients and third-party payors for services provided by the Hospital. Patient accounts receivable from government-related programs comprised 47% and 49% of receivables at December 31, 2021 and 2020, 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.

#### Patient Service Revenue

Patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled in exchange for providing patient care. These amounts are due from patients, third-party payors (including health insurers and government programs), and others and include variable consideration (reductions to revenue) for retroactive revenue adjustments due to settlement of ongoing and future audits, reviews, and investigations.

The Hospital uses a portfolio approach to account for categories of patient contracts as a collective group rather than recognizing revenue on an individual contract basis. The portfolios primarily consist of major types of payors. Based on historical collection trends and other analyses, the Hospital believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach were used.

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.

#### 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 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 December 31, 2021 and 2020 were approximately \$224,000 and \$387,000, respectively.

## YORK HOSPITAL

### NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

#### 2. **Accounting Policies (Continued)**

##### *Excess (Deficiency) of Revenues Over Expenses*

The statement of operations and changes in net assets includes excess (deficiency) of revenues over expenses. Changes in net assets without donor restrictions which are excluded from excess (deficiency) 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*

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Balances that are still outstanding after management has used reasonable collection efforts are written off.

When the Hospital has an unconditional right to payment, subject only to the passage of time, the right is treated as a receivable. Patient accounts receivable, including billed accounts and unbilled accounts for which there is an unconditional right to payment, and estimated amounts due from third-party payors for retroactive adjustments, are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. For patient accounts receivable, the estimated uncollectable amounts are generally considered implicit price concessions that are a direct reduction to patient accounts receivable.

##### *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 (deficiency) 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.

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 2. Accounting Policies (Continued)

Investment income earned on investments without donor restrictions is reported as nonoperating gains. Investment income on investments with donor restrictions is reported as nonoperating gains unless specifically restricted by the donor or state law, in which case it is reported as an increase in net assets with donor restrictions.

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 December 31, 2021, 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 \$1,987,348 is a reasonable estimate of fair value as of December 31, 2021 (Note 5).

#### Inventories

Inventories of supplies and pharmaceuticals are carried at lower of average cost or net realizable value.

#### 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, are presented as a reduction in long-term debt and are being amortized over the terms of the bonds based upon the bonds outstanding method.

#### 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, if donated, at fair value at the date of donation less accumulated depreciation. 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.

#### Net Assets With Donor Restrictions

Net assets with donor restrictions are those assets whose use by the Hospital has been limited by donors or law to a specific time period or purpose. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 2. Accounting Policies (Continued)

#### 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 net assets with donor restrictions 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, net assets with donor restrictions are reclassified as net assets without donor restrictions 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 contributions without donor restrictions in the accompanying financial statements.

#### Retirement 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 2021.

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 \$1,280,000 and \$744,000 for the years ended December 31, 2021 and 2020, 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.

#### 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 \$11,246,000 and \$12,992,000 for the years ended December 31, 2021 and 2020, respectively, of which approximately \$8,665,000 and \$8,968,000, respectively, represented services rendered by the Hospital for which revenue was recorded.

The Hospital also participates in a workers' 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.

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 2. Accounting Policies (Continued)

#### Advertising Expense

Advertising costs are expensed as incurred and total approximately \$229,000 and \$420,000 for the years ended December 31, 2021 and 2020, 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. The Hospital has evaluated the positions taken on its filed tax returns. The Hospital has concluded no uncertain income tax positions exist at December 31, 2021.

#### Prospective Accounting Pronouncement

In February 2016, the FASB issued ASU No. 2016-02, *Leases* (ASU 2016-02), which was issued to increase transparency and comparability among organizations by requiring reporting entities to recognize all leases, including operating leases, as lease assets and lease liabilities on the statement of financial position and disclosing key information about leasing arrangements. The amendments in ASU 2016-02 are effective on January 1, 2022. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The impact of the pending adoption of ASU 2016-02 on the financial statements will be \$5,488,303 reflected as right of use assets and liabilities on the balance sheet.

#### COVID-19 Pandemic and CARES Act and Other Relief Funding

On March 11, 2020, the World Health Organization declared the outbreak of COVID-19, a disease caused by the novel coronavirus, a pandemic. This disease continues to spread throughout the United States and other parts of the world. The COVID-19 pandemic has significantly affected employees, patients, systems, communities and business operations, as well as the U.S. economy and financial markets. As the COVID-19 crisis continues to evolve, the full extent to which COVID-19 will impact future business, results of operations, financial condition and liquidity will depend on developments that are highly uncertain and cannot be accurately predicted. For example, it is not possible to predict or control the severity or duration of the pandemic, including whether there will be additional periods of increases in the number of COVID-19 cases in areas in which the Hospital operates, the timing and availability of effective medical treatments and vaccines or the efficacy of public health controls.

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 2. Accounting Policies (Continued)

Since the declaration of the pandemic, the hospital has received \$5,828,387 in Provider Relief Fund distributions, provided for under *The Coronavirus Aid, Relief, and Economic Security Act* (CARES Act). The distributions from the Provider Relief Fund are not subject to repayment, provided the Hospital is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as grant revenue once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the impact of the pandemic on operating results through December 31, 2021, the Hospital recognized \$2,154,485 recorded within grant revenue in the statements of operations for the year ended December 31, 2021.

The Hospital recognized \$3,673,902 recorded within grant revenue in the statement of operations for the year ended December 31, 2020.

In addition to the Provider Relief Fund distributions, the Hospital received an additional \$1,933,879 in COVID-19 relief funding. The Hospital recognized this amount within grant revenue in the statement of operations for the year ended December 31, 2021.

During the year ended December 31, 2020, the Hospital received approximately \$21 million of accelerated Medicare payments. Payments under the Medicare Accelerated and Advanced Payment Program are advances that must be repaid. At December 31, 2021, the Hospital had repaid approximately \$8 million and, based on repayment guidelines, \$13 million was recorded in accounts payable and accrued expenses as a short-term liability. At December 31, 2020, \$5.2 million was recorded in accounts payable and accrued expenses as a short-term liability and \$15.8 million in other liabilities as a long-term liability.

The CARES Act also authorized the deferral of employment tax payment. At December 31, 2020, approximately \$2.7 million of payroll taxes were deferred, and are recorded within accrued payroll and amounts withheld and other liabilities in the accompanying 2020 balance sheet. At December 31, 2021, approximately \$1.4 million in deferred payroll taxes was recorded as a short-term liability.

#### Subsequent Events

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 April 27, 2022 which is the date the financial statements were available to be issued.

### 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:

## YORK HOSPITAL

### NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

#### 3. Estimated Third-Party Payor Settlements (Continued)

##### 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.

##### MaineCare

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 \$3,928,909 and \$3,816,160 of State tax for the years ended December 31, 2021 and 2020, respectively.

The Hospital has amounts due to/from the State of Maine under the MaineCare program relative to annual cost report settlements. The amounts recorded have been determined based upon applicable regulations. These amounts are included in estimated third-party settlements on the balance sheet. Due to the complex nature of such regulations, there is at least a reasonable possibility that recorded estimates will change by a material amount.

##### 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 December 31, 2021, settlements for the Hospital have been finalized through June 30, 2018 for Blue Cross, through December 31, 2018 with Medicare, and through December 31, 2017 with MaineCare.

During 2021 and 2020, patient service revenue in the statements of operations increased by \$413,000 and decreased \$(1,577,000), respectively, due to favorable and unfavorable settlements and changes in prior year estimated third-party settlements.



# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 3. Estimated Third-Party Payor Settlements (Continued)

Revenues from the Medicare and MaineCare programs accounted for approximately 51% and 7%, respectively, of the Hospital's patient service revenues for the year ended December 31, 2021, and 51% and 6%, respectively, for the year ending December 31, 2020. 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.

### 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 at December 31:

|                                      | <u>2021</u>        | <u>2020</u>        |
|--------------------------------------|--------------------|--------------------|
| Debt service and construction funds: |                    |                    |
| 2019A                                | \$ 161,053         | \$ 162,178         |
| 2019B                                | 812,870            | 1,229,711          |
| 2017A                                | 379,516            | 379,766            |
| 2010B                                | 103,153            | 102,322            |
| 2006F                                | <u>2,208</u>       | <u>2,208</u>       |
|                                      | <u>\$1,458,800</u> | <u>\$1,876,185</u> |

All trustee held funds consist of cash and cash equivalents.

### 5. Investments and Donor Restricted Assets

Investments with and without donor restrictions, along with donations receivable, total as follows at fair value at December 31:

|  | <u>2021</u>         | <u>2020</u>         |
|--|---------------------|---------------------|
| Investments without donor restrictions | \$12,628,503        | \$12,024,322        |
| Board designated investments           | 13,342,158          | 12,093,019          |
| Donor restricted investments           | 20,138,650          | 18,208,519          |
| Donations receivable                   | <u>645,523</u>      | <u>363,821</u>      |
|  | 46,754,834          | 42,689,681          |
| Less donations receivable              | <u>(645,523)</u>    | <u>(363,821)</u>    |
| Total investments                      | <u>\$46,109,311</u> | <u>\$42,325,860</u> |

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 5. Investments and Donor Restricted Assets (Continued)

#### 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 Board of Trustees interpreted UPMIFA as requiring the preservation of the fair value of the endowed gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, when reviewing its donor-restricted endowment funds, the Hospital considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Hospital has interpreted UPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law.

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 at December 31:

|   | <u>2021</u>         | <u>2020</u>        |
|---|---------------------|--------------------|
| Interest and dividend income                | \$ 314,503          | \$ 213,692         |
| Realized gains on sales of securities, net: |                     |                    |
| Unrestricted investments                    | 3,479,762           | 1,339,301          |
| Donor restricted investments                | <u>2,775,251</u>    | <u>1,075,381</u>   |
|   | 6,255,013           | 2,414,682          |
| Change in unrealized gains on investments:  |                     |                    |
| Unrestricted investments                    | (1,533,625)         | 1,115,560          |
| Donor restricted investments                | <u>(1,069,102)</u>  | <u>958,639</u>     |
|   | <u>(2,602,727)</u>  | <u>2,074,199</u>   |
|   | <u>\$ 3,966,789</u> | <u>\$4,702,573</u> |

#### Fair Value Measurements

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

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 5. Investments and Donor Restricted Assets (Continued)

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.

In determining the appropriate levels, the Hospital performs a detailed analysis of the assets.

The following tables present information on the assets carried at fair value:

|                                   | <u>Total</u>        | <u>Level 1</u>      | <u>Level 2</u>      | <u>Level 3</u> |
|-----------------------------------|---------------------|---------------------|---------------------|----------------|
| <u>At December 31, 2021</u>       |                     |                     |                     |                |
| Cash and cash equivalents         | \$ 3,358,240        | \$ 3,358,240        | \$ —                | \$ —           |
| Equity mutual funds               | 16,093,423          | 16,093,423          | —                   | —              |
| Bond mutual funds                 | 4,583,719           | 4,583,719           | —                   | —              |
| International equity mutual funds | 6,406,172           | 6,406,172           | —                   | —              |
| Debt instruments:                 |                     |                     |                     |                |
| Corporate bonds                   | 10,787,577          | —                   | 10,787,577          | —              |
| Marketable equity securities:     |                     |                     |                     |                |
| Healthcare                        | 219,595             | 219,595             | —                   | —              |
| Utilities                         | 110,058             | 110,058             | —                   | —              |
| Financial                         | 464,883             | 464,883             | —                   | —              |
| Telecommunication services        | 60,016              | 60,016              | —                   | —              |
| Consumer discretionary            | 891,821             | 891,821             | —                   | —              |
| Information technology            | 814,310             | 814,310             | —                   | —              |
| Industrials                       | 16,966              | 16,966              | —                   | —              |
| ADRs                              | <u>315,183</u>      | <u>315,183</u>      | <u>—</u>            | <u>—</u>       |
|                                   | 44,121,963          | <u>\$33,334,386</u> | <u>\$10,787,577</u> | <u>\$ —</u>    |
| Investments valued at NAV         |                     |                     |                     |                |
| not classified by level:          |                     |                     |                     |                |
| Alternative investments           | <u>1,987,348</u>    |                     |                     |                |
|                                   | <u>\$46,109,311</u> |                     |                     |                |

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 5. Investments and Donor Restricted Assets (Continued)

|   | <u>Total</u>        | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
|---|---------------------|---------------------|----------------|----------------|
| <u>At December 31, 2020</u>                           |                     |                     |                |                |
| Cash and cash equivalents                             | \$ 4,584,885        | \$ 4,584,885        | \$ —           | \$ —           |
| Equity mutual funds                                   | 19,281,053          | 19,281,053          | —              | —              |
| Bond mutual funds                                     | 9,106,215           | 9,106,215           | —              | —              |
| International equity mutual funds                     | 6,020,784           | 6,020,784           | —              | —              |
| Marketable equity securities:                         |                     |                     |                |                |
| Healthcare  | 126,796             | 126,796             | —              | —              |
| Financial   | 513,263             | 513,263             | —              | —              |
| Telecommunication services                            | 58,777              | 58,777              | —              | —              |
| Consumer discretionary                                | 752,136             | 752,136             | —              | —              |
| Information technology                                | 490,329             | 490,329             | —              | —              |
| Industrials   | 131,017             | 131,017             | —              | —              |
| ADRs  | <u>147,135</u>      | <u>147,135</u>      | <u>—</u>       | <u>—</u>       |
|   | 41,212,390          | <u>\$41,212,390</u> | <u>\$ —</u>    | <u>\$ —</u>    |
| Investments valued at NAV<br>not classified by level: |                     |                     |                |                |
| Alternative investments                               | <u>1,113,470</u>    |                     |                |                |
|   | <u>\$42,325,860</u> |                     |                |                |

The following table discloses the fair value and redemption frequency of those assets whose fair value is determined using net asset value per share at December 31, 2021:

| <u>Investment</u>           | <u>Fair Value</u> | <u>Unfunded<br/>Commit-<br/>ment</u> | <u>Redemp-<br/>tion<br/>Frequency</u> | <u>Redemption<br/>Notice Period</u> |
|-----------------------------|-------------------|--------------------------------------|---------------------------------------|-------------------------------------|
| Colchester Global Bond Fund | \$1,987,348       | \$ —                                 | Monthly                               | 10 days                             |

The primary purpose of the alternative investments is to achieve favorable income oriented results through a diversified portfolio. Alternative investments may provide access to strategies otherwise not accessible through traditional equity and fixed income accounts.

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 6. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at December 31:

|   | <u>2021</u>         | <u>2020</u>         |
|---|---------------------|---------------------|
| Purpose restriction:  |                     |                     |
| Contributions receivable  | \$ 645,523          | \$ 363,821          |
| Plant replacement   | 12,181,176          | 11,050,193          |
| Home health   | 88,106              | 82,142              |
| Nursing education   | 1,276,920           | 1,490,974           |
| Education   | 312,315             | 93,660              |
| Breast cancer   | 920,218             | 467,395             |
| Cancer  | <u>248,555</u>      | <u>313,181</u>      |
|   | 15,672,813          | 13,861,366          |
| Perpetual in nature:  |                     |                     |
| Gains reinvested and income restricted for a specific purpose   | 3,484,233           | 3,184,649           |
| Gains and income restricted for a specific purpose  | 480,785             | 480,787             |
| Gains and a portion of income retained in perpetuity and a portion of income transferred to assets without donor restrictions | <u>1,146,342</u>    | <u>1,045,538</u>    |
|   | <u>5,111,360</u>    | <u>4,710,974</u>    |
| Total net assets with donor restrictions  | <u>\$20,784,173</u> | <u>\$18,572,340</u> |

Net assets with donor restrictions 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:

|  | <u>2021</u>  | <u>2020</u>  |
|--|--------------|--------------|
| Note payable to MHHEFA in conjunction with Revenue Bonds Series 2019A issued by MHHEFA, including premium of \$141,775 at December 31, 2021 and \$193,432 at December 31, 2020 which bears interest at 5%; annual principal payments due in amounts ranging from \$150,000 to \$430,000 with the last payment due in 2028                          | \$ 1,182,641 | \$ 1,480,048 |
| Note payable to MHHEFA in conjunction with Revenue Bonds Series 2019B issued by MHHEFA, including premium of \$476,514 at December 31, 2021 and \$525,280 at December 31, 2020, which bears interest at rates varying from 4% to 5%; annual principal payments due in amounts ranging from \$80,000 to \$280,000 with the last payment due in 2039 | 3,734,864    | 3,908,630    |

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 7. Long-Term Obligations (Continued)

|  | <u>2021</u>         | <u>2020</u>         |
|--|---------------------|---------------------|
| Note payable to MHHEFA in conjunction with Revenue Bonds Series 2017A issued by MHHEFA, including premium of \$293,272 at December 31 2021 and \$362,359 at December 31, 2020, which bears interest at rates varying from 2% to 5%; annual principal payments due in amounts ranging from \$215,000 to \$435,000 with the last payment due in 2031   | \$ 2,989,841        | \$ 3,368,928        |
| Note payable to MHHEFA in conjunction with Revenue Bonds Series 2010B issued by MHHEFA, including premium of \$65,216 at December 31, 2021 and \$79,708 at December 31, 2020, which bears interest at rates varying from 2.5% to 5%; annual principal payments due in amounts ranging from \$140,000 to \$170,000 with the last payment due in 2026  | 638,910             | 813,402             |
| Commercial loan payable to Peoples United Bank which bears interest at a fixed rate of 3.74%, monthly principal and interest payments of \$12,914 due through 2022 when a balloon payment is due; 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                                       | 1,843,288           | 1,926,379           |
| Commercial loan payable to Kennebunk Savings Bank which bears interest at a fixed rate of 3.89% at December 31, 2020 through February 2022, then changes to a fixed rate of 4.75%; monthly principal and interest payments of \$9,669; 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 | 392,322             | 490,737             |
| Commercial loan payable to Kennebunk Savings Bank which bears interest at a fixed rate of 3.89% at December 31, 2020 through February 2022, then changes to a fixed rate of 4.75%; monthly principal and interest payments of \$13,428; 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   | 749,404             | 878,601             |
| Commercial loan payable to Bangor Savings Bank which bears interest at 3.26% through 2026, after which the loan will bear interest at the rate of LIBOR plus 2.5% through 2036; monthly principal and interest payments of \$17,102; the proceeds were used to fund renovations; the note is secured with a security interest in the related building  | 2,447,690           | 2,569,510           |
| Commercial loan payable to Peoples United Bank which bears interest at a fixed rate of 5.55% through October 2023; monthly principal and interest payments of \$4,493; loan assumed with building acquisition on the professional building in York, Maine; the note is secured with a security interest in the related building  | <u>105,788</u>      | <u>152,321</u>      |
|  | 14,084,748          | 15,588,556          |
| Less current portion   | (3,152,116)         | (1,320,013)         |
| Less bond issuance costs   | <u>(109,504)</u>    | <u>(130,367)</u>    |
|  | <u>\$10,823,128</u> | <u>\$14,138,176</u> |

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 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. In addition, under the terms of the bond indentures and loan agreements, the Hospital is required to meet certain covenant requirements including a debt service coverage ratio. As of December 31, 2021, the Hospital is in compliance with the debt service coverage covenants under the bond agreement.

The commercial loan agreements contain various financial and restrictive covenants, including but not limited to, a required minimum debt service coverage ratio. The Hospital is in compliance with these covenants at December 31, 2021.

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: 2022 - \$3,152,116; 2023 - \$1,185,810; 2024 - \$1,207,104; 2025 - \$1,174,252; and 2026 - \$1,015,665.

Actual interest paid on long-term obligations was approximately \$672,000 and \$642,000 for the years ended December 31, 2021 and 2020, respectively.

The Hospital was issued a line of credit in the amount of \$750,000 which expires March 31, 2022. The line of credit is unsecured and bears interest at the U.S. Prime Rate, subject to a floor of 3.25% (3.25% at December 31, 2021). No amounts were outstanding under the line of credit at December 31, 2021.

### 8. Patient Service Revenue

An estimated breakdown of patient service revenue from these major payor sources, is as follows at December 31:

|            | <u>2021</u>          | <u>2020</u>          |
|------------|----------------------|----------------------|
| Medicare   | \$ 62,867,563        | \$ 49,394,691        |
| Medicaid   | 16,450,322           | 11,404,633           |
| Commercial | 114,219,177          | 101,443,579          |
| Patients   | <u>4,912,812</u>     | <u>4,261,701</u>     |
|            | <u>\$198,449,874</u> | <u>\$166,504,604</u> |

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 9. Defined Benefit Pension Plan and Other Benefits

#### Defined Benefit Pension Plan

The long-term pension obligation of \$13,560,190 and \$13,950,531 at December 31, 2021 and 2020, respectively, is included as part of long-term obligations and other obligations on the balance sheets.

All amounts reflected in the change in net assets without donor restrictions relate to the adjustment to the long-term pension obligation.

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 December 31:

|                                | <u>2021</u>            | <u>2020</u>            |
|--------------------------------|------------------------|------------------------|
| Pension benefits:              |                        |                        |
| Fair value of plan assets      | \$ 17,395,927          | \$ 16,120,170          |
| Projected benefit obligation   | <u>(30,956,117)</u>    | <u>(30,070,701)</u>    |
| Funded status                  | <u>\$ (13,560,190)</u> | <u>\$ (13,950,531)</u> |
| Accumulated benefit obligation | <u>\$ 30,956,117</u>   | <u>\$ 30,070,701</u>   |
| Accrued pension obligation     | <u>\$ (13,560,190)</u> | <u>\$ (13,950,531)</u> |

The assets of the plan are carried at fair value and are classified in the three categories as described in Note 5. The following tables provide the assets of the plan carried at fair value:

|                                   | <u>Total</u>        | <u>Level 1</u>      | <u>Level 2</u> | <u>Level 3</u> |
|-----------------------------------|---------------------|---------------------|----------------|----------------|
| <u>December 31, 2021</u>          |                     |                     |                |                |
| Cash and cash equivalents         | \$ 54,714           | \$ 54,714           | \$ —           | \$ —           |
| International equity mutual funds | 2,363,402           | 2,363,402           | —              | —              |
| Corporate bond mutual funds       | 11,765,939          | 11,765,939          | —              | —              |
| Domestic equity mutual funds      | <u>3,211,872</u>    | <u>3,211,872</u>    | <u>—</u>       | <u>—</u>       |
| Plan assets                       | <u>\$17,395,927</u> | <u>\$17,395,927</u> | <u>\$ —</u>    | <u>\$ —</u>    |
| <u>December 31, 2020</u>          |                     |                     |                |                |
| Cash and cash equivalents         | \$ 118,743          | \$ 118,743          | \$ —           | \$ —           |
| International equity mutual funds | 1,662,361           | 1,662,361           | —              | —              |
| Corporate bond mutual funds       | 12,126,902          | 12,126,902          | —              | —              |
| Balanced mutual funds             | <u>2,212,164</u>    | <u>2,212,164</u>    | <u>—</u>       | <u>—</u>       |
| Plan assets                       | <u>\$16,120,170</u> | <u>\$16,120,170</u> | <u>\$ —</u>    | <u>\$ —</u>    |



# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 9. **Defined Benefit Pension Plan and Other Benefits (Continued)**

The target allocation percentage for investments is 25% equities and 75% fixed income 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.

The following table provides information with respect to the plan as of December 31:

|                  | <u>2021</u> | <u>2020</u> |
|------------------|-------------|-------------|
| Net pension cost | \$1,900,352 | \$1,964,115 |
| Benefits paid    | 1,062,583   | 1,026,275   |

Expected benefits to be paid in future years are: 2022 - \$2,354,500; 2023 - \$1,816,500; 2024 - \$1,788,400; 2025 - \$1,867,000; and 2026 - \$1,956,800; and aggregate for the next five fiscal years thereafter - \$8,717,400.

The Hospital is expected to contribute approximately \$942,139 in 2022.

The following table provides the weighted average assumptions:

|   | <u>2021</u> | <u>2020</u> |
|---|-------------|-------------|
| Discount rate used to determine net periodic pension cost | 2.50%       | 3.30%       |
| Discount rate used to determine benefit obligation        | 2.60        | 2.50        |
| Expected return on plan assets                            | 6.50        | 6.50        |

#### **Deferred Compensation Plan**

In 2021, the Hospital entered into a supplemental executive retirement plan (SERP) for an executive officer. The total obligation of the Hospital under this agreement was \$20,250 at December 31, 2021. The obligation is 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.

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 10. Medical Malpractice Insurance

The Hospital insures its medical malpractice risks through a combination of occurrence based and claims made policies. At December 31, 2021, 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 and occurrence basis and anticipates that such coverage will be available.

In accordance with 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 \$811,000 and \$10,800,002 at December 31, 2021 and 2020, respectively, related to estimated professional liability losses. The Hospital also recorded a receivable of \$811,000 and \$10,800,002 at December 31, 2021 and 2020, respectively, related to estimated recoveries under insurance coverage for recoveries of potential losses. At December 31, 2021, the Hospital recorded an estimated liability of potentially incurred but not reported claims of \$1,000,000.

The Hospital was issued a letter of credit in the amount of \$1,000,000 to cover potential malpractice claims that exceed the insurance limits which expires December 28, 2022.

### 11. Liquidity and Availability

Financial assets available for general expenditure within one year of the balance sheet date, consist of the following at December 31, 2021:

|  |                      |
|--|----------------------|
| Cash and cash equivalents              | \$ 15,351,936        |
| Accounts receivable                    | 20,604,286           |
| Investments without donor restrictions | <u>12,628,503</u>    |
|  | 48,584,725           |
| Less Medicare advance payments         | <u>(13,474,388)</u>  |
|  | <u>\$ 35,110,337</u> |

The Hospital regularly monitors liquidity required to meet operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. The Hospital has various sources of liquidity at its disposal, including cash and cash equivalents, investments, and line of credit. See Note 7 for information about the Hospital's line of credit.

The Hospital's governing Board has designated a portion of unrestricted resources for future purposes. These funds are invested for long-term appreciation and current income but remain available and may be spent at the discretion of the Board. Accordingly, these assets have been included in the quantitative information above. As of December 31, 2021, the balance of liquid investments in board-designated assets was \$13,342,158.

The Hospital has other investments restricted by donors or for debt service. These investments, which are more fully described in Notes 5 and 6, are not available for general expenditure within the next year and are not reflected in the amounts above.

# YORK HOSPITAL

## NOTES TO FINANCIAL STATEMENTS

Years Ended December 31, 2021 and 2020

### 12. Functional Expenses

The Hospital provides various services to patients in southern Maine communities. Expenses related to providing these services are as follows for the years ended December 31:

|                               | <u>Healthcare</u>    | <u>General and<br/>Administrative</u> | <u>Fund-<br/>raising</u> | <u>Total</u>         |
|-------------------------------|----------------------|---------------------------------------|--------------------------|----------------------|
| <u>2021</u>                   |                      |                                       |                          |                      |
| Salaries and wages            | \$ 79,060,426        | \$ 7,129,772                          | \$130,511                | \$ 86,320,709        |
| Supplies                      | 43,168,759           | 561,152                               | 17,844                   | 43,747,755           |
| Employee benefits             | 19,198,625           | 1,692,904                             | 30,989                   | 20,922,518           |
| Other purchased services      | 9,402,534            | 6,287,330                             | —                        | 15,689,864           |
| Other expenses                | 3,816,983            | 2,474,339                             | 43,235                   | 6,334,557            |
| Contract labor                | 7,473,656            | 881,259                               | —                        | 8,354,915            |
| Depreciation and amortization | 3,240,631            | 1,106,462                             | 12,943                   | 4,360,036            |
| Healthcare provider tax       | —                    | 3,928,909                             | —                        | 3,928,909            |
| Purchased medical services    | 3,915,448            | 273,206                               | —                        | 4,188,654            |
| Energy and utilities          | 1,414,851            | 439,121                               | —                        | 1,853,972            |
| General insurance             | —                    | 885,070                               | —                        | 885,070              |
| General malpractice insurance | 1,954,931            | —                                     | —                        | 1,954,931            |
| Insurance                     | 684,938              | —                                     | —                        | 684,938              |
| Interest                      | —                    | 463,186                               | —                        | 463,186              |
|                               | <u>\$173,331,782</u> | <u>\$26,122,710</u>                   | <u>\$235,522</u>         | <u>\$199,690,014</u> |
| <u>2020</u>                   |                      |                                       |                          |                      |
| Salaries and wages            | \$ 76,236,710        | \$ 7,767,976                          | \$297,420                | \$ 84,302,106        |
| Supplies                      | 36,278,808           | 1,179,276                             | 62,424                   | 37,520,508           |
| Employee benefits             | 20,777,034           | 2,117,031                             | 81,057                   | 22,975,122           |
| Other purchased services      | 7,441,241            | 4,799,634                             | —                        | 12,240,875           |
| Other expenses                | 3,800,124            | 3,017,914                             | 60,165                   | 6,878,203            |
| Contract labor                | 5,879,856            | 588,784                               | —                        | 6,468,640            |
| Depreciation and amortization | 3,209,366            | 1,164,721                             | 12,943                   | 4,387,030            |
| Healthcare provider tax       | —                    | 3,816,160                             | —                        | 3,816,160            |
| Purchased medical services    | 3,830,417            | 346,235                               | —                        | 4,176,652            |
| Energy and utilities          | 1,408,485            | 437,274                               | —                        | 1,845,759            |
| General insurance             | —                    | 933,518                               | —                        | 933,518              |
| General malpractice insurance | 1,764,958            | —                                     | —                        | 1,764,958            |
| Insurance                     | 822,516              | —                                     | —                        | 822,516              |
| Food                          | 528,695              | —                                     | —                        | 528,695              |
| Interest                      | —                    | 517,171                               | —                        | 517,171              |
|                               | <u>\$161,978,210</u> | <u>\$26,685,694</u>                   | <u>\$514,009</u>         | <u>\$189,177,913</u> |

The financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function are allocated to a functional region based on a square-footage or units-of-service basis.

## **YORK HOSPITAL**

### **NOTES TO FINANCIAL STATEMENTS**

Years Ended December 31, 2021 and 2020

#### **13. Volunteer Services**

Total volunteer service hours provided to the Hospital were approximately 38,000 and 17,000 for the years ended December 31, 2021 and 2020, 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.