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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
EVANGELICAL COMMUNITY HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ONE HOSPITAL DRIVE

City or town, state or country, and ZIP + 4
LEWISBURG, PA 17837

D Employer identification number
24-0795411

E Telephone number
(570) 522-2741

G Gross receipts $ 142,644,800

F Name and address of principal officer
MICHAEL O'KEEFE
ONE HOSPITAL DRIVE
LEWISBURG, PA 17837

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW EVANHOSPITAL COM

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

L Year of formation 1926

M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Provide health care services to the public and to be the community's health care provider of choice

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of employees (Part V, line 2a)	5	1,374
6	Total number of volunteers (estimate if necessary)	6	614
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	2,661,072
b	Net unrelated business taxable income from Form 990-T, line 34	7b	741,637

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,307,743	2,786,638
9	Program service revenue (Part VIII, line 2g)	112,483,659	114,538,362
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,586,368	2,591,073
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,095,626	3,000,785
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	113,300,660	122,916,858
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	47,580	22,000
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	59,591,819	56,875,722
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶585,356		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	51,253,688	52,750,551
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	110,893,087	109,648,273
19	Revenue less expenses Subtract line 18 from line 12	2,407,573	13,268,585

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	162,652,471	177,099,609
21	Total liabilities (Part X, line 26)	55,675,897	58,486,321
22	Net assets or fund balances Subtract line 21 from line 20	106,976,574	118,613,288

Part II Signature Block

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

Sign Here

****** | 2011-02-10
Signature of officer | Date

JAMES STOPPER CPA CFO CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	PARENTEBEARD LLC 400 MARKET STREET WILLIAMSPORT, PA 17701		EIN ▶ Phone no ▶ (570) 323-6023

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Evangelical Community Hospital, a non-profit health care provider, serves Union, Snyder and Northumberland Counties as well as surrounding communities The Hospital provides a broad range of health care services that are consistently high quality, compassionate, accessible and cost-effective In partnership with a strong and diverse medical staff, the Hospital promotes a healthy lifestyle and provides advanced medical care in an atmosphere that is caring and compassionate This is accomplished by maintaining a challenging, energized work environment for our valued employees who exemplify our Core Values Quality Service, Compassion, Respect, Professionalism, Integrity, Cooperation and Creativity

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 93,246,911 including grants of $) (Revenue $ 113,261,962)

Meeting the healthcare needs of the community is at the heart of Evangelical Community Hospital's mission as a not-for-profit charitable organization The Hospital's resources provide for long-term initiatives such as recruitment and retention of outstanding medical professionals, enhanced technologies and new facilities and services The Hospital is licensed to accommodate 127 overnight patients, 12 Acute Rehabilitation Unit patients and 18 newborn babies It is a not-for-profit community hospital offering a full continuum of care Services range from comprehensive diagnostic tests to delicate microsurgery and from specific treatment programs to numerous outpatient services In addition to providing hospital-based medical services, Evangelical provides a number of community-based services designed to improve the health of area residents Many of the employees and medical staff lead health education and screenings as well as support groups for individuals in the community living with serious or chronic health conditions Whether through charitable care, subsidized hospital programs and services, or community health education, Evangelical strives to respond to the Valley's most pressing health needs

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

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

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

4e **Total program service expenses** ▶ $ 93,246,911

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	71		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,374		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	22		
b	Enter the number of voting members that are independent	1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2 Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?			3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5	No
6	Does the organization have members or stockholders?			6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			7a	No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			8a Yes	
b	Each committee with authority to act on behalf of the governing body?			8b Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

EVANGELICAL COMMUNITY HOSPITAL
ONE HOSPITAL DRIVE
LEWISBURG, PA 17837
(570) 522-2000

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	2,537,575	0	690,038

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 21

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
the quandel group inc 3033 north front st suite 201 harrisburg, PA 17110	construction	1,663,766
BURT HILL PO BOX 360248M PITTSBURGH, PA 15251	ARCHITECT	1,242,034
CHART SERVICES PO BOX 6305 BRATTLEBORO, VT 053026305	MANAGEMENT SERVICES	917,211
zartman construction 3000 point township dr northumberland, PA 17857	construction	659,969
Coresource Inc PO Box 34707 Newark, NJ 071894707	MANAGEMENT SERVICES	451,914
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 118		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	10,500				
	b	Membership dues					
	c	Fundraising events	118,111				
	d	Related organizations					
	e	Government grants (contributions)	64,931				
	f	All other contributions, gifts, grants, and similar amounts not included above	2,593,096				
	g	Noncash contributions included in lines 1a-1f $ 89,261					
	h	**Total.** Add lines 1a-1f		2,786,638			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE RE	621,400	112,997,907	112,997,907		
	b	LABORATORY SERVICES	621,500	1,540,455		1,540,455	
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		114,538,362			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,995,659			1,995,659
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross Rents	1,982,200				
	b	Less rental expenses	2,200,324				
	c	Rental income or (loss)	-218,124				
	d	Net rental income or (loss)		-218,124			-218,124
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	17,971,433 / 82,459				
	b	Less cost or other basis and sales expenses	17,261,378 / 197,100				
	c	Gain or (loss)	710,055 / -114,641				
	d	Net gain or (loss)		595,414			595,414
	8a	Gross income from fundraising events (not including $ 118,111 of contributions reported on line 1c) See Part IV, line 18	a 53,973				
	b	Less direct expenses	b 65,804				
	c	Net income or (loss) from fundraising events		-11,831			-11,831
	9a	Gross income from gaming activities See Part IV, line 19	a 1,925				
	b	Less direct expenses	b 3,336				
	c	Net income or (loss) from gaming activities		-1,411			-1,411
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	BILLING AND CODING FEE	541,900	554,801		554,801	
	b	ADMINISTRATIVE FEE INC	541,900	543,333		543,333	
	c	CAFETERIA AND VENDING	722,210	529,014			529,014
	d	All other revenue		1,605,003	643,490	22,483	939,030
	e	**Total.** Add lines 11a–11d		3,232,151			
	12	**Total revenue.** See Instructions		122,916,858	113,641,397	2,661,072	3,827,751

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	22,000	22,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,533,154	429,618	1,103,536	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	42,285,193	35,878,807	6,189,899	216,487
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,307,099	1,089,011	211,577	6,511
9 Other employee benefits	8,607,420	7,370,150	1,192,603	44,667
10 Payroll taxes	3,142,856	2,618,473	508,727	15,656
11 Fees for services (non-employees)				
a Management	1,082,433	1,082,433		
b Legal	292,641		292,641	
c Accounting	171,199	54,515	116,684	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	280,945	7,650	273,295	
g Other	4,259,968	2,782,503	1,327,149	150,316
12 Advertising and promotion	446,354	29,509	403,636	13,209
13 Office expenses	24,906,007	22,528,456	2,343,717	33,834
14 Information technology				
15 Royalties				
16 Occupancy	2,259,677	2,259,677		
17 Travel	159,800	143,328	12,646	3,826
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	135,777	92,756	35,439	7,582
20 Interest	1,391,024	1,391,024		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,390,037	6,390,037		
23 Insurance	1,059,268	1,059,268		
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT	4,949,924	4,949,924		
b LICENSES & fees	3,372,561	2,350,607	1,021,854	100
c federal & state taxes	271,150		271,150	
d contRAST MEDIA	241,251	241,251		
e EMPLOYEE & PHYSICIAN RE	212,764	382	212,382	
f All other expenses	867,771	475,532	299,071	93,168
25 **Total functional expenses.** Add lines 1 through 24f	109,648,273	93,246,911	15,816,006	585,356
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,465	1	1,465
	2	Savings and temporary cash investments		33,331,421	2	22,663,582
	3	Pledges and grants receivable, net		137,224	3	1,026,948
	4	Accounts receivable, net		10,656,452	4	9,961,572
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,766,403	7	1,744,377
	8	Inventories for sale or use		2,578,134	8	2,540,533
	9	Prepaid expenses and deferred charges		1,551,902	9	1,456,765
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 146,180,407			
	b	Less accumulated depreciation	10b 72,453,515	72,628,026	10c	73,726,892
	11	Investments—publicly traded securities		32,615,713	11	57,366,549
	12	Investments—other securities See Part IV, line 11		2,921,881	12	1,939,694
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,463,850	15	4,671,232
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		162,652,471	16	177,099,609
Liabilities	17	Accounts payable and accrued expenses		11,949,777	17	12,872,502
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		35,075,000	20	33,945,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		8,651,120	25	11,668,819
	26	**Total liabilities.** Add lines 17 through 25		55,675,897	26	58,486,321
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		102,912,714	27	113,040,176
	28	Temporarily restricted net assets		349,508	28	1,401,450
	29	Permanently restricted net assets		3,714,352	29	4,171,662
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		106,976,574	33	118,613,288
	34	Total liabilities and net assets/fund balances		162,652,471	34	177,099,609

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

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 11, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	2,701,406	2,623,000			
b Contributions	123,011	229,877			
c Investment earnings or losses	102,387	-101,037			
d Grants or scholarships	2,000	11,900			
e Other expenditures for facilities and programs	66,203	34,346			
f Administrative expenses	4,949	4,188			
g End of year balance	2,853,652	2,701,406			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 67 000 %
- b Permanent endowment ▶ 33 000 %
- c Term endowment ▶ %

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,225,844		3,225,844
b Buildings		69,539,159	23,738,669	45,800,490
c Leasehold improvements		3,607,878	2,121,441	1,486,437
d Equipment		63,391,998	46,593,405	16,798,593
e Other		6,415,528		6,415,528
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				73,726,892

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
BLUE CROSS CURRENT FINANCING ADVANCE	1,057,200
ACCRUED POSTRETIREMENT BENEFIT COSTS	5,192,589
ESTIMATED MEDICAL MALPRACTICE CLAIMS LIABILITY	582,512
CHARITABLE GIFT ANNUITIES PAYABLE	765,608
DEFERRED COMPENSATION	1,664,598
Estimated third-party payor settlements	1,032,995
capital lease obligation	1,373,317
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	11,668,819

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	122,916,858
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	109,648,273
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,268,585
4	Net unrealized gains (losses) on investments	4	1,661,303
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,293,174
9	Total adjustments (net) Add lines 4 - 8	9	-1,631,871
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	11,636,714

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

1	Total revenue, gains, and other support per audited financial statements			1	126,026,156
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,661,303		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-821,469		
e	Add lines **2a** through **2d**			2e	839,834
3	Subtract line **2e** from line **1**			3	125,186,322
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-2,269,464		
c	Add lines **4a** and **4b**			4c	-2,269,464
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	122,916,858

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	114,389,442
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	5,014,464		
e	Add lines **2a** through **2d**			2e	5,014,464
3	Subtract line **2e** from line **1**			3	109,374,978
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	273,295		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	273,295
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	109,648,273

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	ENDOWMENT FUNDS WILL BE USED TO SUPPORT VARIOUS HOSPITAL PROGRAMS SUCH AS FUNDING HELPLINE SERVICES, COMMUNITY HEALTH EDUCATION, HOSPICE SERVICES, PRE-HOSPITAL SERVICES, FAMILY PLACE (OB SERVICES), PROVIDE NURSING SCHOLARSHIPS AND TO PROVIDE FOOD, SERVICE, OR CARE FOR PEOPLE WHO DO NOT HAVE THE MEANS TO PAY FOR THE SERVICE
Part X	Description of Uncertain Tax Positions Under FIN 48	The Corporation accounts for uncertainty in income taxes using a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority Measurement of the tax uncertainty occurs if the recognition threshold has been met Management has determined that there were no tax uncertainties that met the recognition threshold in 2010
Part XI, Line 8 - Other Adjustments		CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 12004 VALUATION GAIN 324394 POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT -884572 EQUITY TRANSFER TO AFFILIATE -2745000
Part XII, Line 2d - Other Adjustments		Changes in Value of Split Interest Agreement 12004 VALUATION GAIN 324394 Investment Fees -273295 POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT -884572
Part XII, Line 4b - Other Adjustments		RENTAL EXPENSES -2200324 Special Events Expense -69140
Part XIII, Line 2d - Other Adjustments		RENTAL EXPENSES 2200324 Special Events Expense 69140 EQUITY TRANSFER TO AFFILIATE 2745000

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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 e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a 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 activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(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
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Golf Tournament (event type)	(b) Event #2 Evan Gala (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	72,097	81,666	18,321	172,084
	2 Less Charitable contributions	39,416	60,374	18,321	118,111
	3 Gross income (line 1 minus line 2)	32,681	21,292		53,973
Direct Expenses	4 Cash prizes	755			755
	5 Non-cash prizes	10,937	54,112		65,049
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				65,804
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-11,831

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
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?	**15a**		
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			
	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?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)		1,930	329,492	7,282	322,210	0 310 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		20,218	8,920,999	3,593,612	5,327,387	5 090 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)		796	90,430		90,430	0 090 %
d **Total** Charity Care and Means-Tested Government Programs		22,944	9,340,921	3,600,894	5,740,027	5 490 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	47	10,773	111,214	14,730	96,484	0 090 %
f Health professions education (from Worksheet 5)	16	243	266,326	22,000	244,326	0 230 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	1	100	1,327		1,327	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	2	35	5,730		5,730	0 010 %
j **Total** Other Benefits	66	11,151	384,597	36,730	347,867	0 330 %
k **Total.** Add lines 7d and 7j	66	34,095	9,725,518	3,637,624	6,087,894	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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	6	11	7,570	2,708	4,862	0 %
4	Environmental improvements	1		2,197		2,197	0 %
5	Leadership development and training for community members						
6	Coalition building	19	2,200	16,677		16,677	0 020 %
7	Community health improvement advocacy						
8	Workforce development	23	970	861,657	225,598	636,059	0 610 %
9	Other						
10	**Total**	49	3,181	888,101	228,306	659,795	0 630 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	2,439,020		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	657,668		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	39,831,809		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	49,296,673		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-9,464,864		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
EVANGELICAL COMMUNITY HOSPITAL ONE HOSPITAL DRIVE LEWISBURG, PA 17837	X	X					X		Inpatient Rehabilitation, Home Health, Hospice

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 3c

Part III, Line 4 Accounts receivable are reported at net realizable value Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts The allowance for doubtful collections are estimated based upon a periodic review of the accounts receivable aging, payor classifications and application of historical write-off percentages The costing methodology used in determining bad debts expense at cost and estimated amount of the organization's bad debt expense attributed to patients eligible under the Organization's charity care policy is bad debt expense times the cost to charge ratio In determining bad debt expense, patient liabilities are net of third-party payments and any patient payments The method the organization uses to determine the amount that reasonably could be attributed to patients who likely would qualify for financial assistance under the Hospital's charity care policy, but did not adequately complete the charity care paperwork We believe that a portion of our bad debts results from services provided to patients who meet the charity care guidelines but were unable or unwilling to provide the appropriate documentations to allow that classification These would be classified as bad debt expense times the cost to charge ratio to arrive at cost The organization accounts for discounts and payments on patient accounts as a reduction of revenue/accounts receivable and are not components of bad debt expense Evangelical Community Hospital provides care to all patients who need it, regardless of their ability to pay This is part of the hospital's mission

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 Evangelical Community Hospital participated in a five county (Snyder, Union, Montour, Northumberland, Columbia) community health needs assessment conducted by ACTION Health (represented by five area community hospitals, including Evangelical Community Hospital, and two universities) In February of 2009, ACTION Health formed a Needs Assessment Committee In May of 2009, the committee selected Geisinger Center for Health Research to conduct the assessment The assessment consisted of focus groups, community interviews, and a clustered randomized sample of county residents 3,300 surveys were returned, with a response rate of 36% Focus group and community interviews consisted of Hospital Stakeholders, and leaders within each county from the following organizations government, non-profit organizations, faith based organizations, schools, universities, and private businesses The Community Needs Assessment is made available to the community on the ACTION health website http //actionhealthpa org/blog/community-health-needs-assessment) Focus group findings varied somewhat from county to county and community to community However, a number of findings were consistent across the region 1 Medical care and specialty care residents have difficulty navigating the health care system This includes finding appropriate health care, particularly specialty care Moreover, participants noted that there is limited care available for those who are uninsured or who are under insured 2 Dental care for area residents is limited Particularly problematic for low-income residents and for those who do not have dental insurance There are few area dentists who accept state-assistance (Medicaid/CHIPS) as a form of payment for dental care and there is no dental care for low-income adults Children with state-funded insurance must often receive their dental care outside of the region, necessitating travel which may be a problem for families with no dependable transportation 3 Mental health and substance abuse treatment is limited There is limited availability of specialty services for substance abuse particularly Inpatient mental health services are limited and residents often do not know how to navigate the mental health care system 4 There is a general agreement that area residents do not know where to go to obtain information about availability of all kinds of social and support services Moreover, there is only limited coordination of information and services between agencies and organizations 5 Limited access to homeless shelters and transitional housing support 6 Need for health and consumer education and promotion of consumer literacy, health and wellness education, parenting, and prevention programs 7 Need for expanded public transportation While focus group participants acknowledged the tremendous work of the Union-Snyder Transportation Authority (USTA) and other similar transportation systems, there were general agreement that there remains a need for expanded public transportation 8 Limited food resources Participants noted that food pantries are difficult to locate and may be limited in their ability to meet the increasing demands for additional food support in the community 9 Need for affordable child care and child care for all work shifts There was significant concern at some focus group locations regarding the lack of 24-hour child care due to shift work required in some employment settings 10 Services and education designed for special groups including seniors, adolescents, grandparents raising grand children, non-English-speaking seniors Participants noted that these demographic groups have unique needs that may not be met by "one-size fits all" approaches currently in place The development of special programs for unique groups that reach out to these individuals may improve access 11 Rising unemployment was noted as the economic downturn reached this area The central concern for focus group members was the increasing population without health insurance and a middle class that was not schooled in accessing assistance, such as food pantry and utility assistance 12 Increase in domestic violence Again, in the current economic environment members expressed concerns about the increased reporting of domestic violence There was an expressed need for education strategies to promote stress management and other strategies for reducing interpersonal violence 13 Reduction in tobacco use, but continued need for affordable tobacco cessation programs Members suggested that tobacco cessation programs should be available in workplaces such as food sales environment and programs should be developed to target particular demographic groups 14 Computer access was viewed as potentially increasing disparity Many use the computer to access health information, social services and other resources Addressing computer access may include providing training for the use of the computer to navigate health and human services Evangelical Community Hospital has been a very active member of ACTION Health and now participates actively in ACTION Health Community Health Needs Assessment Committee This committee is a coalition of leaders that assist in making necessary program changes to promote a healthier community and address identified needs of the community Evangelical Community Hospital's Community Benefit Committee works cooperatively with others in the community to address the specific health needs identified in the health assessment The committee consists of hospital employees with diverse expertise from social services to fundraising, direct patient care to community health education The Community Benefit Committee has developed a strategic plan to address the needs as identified in the assessment and has prioritized the hospital's community programs to address these needs The Committee is leading the way for Evangelical's future in outreach, aid and support Hospital personnel were informed of the community needs and prioritized programs conducted in the hospital and the community to assist with addressing these needs The ACTION Health organization will be conducting the next needs assessment in 2012

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 charity care policy

Part VI, Line 3 As a community hospital, Evangelical is dedicated to improving the health and well-being of all its constituents Through the financial assistance program, medical care is provided regardless of a patient's ability to pay, insufficient health insurance or whether a government-sponsored program covers the full cost of services And as the country's economic future remains uncertain, Evangelical will continue to provide care for those who need it Evangelical will provide services at no charge or reduced charges to those who are financially unable to pay for those services Evangelical will not arbitrarily restrict the provisions of health services to certain individuals or groups Evangelical Community Hospital's Registration Department representatives inform our uninsured or under insured patients, of our financial assistance program Financial assistance applications are offered to these patient and in addition, they have the opportunity to call our financial counselor The financial counselor discusses the availability of various government benefits such as Medicaid or state programs to assist the patient with qualifications for these programs The financial counselor will also assist the patient in completing the proper paperwork for assistance The financial counselors and case management staff work closely to identify and assist eligible patients Our self-pay vendor also informs the patient that Evangelical has a financial assistance program and a financial counselor who will send them an application if requested Our third party vendor works on behalf of the organization to follow the hospital's policies regarding patient notification and the availability of financial assistance Evangelical's financial assistance policy is posted on the Evangelical Website (http //www evanhospital com/services/community_resources/charity_care) along with an application for patients to complete for financial assistance Evangelical Community Hospital will make available a written notice to each patient or their representative of the existence, criteria and mechanism for receiving Financial Assistance The Hospital will create and maintain records demonstrating that the required criteria and mechanism are established (Hospital will record any and all requests for Financial Assistance, the disposition and the dollar amount of Evangelical's Financial Assistance Program provided) In all instances, patient confidentiality will be protected Eligibility will be determined by comparing household family income against the income poverty guidelines Income is defined as the total annual cash receipts before taxes from all sources An individual notice of availability of Evangelical's Financial Assistance Program will be given to each patient or their representative prior to services being rendered, with the exception of emergency services These notices shall be available in all registration areas of the Hospital and shall include the most current available "Household Income Guidelines" as published in the Federal Register The Patient Accounts Director or his/her designee shall review all applications for the Evangelical Financial Assistance Program It is the applicant's responsibility to provide proof of income When language is a barrier, Evangelical offers a special interpreter conferencing telephone service Interpretation services are available for a multitude of patient/caregiver interactions When a non-English speaking patient, no matter his or her native tongue, calls in to the Hospital, he or she will be able to be understood through a telephone interpreter This is available for outbound calls to the patient as well The process contributes to improved patient care and clinical outcomes and makes a vital difference in the quality of service Evangelical is able to provide to non-English speaking patients

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

Part VI, Line 4 Evangelical Community Hospital (ECH) is located in Lewisburg, Pa (Union County), the heart of Central PA The Hospital is conveniently located off Interstate 80 on U S Route 15 ECH serves the residents of Union, Snyder & Northumberland counties and surrounding areas ECH is the 3rd largest employer in Union County with more than 1,200 employees According to the Hospital and Healthsystem Association of Pennsylvania, ECH's total impact on the regional economy tops more than $180 million ECH is a 127 licensed-bed acute care community hospital with over 1,200 employees and nearly 200 medical staff members ECH has a busy emergency department with over 31,500 visits in 2010 ECH has earned the Patient Safety Excellence Award four of the past five years from HealthGrades (a leading national independent healthcare ratings organization) which puts ECH in the top 5% of all hospitals in the country for patient safety, sharing this distinction with only 242 others The primary service area of residents of ECH includes 17810, 17812, 17843, 17813, 17730, 17827, 17829, 17831, 17876, 17833, 17835, 17837, 17749, 17842, 17844, 17845, 17847, 17850, 17853, 17855, 17856, 17857, 17861, 17862, 17864, 17865, 17086, 17870, 17801, 17880, 17882, 17772, 17883, 17777, 17886, 17887, 17885, 17889 Our secondary service area is from the following zip codes 16820, 17866, 17014, 17017, 17821, 17823, 17830, 17737, 17834, 17836, 17045, 17840, 17747, 17832, 17049, 17841, 17062, 17752, 17851, 17756, 17860, 17080, 16872, 17867, 17868, 17872, 17877, 17881, 17884, 16882 The region is home to several colleges, universities and technical schools as well as strong public school systems It has a very diverse history and rural appeal, yet features business and healthcare facilities using the latest advances in science and technology Additional hospitals in our region consist of Geisinger Medical Center, Sunbury Community Hospital (for-profit system), Shamokin Area Community Hospital, Susquehanna Health System, and Bloomsburg Hospital According to most national data collection efforts the region is primarily a rural region This is confirmed in respondent reports from the needs assessment About 61% of respondents in the region described their place of residence as rural Many participants responding to the community needs assessment reported significant barriers to accessing health care in their communities These were primarily related to lack of health care coverage, lack of understanding about how to navigate the healthcare system and where to go for help, transportation, low income and locating health care providers and paying for services-particularly dental care City-Data com for Union County indicates that the population consists of White Non-Hispanic (87 6%), Black (6 9%), Hispanic (3 9%), Two or more races (1 4%) The median resident age is 35 8 Estimated median household income in 2009 $49,803 Residents with income below the poverty level in 2009 8 8%Persons enrolled in hospital insurance and/or supplemental medical insurance (Medicare) in July 1, 2003 6,234 (5,612 aged, 622 disabled), Population without health insurance coverage in 2000 11%, Children under 18 without health insurance coverage in 2000 9%89 6% of residents of Union County speak English at home, 3 7% of residents speak Spanish at home, 5 7% of residents speak other Indo-European language at home, 0 8% of residents speak Asian or Pacific Island language at home, 0 2% of residents speak other language at home City-Data com for Snyder County indicates the population consists of White Non-Hispanic (97 4%), Hispanic (1 0%), Black (0 8%) The median resident age is 36 7 Estimated median household income in 2009 $44,426 Residents with income below the poverty level in 2009 9 9%Persons enrolled in hospital insurance and/or supplemental medical insurance (Medicare) in July 1, 2003 6,148 (5,230 aged, 918 disabled), Population without health insurance coverage in 2000 9%, Children under 18 without health insurance coverage in 2000 8%92 0% of residents of Snyder County speak English at home, 1 5% of residents speak Spanish at home, 6 3% of residents speak other Indo-European language at home, 0 2% of residents speak Asian or Pacific Island language at home, 0 1% of residents speak other language at homeCity-Data com for Northumberland County indicates that the population consists of White Non-Hispanic (96 6%), Black (1 5%), Hispanic (1 1%), Two or more races (0 6%) Estimated median household income in 2009 $37,602, Residents with income below the poverty level in 2009 11 9%, Persons enrolled in hospital insurance and/or supplemental medical insurance (Medicare) in July 1, 2003 19,762 (16,930 aged, 2,832 disabled)Population without health insurance coverage in 2000 10%, Children under 18 without health insurance coverage in 2000 8%, 95 6% of residents of Northumberland County speak English at home, 1 5% of residents speak Spanish at home, 2 6% of residents speak other Indo-European language at home, 0 3% of residents speak Asian or Pacific Island language at home, 0 1% of residents speak other language at home ECH operates an Emergency Department that is open to all persons regardless of their ability to pay for services We have open medical staff with privileges available to all qualified physicians in the area ECH has a Board of Directors in which independent community persons are represented ECH is affiliated with healthcare facilities, such as Geisinger Medical Center, to provide the best medical care for our patients ECH works with the following colleges Penn College, Central Susquehanna Intermediate Unit, Bloomsburg University, and Thomas Jefferson University to engage in training and education of health care professionals ECH provides financial aid to support students choosing the nursing profession through the Mae Keefer and Crystal Snyder Nursing Scholarship Fund ECH participates with the following major health plans Capital Blue Cross, Geisinger Health Plan, Highmark BlueShield, HealthAmerica/Health Assurance, Keystone Health Plan Central, and Medicare The Community Needs Assessment summarized the following regarding the demographics and needs of our community Nearly 39% of respondents were senior citizens, More than half of responses represent households with income of $40,000 per year or less, About one-third of area residents report that their financial circumstances are somewhat or much worse off compared to two years ago, While the educational levels of area residents are generally quite high due to the presence of occupations that require higher levels of education, about 1 out of 9 adults in the region do not have a high school diploma Those without a high school diploma have a significantly increased risk for unemployment, low income, and housing issues Most residents have lived in the area for ten or more years About 8 2% have moved two or more times in the past two years About two-thirds of households in the region have a computer in their home Among those with a computer, 74 0% use the computer daily Senior households are the least likely to report having a computer or using a computer regularly Community Cohesion - 91% of area residents indicated that they feel safe or very safe at home Senior residents are somewhat less likely to feel safe in their neighborhoods Residents who do not feel safe in their neighborhood are less likely to ask for assistance such as a ride to an appointment Tobacco and Alcohol Use - About 16% of area adults use tobacco products Two-thirds of these individuals have attempted to stop using tobacco Most adults in the region have used alcohol at some time in their lives About 6% of adults reported alcohol use consistent with binge drinking during the past thirty days One third of those who reported drinking five or more drinks the last time alcohol was consumed had problems associated with drinking such as family or legal problems Nearly 60% of these individuals believed that they had a drinking problem and nearly half of those who drank five or more drinks the last time they drank were unable to get help when sought during the past year Prevention and Healthy Lifestyles - Generally, there is a need for increased compliance with prevention and healthy lifestyle practices It appears that individuals with a chronic health condition are likely to have had many of the screening and prevention procedures that are indicated However, among those without a diagnosed health condition, and among those who are under age 65 years, there is a much lower rate of compliance with recommended evaluations and prevention activities SEE SCHEDULE O FOR CONTINUATION

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 As a fixture in the community for more than eight decades, Evangelical Community Hospital has proven its commitment to the Central Susquehanna Valley Beyond the daily care and healing of patients, the Hospital extends its reach outside its walls to provide prevention and wellness education to the wider community Outreach includes charity care, health education, subsidized programs and other benefits that support community partnerships The Community Benefit Committee was formed in 2010 to track the ways the Hospital gives back and to seek out new and interesting ways to extend its reach Members with diverse expertise, from social services to fundraising, direct patient care to community health education, the Committee is leading the way for Evangelical's future in outreach, aid and support Some of the programs included but are not limited to the following H1N1 prevention, education and immunizations for the business and school community,Community Recycling Event,Opportunity for future healthcare leaders to complete internship programs,Reminder phone calls to community women to schedule their mammograms and programs for those under and uninsured women,In 2010, our Child Safety Seat program replaced 58 faulty seats at no cost to our patients,our Men's and Women's Health Screenings served over 200 men and women who completed a yearly physical exam for minimal fee, scholarships were awarded to those who could not afford the fee, and 250 bike helmets were distributed in the community at no charge Grant was given to Evangelical for Emergency Preparedness in the amount of $45,196 This will be used for disaster planning and medical equipment and supplies for Disaster Preparedness at Evangelical The grant will be used to train staff in disaster preparedness An ample supply of tamiflu was purchased in 2010 to combat the H1N1 influenza Additionally monies were used to renovate the Haz-Mat Room in the Emergency Department The Center for Breast Health received $25,000 in grant monies to contact women in the Lycoming County area and encourage them to schedule their mammogram The grant was funded by the Williamsport Lycoming Community Foundation This money will also help to provide free mammograms to uninsured or underinsured women in Lycoming County Additionally, The Center received the Susan G Komen Grant, in the amount of $20,000 to help meet the needs of the underinsured women in our community that qualified for a mammogram or diagnostic breast studies More than 200 women participated in this program The American Cancer Society provided the hospital with $1000 grant for the I Can Cope for the Breast Cancer Survivor The Hospital's Cancer Committee identified lack of area resources for "cancer survivors" The I Can Cope program provided the twenty women with a 4-week program in educating them on community resources and living with breast cancer In 2010, Evangelical Community Hospital has kicked off a multi-million-dollar construction project that will expand and renovate its current operating rooms to accommodate some of the most up-to-date and advanced surgical technologies The expansion also will include an addition to the Hospital's cardiovascular services and support to introduce interventional cardiac procedures at Evangelical Community Hospital Grants to support this project included the following The Stabler Foundation $200,000, Charles Foundation $25,000, Ralph and Josephine Smith Fund at the First Community Foundation, $25,000 The new surgical suite will be built bringing the total number of operating rooms from six to eight Each of the eight rooms will be 63 percent larger than the current ORs Space currently occupied by the existing operating rooms will be renovated and will provide for much-needed support services such as locker rooms, physician consultation areas, and storage In 2009, the Hospital introduced some new surgical procedures including an ear, nose, and throat (ENT) procedure called balloon sinuplasty for sinusitis sufferers, total laparoscopic hysterectomies for gynecological patients, and gastric banding surgery for severely overweight patients Within the next few months we will begin performing radiation seed implant surgery for prostate cancer patients In total our surgeons performed 5,574 procedures in 2009 The Central Susquehanna Valley United Way and Lou Harris Funds granted the hospital $6,000, towards hospice patient care and funds for families who were unable to pay for their care The Sixth Annual Tell-A-Friend Mammathon, a joint effort between Evangelical Community Hospital's Thyra M Humphreys Center for Breast Health and the American Cancer Society, placed over 6,400 calls During the event, 197 women made appointments at the Center for Breast Health for their annual mammogram, and nearly 2,000 made a commitment to schedule their exams either at the Center or at another facility Roche Pharmaceuticals provided $2,000 to assist with the program costs State Farm and Evangelical work together each year to educate families and inspect child safety seats through their Child Seat Safety Program Day held at our local shopping mall $1,800 was given to Evangelical to replace more than eighteen outdated and unsafe seats to families as well as provide them with educational materials Evangelical Community Hospital was pleased to be the first hospital in the nation, and the first organization in Pennsylvania, to offer Germ City "Germ City Clean Hands, Healthy People" uses an entertaining technique to help children, parents and teachers look differently at an invisible problem germs The hands-on experience lets everyone examine the effects of improper hand washing in a new light The focal point of the Germ City program is a large, walk-through tunnel equipped with black lights Participants apply black-light-sensitive lotion and enter the tunnel, seeing pretend germs on their hands After initial observation, participants wash their hands normally, re-visit Germ City, and assess the effectiveness Sometimes they are pleased with their hand washing, other times they are not It's a "hands-on" experience Everyone has an opportunity to learn about the importance of frequent, effective hand washing and see immediate results More than 4,000 students in the local schools were educated on proper hand washing and traveled through Germ City $25,000 was given to the hospital from The Degenstein Foundation The monies were use for hospital medical equipment-glide scope, stretcher, bladder scanner, and reference materials for health care professional education PPL Electric Company gave the Hospital a $24,000 grant for improvements in the hospital security system and to purchase the C-Cure 9000 Security Management System This technology will be used to restrict access to certain areas of the hospital

6 Provide any other information important to describing how the organization's hospitals 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)

Part VI, Line 6 Evangelical has a total of 127 patient beds and 18 bassinets There are nearly 200 physicians on the Medical Staff, and nearly 900 clinical employees, including lab technicians, nurses and nursing assistants, physical, occupational and speech therapists, radiology technicians, phlebotomist, and countless other personnel, highly trained and expertly skilled to give you the best possible care, both on an inpatient and outpatient basis The hospital 1 Has an open medical staff with privileges available to all qualified physicians in the area Evangelical has nearly 200 employed and non-employed physicians on its medical staff 2 Has a governing body in which independent persons representative of the community 3 Operates an Emergency Department that is open to all persons regardless of their ability to pay for services 4 Is affiliated with health care facilities, such as Geisinger Medical Center, to provide the best medical care for our patients 5 Has a Board of Directors made up of people who reside within the community they serve and volunteer their time because of their concern for the hospital and the community7 Created a Bio ethics Committee which is composed of volunteer members of the medical field, nursing, social service, pastoral care staffs and other health care professionals within the Hospital, as well as volunteers from the community at large8 Supports the hospital plant by using surplus funds through the operational and capital budget process to enhance/maintain the facility to meet current governmental required safety codes 9 Fundraises through the hospital's development department The fundraising provides programming such as the Child Safety Seat program along with the major renovations such as Surgical and Cardiac expansion project 10 "Speakers Bureau" is to provide the community with an opportunity to become better acquainted with our physicians and staff members and to become better educated in health-oriented topics Members of Evangelical's "Speakers Bureau" are available to provide a wide range of interesting programs regarding health information, health care advances, or health education and career opportunities for any group, large or small, service club, church group or business organization Our speakers include physicians, nurses, social workers, therapists and other Hospital staff members 11 Evangelical Community Hospital participates with five area community hospitals, including Evangelical Community Hospital, and two universities to identify community needs and addresses the community concerns 11 "Community Health Education" at Evangelical Community Hospital is devoted to prevention, early intervention and health education--the forerunners of health care today "Community Health Education" provides an array of health screenings, health fairs, lectures and support groups We offer programs for people of all ages including children, parents, parents-to-be and grandparents Evangelical is committed to "taking care of our community" and believes that by enhancing awareness and creating an environment that supports good health practices, we can make a difference in many lives today and in the future Among our many activities in a year, "Community Health Education" provided more than 2,500 flu vaccinations 1,400 children and their families attended the Annual Children's Health Fair These are only a few of the activities held each year to not only make community members' lives healthier and fuller but also to help save them Through our programs we are able to identify persons at risk for a stroke, heart attack, diabetes, prostate cancer and breast cancer, as well as other health risks or injuries 12 The Thyra M Humphreys Center for Breast Health at Evangelical Community Hospital is a comprehensive, multi disciplinary breast care program, offering a full spectrum of clinical and support services, from screening and diagnosis to treatment and counseling The Center provides innovative, integrated, high quality care delivered in an atmosphere that has been designed with women in mind

7 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 communites served

Part VI, Line 7 The organization is part of an affiliated health care system due to the Hospital having common governance and control for Evangelical Medical Services Organization and Evangelical Community Hospital Pharmacy & Homecare Products Evangelical Medical Services Organization provide healthcare services in the form of Primary and Specialty Care physician's to the community Homecare Pharmacy provided an outpatient pharmacy service to the community until it's closure in October 2009 Homecare Products provide durable medical equipment and oxygen to the support the community needs

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☑

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

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance
NURSING SCHOLARSHIPS	11	20,500		FMV	N/A
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL N O'KEEFE	(i)	259,789	0	0	38,272	40,704	338,765	0
	(ii)	0	0	0	0	0	0	0
CHRISTINE M MARTIN	(i)	175,600	0	0	23,768	29,614	228,982	0
	(ii)	0	0	0	0	0	0	0
J LAWRENCE GINSBURG	(i)	329,001	0	0	44,622	55,394	429,017	0
	(ii)	0	0	0	0	0	0	0
Richard E Smith Jr	(i)	156,165	0	0	20,698	26,776	203,639	0
	(ii)	0	0	0	0	0	0	0
kendra A aucker	(i)	158,532	0	0	8,386	39,808	206,726	0
	(ii)	0	0	0	0	0	0	0
MARK K KRAMMES	(i)	237,441	0	0	0	72,182	309,623	0
	(ii)	0	0	0	0	0	0	0
LORI K GOODLING	(i)	221,665	0	0	0	67,386	289,051	0
	(ii)	0	0	0	0	0	0	0
RAYMOND J TOMASZEWSKI	(i)	205,363	0	0	0	62,430	267,793	0
	(ii)	0	0	0	0	0	0	0
BRADLEY P BOWER	(i)	202,589	0	0	0	61,587	264,176	0
	(ii)	0	0	0	0	0	0	0
sandra s walker	(i)	229,115	0	0	0	69,651	298,766	0
	(ii)	0	0	0	0	0	0	0
SCOTT W PETERSON	(i)	267,711	0	0	0	0	267,711	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 4a	Scott W Peterson received $77,303 of severence payments Michael P Pierce received $ 53,568 of payment from a supplemental nonqualified retirement plan Scott W Peterson received $135,716 of payment from a supplemental nonqualified retirement plan

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	union county hospital authority	23-2739624	906460CU2	05-01-2009	12,795,000	SERIES OF 2009 BONDS - FUND CONSTRUCTION & RENOVATIONS PROJECTS		X		X
B	union county hospital authority	23-2739624	906460CT5	08-01-2004	23,660,000	SERIES OF 2004 BONDS - FUND CONSTRUCTION & RENOVATIONS PROJECTS		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	12,795,000	23,660,000			
2	Gross proceeds in reserve funds	1,753,500	1,753,500			
3	Proceeds in refunding or defeasance escrows	12,795,000	6,868,000			
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	15,038,500	15,038,500			
8	Year of substantial completion	2001	2004			

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X	X							
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X						
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 320 %		0 320 %						
6	Total of lines 4 and 5		0 320 %		0 320 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X			X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
JOHN D GRIFFITH	DIRECTOR OF THE BOARD	420,530	JOHN D GRIFFITH LEASES PROPERTY TO THE HOSPITAL AT AN ARM'S LENGTH TRANSACTION		No
JAMES W MORGAN JR MD	DIRECTOR OF THE BOARD	245,975	PAYMENT OF COMPENSATION		No
MARK VAN BLARGAN ESQ	SOLICITOR	235,000	MARK VAN BLARGAN WORKS AT MCNEES, WALLACE AND NURICK WHO PROVIDE LEGAL SERVICES TO THE HOSPITAL THESE TRANSACTIONS ARE PROVIDED ON AN ARM'S LENGTH BASIS		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art	X	1	5,000	FMV
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (Advertisement Space)	X	2	15,313	FMV
26	Other ▸ (flowers)	X	2	12,500	FMV
27	Other ▸ (Accomodations)	X	1	8,400	fmv
28	Other ▸ (Fundraising prizes)	X	176	48,048	fmV

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Identifier	Return Reference	Explanation
Form 990, Part III, line 3	Changes in Program Services	Home Health ceased operations in November 2009
Form 990, Part VI, Section A, line 2		James Apple is the father of Tim Apple and both serve on the board Robert Gronlund is the father of Brooks Gronlund and both serve on the board
Form 990, Part VI, Section B, line 11		Form 990 was reviewed by the Finance Department with the Audit Committee at an Audit Committee meeting prior to filing
Form 990, Part VI, Section B, line 12c		A CONFLICT OF INTEREST STATEMENT IS REQUIRED TO BE SIGNED ANNUALLY BY ALL VOTING BOARD MEMBERS, UPPER MANAGMENT, AND KEY EMPLOYEES THE HUMAN RESOURCES DEPARTMENT MONITORS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY VERIFYING ALL FORMS ARE COMPLETED AND SIGNED HR MAINTAINS COPIES OF ALL COMPLETED CONFLICT OF INTEREST STATEMENTS MEMBERS WITH CONFLICTS ARE REQUIRED TO ABSTAIN FROM VOTING A BEING A PART OF ACTIVE DISCUSSIONS WHERE THEY ARE IN DIRECT CONFLICT ANYONE IN VIOLATION OF THE CONFLICT OF INTEREST POLICY IS ASKED TO STEP DOWN FROM THE BOARD
Form 990, Part VI, Section B, line 15		The Board's Executive Compensation Committee, which is composed solely of independent members of the Board, has adopted and follows a process for reviewing and determining the compensation of the CEO and the executive management team The executive management team consists of the following positions Chief Operating Officer, Chief Financial Officer, Vice President of Medical Affairs, Vice President, Nursing, Vice President, Development, Vice President, Human Resources, Chief Information Officer, Vice President, Subsidiary Operations The Committee has engaged an independent compensation consultant to provide information and advice to the Committee, including but not limited to, providing independent compensation comparability data for functionally comparable positions in similarly situated hospitals The data is provided on an annual basis and is reviewed by the Committee, along with other information, prior to approving any changes to compensation The independence of the Committee's members is reviewed and verified prior to the start of the annual compensation review process Should a conflict present, those individuals with actual or perceived conflicts abstain from voting until such time as the conflict can be resolved or a replacement member is appointed to the Committee The Committee's deliberations and decisions are guided by a written compensation philosophy and documented through written minutes taken during each meeting The minutes include, among other things, the written materials distributed or presented during the meeting and the specific decisions taken at the meeting
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy and financial statements are made available to the public upon request
		FORM 990, SCHEDULE H, PART VI, LINE 4 Additionally, those who have no health insurance are less likely to have these prevention and screening procedures * Influenza vaccines were more likely among seniors and those with insurance * Less than two-thirds of adults who do not have hypertension (high blood pressure) reported a blood pressure check in the past year * Most young adults did not plan to get the H1N1 vaccine during the height of the influenza outbreak * About 37% of area adults do not exercise regularly each week An additional one-third exercise one to three days each week While the remaining 31% exercise four or more days each week * Most residents report walking as their usual exercise Thus, promoting healthy walkable communities should be an important public health agenda item for the region * Household income was associated with the ability to afford a healthy diet Nearly 7% of low income families are often or very often unable to afford a healthy diet Households with children were more likely to report that they could not afford fresh fruits and vegetables Health Status The most prevalent chronic health conditions reported by adults included High blood pressure Arthritis Diabetes Anxiety and depression Heart disease High blood pressure is most prevalent among adults over the age of 44 years, while anxiety and depression is most prevalent among 18-44 year olds About 13% of respondents met criteria for serious psychological distress These individuals may have need for treatment for conditions such as depression or anxiety Access to Health Care and Health Information About 90% of area residents have a usual source of health care However, among those residents who do not have health insurance, nearly 41% reported that they did not have a usual source of care More than 5% of area residents are unable to afford prescribed medicines often or very often Uninsurance status reduces the likelihood that a resident of the area will have seen a health care provider in the past two years Most area residents obtain health information from their health care provider However, more than 40% obtain some health information from the internet Community Problems The most significant community problems noted by area residents included Unemployment Domestic violence Child abuse Drug abuse Underage drinking Affordable childcare Personal and Household Needs during the past year Among the services or assistance that area residents were reported having difficulty accessing was * Paying for prescription medication, mental health services, dental care, and medical care * Finding mental health care, substance abuse treatment, dental care, medical care and childcare * Locating or applying for social services, food pantry and other food assistance, heating assistance, legal assistance, and adult Access Conclusion Themes across the focus groups, interviews and surveys were similar There is considerable work to be done by area agencies and organization There is a significant need for health and wellness education and support and promotion of wellness education and physical activity A very clear need is present in helping area residents navigate the health care and social service system There is no clear road map for area residents in locating services For example, there is not a listing in the phone book or on the internet for food banks The greatest needs appear to be in obtaining health and dental care for low income and uninsured residents The problem is a multi-level problem that begins with locating providers and is closely followed by negotiating payment strategies for services It is unlikely that these problems can be resolved by one organization but may offer opportunities for partnership across many organizations Prevention and education for substance use disorders and tobacco use is one of many issues that will require the development of strategies for reaching many different constituencies A frequently noted concern in the focus groups was that a minority population was not reached by existing services These populations included seniors, teens, immigrant populations, and others Education for consumer issues as well as health issues cannot be assumed to be "one size fits all" and must be tailored to populations of need Evangelical is collaborating with area hospitals-through "ACTION Health" along with several community organizations to use this data to develop partnerships for meeting the needs of area residents Our strategic plan calls for expanding programs and services to address Community needs and growing outreach efforts to under served communities

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
EVANGELICAL AMBULATORY SURGICAL CENTER LLC 210 JPM ROAD LEWISBURG, PA17837 23-3021240	HEALTHCARE	PA	N/A	INVESTMENT	192,187	907,003		No			No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CENTRAL SUSQUEHANNA HEALTHCARE PROVIDERS INC ONE HOSPITAL DRIVE LEWISBURG, PA17837 23-2452170	MEDICAL SERVICES	PA	N/A	C	17,698	173,700	50 000 %
ECH PHARMACY & HOMECARE PRODUCTS INC oNE HOSPITAL DRIVE IEWISBURG, PA17837 23-2353576	SALES OF MEDICAL DRUGS AND SUPPLIES	PA	EVANGELICAL MEDICAL SERVICE ORGANIZATION	C	332,961	2,762,497	
EVANGELICAL MEDICAL SERVICE ORGANIZATION oNE HOSPITAL DRIVE IEWISBURG, PA17837 23-2809429	MEDICAL SERVICES	PA	N/A	C	15,456,544	7,676,576	100 000 %

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	EVANGELICAL MEDICAL SERVICES ORGANIZATION	D	72,338
(2)	EVANGELICAL MEDICAL SERVICES ORGANIZATION	B	2,745,000
(3)	EVANGELICAL COMMUNITY HOSPITAL PHARMACY & HOME CARE PRODUCTS INC	D	92,365
(4)	EVANGELICAL MEDICAL SERVICES ORGANIZATION	P	2,258,610
(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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Software ID:
Software Version:
EIN: 24-0795411
Name: EVANGELICAL COMMUNITY HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
James Apple Director emeritus	1 00	X						0	0	0
Martha Barrick chairperson	1 00	X						0	0	0
Carol Graybeal Director	1 00	X						0	0	0
JOHN Griffith VICE CHAIRPERSON	1 00	X						0	0	0
ROBERT GRONLUND Director	1 00	X						0	0	0
Roger Haddon Jr Director	1 00	X						0	0	0
James Morgan Jr MD Director	1 00	X						0	0	0
Fredrik Paulsen Jr Director	1 00	X						0	0	0
W GALE REISH MD Director	1 00	X						0	0	0
SUSAN FORGETT RHEAM CPA Director	1 00	X						0	0	0
Norman Rich Director	1 00	X						0	0	0
DOUGLAS SPOTTS MD Director	1 00	X						0	0	0
Michael Wimer Director	1 00	X						0	0	0
MARK VAN BLARGAN ESQ SOLICITOR	1 00	X						0	0	0
SARA KIRKLAND DIRECTOR EMERITUS	1 00	X						0	0	0
Henry A Truslow IV Director	1 00	X						0	0	0
JOHN MATHIAS DIRECTOR EMERITUS	1 00	X						0	0	0
Julie Barna DMD Director	1 00	X						0	0	0
tim apple director	1 00	X						0	0	0
brooks gronlund director	1 00	X						0	0	0
john meckley esq director	1 00	X						0	0	0
julia redcay DO director	1 00	X						0	0	0
john e rice md director	1 00	X						0	0	0
russell stankiewicz md ex-officio	1 00	X						0	0	0
jeanette williams ex-officio	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MICHAEL N O'KEEFE PRESIDENT/CEO	40 00			X				259,789	0	78,976
CHRISTINE M MARTIN CFO/TREASURER	40 00			X				175,600	0	53,382
james a stopper controller/ interim cfo	40 00			X				94,604	0	28,760
J LAWRENCE GINSBURG VP MEDICAL AFFAIRS	40 00				X			329,001	0	100,016
Richard E Smith Jr Chief Operating Officer	40 00				X			156,165	0	47,474
kendra A aucker VP Subsidiary Operations	40 00				X			158,532	0	48,194
MARK K KRAMMES CHIEF CRNA	47 00					X		237,441	0	72,182
LORI K GOODLING NURSE ANESTHETIST	47 00					X		221,665	0	67,386
RAYMOND J TOMASZEWSKI NURSE ANESTHETIST	46 00					X		205,363	0	62,430
BRADLEY P BOWER NURSE ANESTHETIST	44 00					X		202,589	0	61,587
sandra s walker NURSE ANESTHETIST	48 00					X		229,115	0	69,651
MICHAEL P PIERCE Former VP HUMAN RESOURCE	40 00						X	68,512	0	0
SCOTT W PETERSON Former CIO	40 00						X	267,711	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT	4,949,924	4,949,924		
LICENSES & fees	3,372,561	2,350,607	1,021,854	100
federal & state taxes	271,150		271,150	
contRAST MEDIA	241,251	241,251		
EMPLOYEE & PHYSICIAN RE	212,764	382	212,382	