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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

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 province, country, and ZIP or foreign postal code
LEWISBURG, PA 17837

D Employer identification number
24-0795411

E Telephone number
(570) 522-2741

G Gross receipts $ 211,189,872

F Name and address of principal officer
KENDRA AUCKER
ONE HOSPITAL DRIVE
LEWISBURG, PA 17837

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW EVANHOSPITAL COM

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

L Year of formation 1926

M State of legal domicile PA

Part I Summary

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	1,619
6	Total number of volunteers (estimate if necessary)	**6**	476
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	5,237,349
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	654,417

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,477,137	1,974,449
9	Program service revenue (Part VIII, line 2g)	162,075,899	171,481,635
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,125,488	5,791,811
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,765,700	7,134,452
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	175,444,224	186,382,347
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	77,100	76,100
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	75,745,702	78,596,865
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶459,514		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	77,728,313	78,790,035
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	153,551,115	157,463,000
19	Revenue less expenses Subtract line 18 from line 12	21,893,109	28,919,347

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	261,612,869	272,520,113
21	Total liabilities (Part X, line 26)	81,614,982	81,341,569
22	Net assets or fund balances Subtract line 21 from line 20	179,997,887	191,178,544

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

****** | 2016-04-15
Signature of officer | Date

JAMES STOPPER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIUS C GREEN CPA JD	JULIUS C GREEN CPA JD			P00350393

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP | Firm's EIN ▶ 39-0859910

Firm's address ▶ 1650 MARKET STREET SUITE 4500
PHILADELPHIA, PA 19103 | Phone no (215) 972-0701

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WE WILL PROVIDE EXCEPTIONAL HEALTHCARE, ACCESSIBLE TO ALL, IN THE SAFEST AND MOST COMPASSIONATE ATMOSPHERE POSSIBLE OUR VISION WE WILL BE OUR COMMUNITY'S HEALTHCARE PROVIDER OF CHOICE BY PATIENTS, PHYSICIANS AND EMPLOYEES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 128,432,817 including grants of $ 76,100) (Revenue $ 171,743,628)

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 132 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** ▶ 128,432,817

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	43		
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	1,619		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**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**		Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JAMES STOPPER CPA

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,299,060	0	524,574

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 120

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUANDEL CONSTRUCTION GROUP INC 3003 NORTH FRONT ST SUITE 2-1 HARRISBURG, PA 171101224	CONSTRUCTION	1,487,232
HBCS 118 LUKENS DRIVE NEW CASTLE, DE 197202727	MANAGEMENT SERVICES	1,186,364
INTERIOR CONSTRUCTION SPEC 339 E SOUTHERN AVE PO BOX 5128 SOUTH WILLIAMSPORT, PA 17702	CONSTRUCTION	891,481
PARIS COMPANIES PO BOX 1043 67 HOOVER AVE DUBOIS, PA 158011043	LAUNDRY SERVICES	659,856
RPI CONSULTANTS 101 N HAVEN STE 201 BALTIMORE, MD 21224	CONSULTING SERVICES	641,478

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 114

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	151,105			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	314,399			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,508,945			
	g	Noncash contributions included in lines 1a-1f $		33,836			
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,974,449			
Program Service Revenue			Business Code				
	2a	ECH NET PATIENT SERVICE REV	621400	171,052,259	171,052,259		
	b	EASC NET PATIENT SERVICE REVENUE	621400	429,376	429,376		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		171,481,635			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,516,965			2,516,965
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a	Gross rents	2,222,746					
	b	Less rental expenses	2,401,856					
	c	Rental income or (loss)	-179,110					
	d	Net rental income or (loss) . . . . . ▶		-179,110			-179,110

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	25,545,971	2,250			
	b	Less cost or other basis and sales expenses	22,273,278	97			
	c	Gain or (loss)	3,272,693	2,153			
	d	Net gain or (loss) . . . . . ▶		3,274,846			3,274,846
	8a	Gross income from fundraising events (not including $ 151,105 of contributions reported on line 1c) See Part IV, line 18 . . a	80,600				
	b	Less direct expenses . . . b	132,294				
	c	Net income or (loss) from fundraising events . . ▶		-51,694			-51,694
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	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 . . ▶					

Other Revenue		Miscellaneous Revenue	Business Code				
	11a	LABORATORY SERVICES	621500	3,427,137		3,427,137	
	b	BILLING FEES FROM AFFILIATE	541900	1,165,988		1,165,988	
	c	CAFETERIA AND VENDING MACHINE SAL	722210	500,509			500,509
	d	All other revenue		2,271,622	261,993	644,224	1,365,405
	e	**Total.** Add lines 11a–11d . . . . . ▶		7,365,256			
	12	**Total revenue.** See Instructions . . . . . ▶		186,382,347	171,743,628	5,237,349	7,426,921

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22	76,100	76,100		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,379,432	774,786	2,604,646	
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	59,317,044	49,483,685	9,651,715	181,644
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,381,305	1,355,471	21,446	4,388
9 Other employee benefits	10,176,732	8,415,608	1,727,052	34,072
10 Payroll taxes	4,342,352	3,596,721	733,270	12,361
11 Fees for services (non-employees)				
a Management				
b Legal	325,571		324,958	613
c Accounting	144,106	29,443	114,663	
d Lobbying	5,653		5,653	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	391,403	11,945	379,458	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,129,661	3,924,709	5,112,293	92,659
12 Advertising and promotion	664,991	18,564	646,427	
13 Office expenses	7,065,849	4,497,906	2,552,017	15,926
14 Information technology	4,938,093	1,005,912	3,905,123	27,058
15 Royalties				
16 Occupancy	2,802,843	2,802,843		
17 Travel	140,353	101,112	36,884	2,357
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	219,184	113,927	100,935	4,322
20 Interest	2,277,868	2,277,868		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,005,146	11,005,146		
23 Insurance	748,581	748,581		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FEDERAL TAXES	271,207		271,207	
b MEDICAL SUPPLIES	24,051,196	24,007,640	43,556	
c BAD DEBT EXPENSE	10,910,528	10,910,528		
d MA MODERNIZATION	1,296,591	1,296,591		
e All other expenses	2,401,211	1,977,731	339,366	84,114
25 **Total functional expenses.** Add lines 1 through 24e	157,463,000	128,432,817	28,570,669	459,514
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,570	1	3,803
	2	Savings and temporary cash investments		24,058,903	2	26,138,729
	3	Pledges and grants receivable, net		449,410	3	88,068
	4	Accounts receivable, net		14,319,684	4	15,764,986
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,370,070	7	5,722
	8	Inventories for sale or use		3,525,864	8	3,649,366
	9	Prepaid expenses and deferred charges		2,613,212	9	2,882,229
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 238,304,362			
	b	Less accumulated depreciation	10b 116,724,619	118,731,707	10c	121,579,743
	11	Investments—publicly traded securities		83,686,070	11	86,180,451
	12	Investments—other securities See Part IV, line 11		3,205,125	12	3,670,701
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		3,175,259	14	3,175,259
	15	Other assets See Part IV, line 11		6,474,995	15	9,381,056
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		261,612,869	16	272,520,113
Liabilities	17	Accounts payable and accrued expenses		17,369,328	17	19,826,297
	18	Grants payable			18	
	19	Deferred revenue		28,492	19	38,311
	20	Tax-exempt bond liabilities		45,894,698	20	43,973,897
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		594,424	23	515,909
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		17,728,040	25	16,987,155
	26	**Total liabilities.** Add lines 17 through 25		81,614,982	26	81,341,569
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		172,260,702	27	184,476,058
	28	Temporarily restricted net assets		1,863,475	28	995,670
	29	Permanently restricted net assets		5,873,710	29	5,706,816
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		179,997,887	33	191,178,544
	34	Total liabilities and net assets/fund balances		261,612,869	34	272,520,113

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	186,382,347
2	Total expenses (must equal Part IX, column (A), line 25)	2	157,463,000
3	Revenue less expenses Subtract line 2 from line 1	3	28,919,347
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	179,997,887
5	Net unrealized gains (losses) on investments	5	-2,890,362
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-14,848,328
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	191,178,544

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		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		

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL N O'KEEFE UNTIL 63015 PRESIDENT/CEO (NON-VOTING)	40 00 1 00	X		X				403,880	0	104,717
(1) JOHN D GRIFFITH DIRECTOR	1 00 0 10	X						0	0	0
(2) TIM APPLE DIRECTOR	1 00 0 10	X						0	0	0
(3) JULIE BARNA DMD VICE CHAIR	1 00 0 10	X		X				0	0	0
(4) BROOKS GRONLUND DIRECTOR	1 00 0 10	X						0	0	0
(5) ROBERT L GRONLUND DIRECTOR	1 00 0 10	X						0	0	0
(6) ROGER S HADDON JR CHAIR	1 00 0 10	X		X				0	0	0
(7) AMANDA KESSLER ESQ DIRECTOR	1 00 0 10	X						0	0	0
(8) LINDA KORB PHD NCPSYA DIRECTOR	1 00 0 10	X						0	0	0
(9) JOHN MECKLEY ESQ DIRECTOR	1 00 0 10	X						0	0	0
(10) FREDRIK B PAULSEN JR DIRECTOR	1 00 0 10	X						0	0	0
(11) JANICE OMLOR DO DIRECTOR	1 00 0 10	X						0	0	0
(12) W GALE REISH MD DIRECTOR	1 00 0 10	X						0	0	0
(13) J DONALD STEELE JR DIRECTOR	1 00 0 10	X						0	0	0
(14) JOHN E RICE MD DIRECTOR/PHYSICIAN	1 00 39 10	X						233,700	0	26,317
(15) DENNIS SWANK DIRECTOR	1 00 0 10	X						0	0	0
(16) HENRY A TRUSLOW IV DIRECTOR	1 00 0 10	X						0	0	0
(17) P RONALD ZUG MD DIRECTOR/PHYSICIAN	1 00 39 10	X						57,223	0	5,184
(18) KENDRA A AUCKER PRESIDENT/CEO (NON-VOTING)	40 00 1 00			X				280,987	0	61,711
(19) JAMES A STOPPER TREASURER/CFO	40 00 1 00			X				283,017	0	45,918
(20) J LAWRENCE GINSBURG VP MEDICAL AFFAIRS	40 00				X			632,212	0	81,401
(21) PAUL E TARVES VP OF NURSING	40 00				X			195,088	0	46,886
(22) DALE E MOYER CHIEF INFORMATION OFFICER	40 00				X			178,768	0	46,674
(23) MARK K KRAMMES DIR OF PERI-ANESTHESIA	40 00					X		240,698	0	29,900
(24) SANDRA S WALKER NURSE ANESTHETIST	45 00					X		211,405	0	8,977

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) LORI K GOODLING NURSE ANESTHETIST	45 00					X		205,426	0	8,771
(1) BRADLEY P BOWER NURSE ANESTHETIST	43 00					X		185,378	0	28,828
(2) RAYMOND J TOMASZEWSKI NURSE ANESTHETIST	45 00					X		191,278	0	29,290

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2014

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 described in **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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
EVANGELICAL COMMUNITY HOSPITAL	24-0795411

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		5,653
j	Total Add lines 1c through 1i			5,653
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	A PERCENTAGE OF ANNUAL HAP DUES WAS USED FOR LOBBYING, THIS AMOUNTED TO $5,653 FOR THE FISCAL YEAR

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	5,428,211	4,590,433	3,717,474	3,351,677	2,853,652
b	Contributions	349,586	322,276	700,530	114,280	380,340
c	Net investment earnings, gains, and losses	177,781	635,909	280,387	341,323	207,310
d	Grants or scholarships	20,915	19,298	22,640	15,894	16,598
e	Other expenditures for facilities and programs	84,049	79,509	67,350	60,316	67,522
f	Administrative expenses	23,662	21,600	17,968	13,596	5,505
g	End of year balance	5,826,952	5,428,211	4,590,433	3,717,474	3,351,677

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

- a Board designated or quasi-endowment ▶ 64 400 %
- b Permanent endowment ▶ 35 600 %
- c Temporarily restricted endowment ▶

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

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

		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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,580,048		7,580,048
b Buildings		114,364,658	36,621,923	77,742,735
c Leasehold improvements		2,216,506	742,143	1,474,363
d Equipment		103,660,804	76,650,646	27,010,158
e Other		10,482,346	2,709,907	7,772,439
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				121,579,743

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

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

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
BLUE CROSS CURRENT FINANCING ADVANCE	1,057,190
ACCRUED POSTRETIREMENT BENEFIT COSTS	6,770,928
ESTIMATED MEDICAL MALPRACTICE CLAIMS LIABILITY	1,088,008
CHARITABLE GIFT ANNUITIES PAYABLE	248,127
DEFERRED COMPENSATION	2,048,728
CAPITAL LEASE OBLIGATION	1,530,546
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	3,121,898
DUE TO AFFILIATES	1,121,730
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	16,987,155

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	159,887,821
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-2,890,362		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-25,758,856		
e	Add lines **2a** through **2d**			2e	-28,649,218
3	Subtract line **2e** from line **1**			3	188,537,039
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	379,458		
b	Other (Describe in Part XIII)	4b	-2,534,150		
c	Add lines **4a** and **4b**			4c	-2,154,692
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	186,382,347

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	148,707,164
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	2,534,150		
e	Add lines **2a** through **2d**			2e	2,534,150
3	Subtract line **2e** from line **1**			3	146,173,014
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	379,458		
b	Other (Describe in Part XIII)	4b	10,910,528		
c	Add lines **4a** and **4b**			4c	11,289,986
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	157,463,000

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	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, LINE 2	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 2015 OR 2014 THE HOSPITAL'S FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) AND THE FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS (FORM 990-T) FOR THE YEARS ENDING PRIOR TO JUNE 30, 2011 NO LONGER REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE ("IRS")
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT -12,276 VALUATION LOSS -191,483 POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT -444,569 PROVISION FOR BAD DEBT (NETTED ON F/S) -10,910,528 EQUITY TRANSFER TO AFFILIATE -14,200,000
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -2,401,856 SPECIAL EVENTS EXPENSE -132,294
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 2,401,856 SPECIAL EVENTS EXPENSE 132,294
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBT (NETTED ON F/S) 10,910,528

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

1	**(a)** Description of Liability	**(b)** Book Value
	BLUE CROSS CURRENT FINANCING ADVANCE	1,057,190
	ACCRUED POSTRETIREMENT BENEFIT COSTS	6,770,928
	ESTIMATED MEDICAL MALPRACTICE CLAIMS LIABILITY	1,088,008
	CHARITABLE GIFT ANNUITIES PAYABLE	248,127
	DEFERRED COMPENSATION	2,048,728
	CAPITAL LEASE OBLIGATION	1,530,546
	ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	3,121,898
	DUE TO AFFILIATES	1,121,730

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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.**

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

OMB No 1545-0047

2014

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 email 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 services? ☐ **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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

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

		(a) Event #1 2015 GALA (event type)	(b) Event #2 2014 GOLF TOURNAMENT (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	151,627	57,745	22,333	231,705
	2 Less Contributions	92,395	41,942	16,768	151,105
	3 Gross income (line 1 minus line 2)	59,232	15,803	5,565	80,600
Direct Expenses	4 Cash prizes		2,625		2,625
	5 Noncash prizes	60,902		2,895	63,797
	6 Rent/facility costs	7,490	8,415	1,713	17,618
	7 Food and beverages	14,934	5,735		20,669
	8 Entertainment	6,500		300	6,800
	9 Other direct expenses	11,314	6,278	3,193	20,785
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(132,294)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-51,694

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 Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activities conducted 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? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		339	127,822		127,822	0 090 %
b Medicaid (from Worksheet 3, column a)		19,336	12,999,835	5,416,885	7,582,950	5 170 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		139	54,754		54,754	0 040 %
d **Total** Financial Assistance and Means-Tested Government Programs		19,814	13,182,411	5,416,885	7,765,526	5 300 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	72	24,623	871,531	97,726	773,805	0 530 %
f Health professions education (from Worksheet 5)	6	75	84,506	30,000	54,506	0 040 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1		15,935		15,935	0 010 %
j **Total.** Other Benefits	79	24,698	971,972	127,726	844,246	0 580 %
k **Total.** Add lines 7d and 7j	79	44,512	14,154,383	5,544,611	8,609,772	5 880 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	7	329	12,679		12,679	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members	2	1,095	5,794		5,794	0 %
6	Coalition building	8	635	21,431		21,431	0 010 %
7	Community health improvement advocacy						
8	Workforce development	12	547	122,566	15,881	106,685	0 070 %
9	Other						
10	**Total**	29	2,606	162,470	15,881	146,589	0 090 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,918,095		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	28,204,627		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	41,823,056		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-13,618,429		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group EVANGELICAL COMMUNITY HOSPITAL

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

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

Part V Facility Information *(continued)*

EVANGELICAL COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000% and FPG family income limit for eligibility for discounted care of 200.000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

EVANGELICAL COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 1

	Name and address	Type of Facility (describe)
1	EVANGELICAL AMBULATORY SURGICAL CENTER 210 JPM ROAD SUITE 100 LEWISBURG,PA 17837	OUTPATIENT SURGICAL CENTER
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
PART I, LINE 6A	THE COMMUNITY BENEFIT REPORT IS AVAILABLE ON THE HOSPITAL'S WEBSITE OR UPON REQUEST

Form and Line Reference	Explanation
PART I, LINE 7	THE HOSPITAL USED THE COST-TO-CHARGE RATIO TO DETERMINE THE AMOUNTS INCLUDED IN LINE 7

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $10,910,528

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	AS A COMMUNITY AND HEALTH RESOURCE FOR MORE THAN 88 YEARS, EVANGELICAL COMMUNITY HOSPITAL HAS CONTINUALLY DEMONSTRATED ITS COMMITMENT TO THE CENTRAL SUSQUEHANNA VALLEY BY TAKING CARE OF PATIENTS NEEDING TREATMENT, AND BY ITS OUTREACH TO THE COMMUNITY BEYOND THE DAILY CARE OF PATIENTS, THE HOSPITAL EXTENDS ITS REACH TO PROVIDE PREVENTION AND WELLNESS EDUCATION TO RESIDENTS OF THE VALLEY OUTREACH INCLUDES CHARITY-CARE FOR THOSE WHO CANNOT AFFORD MEDICAL TREATMENT, HEALTH SCREENINGS TARGETING THE UN/UNDER-INSURED, HEALTH EDUCATION FOCUSING ON HEALTHY LIFESTYLE CHANGES, CHILD SAFETY SEAT INSPECTIONS, SCHOOL AGED HEALTH INITIATIVES, AND LECTURES ON HEALTH CONCERNS AND TOPICS MANY OF THESE PROGRAMS ARE PROVIDED AT MINIMAL OR NO COST, AND ARE SUBSIDIZED USING HOSPITAL RESOURCES

Form and Line Reference	Explanation
PART III, LINE 2	THE COSTING METHODOLOGY USED IN DETERMINING BAD DEBT EXPENSE AT COST 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

Form and Line Reference	Explanation
PART III, LINE 3	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 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

Form and Line Reference	Explanation
PART III, LINE 4	ACCOUNTS RECEIVABLE- PATIENTS ARE REPORTED AT NET REALIZABLE VALUE 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 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

Form and Line Reference	Explanation
PART III, LINE 8	THE HOSPITAL CONTINUES TO PROVIDE CARE TO ALL PRESENTING AND ADMITTED PATIENTS, REGARDLESS OF ABILITY OR PAY NOTWITHSTANDING THE COSTS TO PROVIDE CARE, RECEIVING "LESS" THAN WHAT IT COSTS TO PROVIDE ADEQUATE CARE TO MEDICARE COVERED LIVES DOES THE HOSPITAL A DISSERVICE THIS SHORTFALL SHOULD COUNT AS A COMMUNITY BENEFIT THE HOSPITAL USES THE COST-TO-CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS

Form and Line Reference	Explanation
PART III, LINE 9B	IN ACCORDANCE WITH THE COLLECTION POLICY, BAD DEBT ACCOUNTS WILL BE ELIGIBLE FOR A CHARITY CARE DISCOUNT IF THE PATIENT MEETS CHARITY CARE POLICY GUIDELINES THE PATIENT WILL NEED TO SUPPLY INCOME INFORMATION IN ORDER TO DETERMINE ELIGIBILITY FOR CHARITY CARE PER POLICY ALSO SEE RESPONSES TO PART III SECTION A ABOVE

Form and Line Reference	Explanation
PART VI, LINE 2	THE COMMUNITY BENEFIT COMMITTEE OF THE HOSPITAL CONTINUES TO FOCUS ON DEVELOPING NEW WAYS OF IDENTIFYING AND ADDRESSING HEALTH NEEDS IN OUR REGION THE HOSPITAL UTILIZES AN INTERNAL DOCUMENTATION PROCESS DEVELOPED TO CAPTURE COMMUNITY BENEFIT OUTREACH DELIVERED BY THE MAJORITY OF ITS EMPLOYEES THE COMMITTEE CONSISTS OF MEMBERS FROM THE HOSPITAL'S BOARD OF DIRECTORS, EXECUTIVE OPERATING TEAM, MANAGEMENT STAFF, AS WELL AS FRONT-LINE CLINICAL AND ADMINISTRATIVE EMPLOYEES THE COMMUNITY BENEFIT COMMITTEE WORKS COOPERATIVELY WITH DEPARTMENTS OF THE HOSPITAL AND OTHER ORGANIZATIONS IN THE COMMUNITY TO ADDRESS UNMET NEEDS CANCER AWARENESS AND EDUCATION IS EXTREMELY IMPORTANT THE FOLLOWING PROGRAMS WERE OFFERED IN FY15, THE CORRESPONDING NUMBER BESIDE THE PROGRAM DOCUMENTS THE NUMBER OF PEOPLE SERVED PROGRAM INDIVIDUALS SERVEDLOOK GOOD, FEEL BETTER 1- 2 PARTICIPANTS/SESSIONHOSPITAL'S EMPLOYEE HEALTH FAIR (EDUCATION ON BREAST CANCER AWARENESS, SMOKING CESSATION, EARLY DETECTION AND PREVENTATIVE HEALTH ACTIVITIES) APPROXIMATELY 200 EMPLOYEES AND FAMILY MEMBERSCOUPLES RETREAT 5 COUPLES (10 PARTICIPANTS)I CAN COPE SURVIVOR PROGRAM 100 PARTICIPANTSCOPING WITH THE HOLIDAYS PROGRAM 14 PARTICIPANTSFREE SKIN CANCER SCREENINGS 47 PARTICIPANTSCOMMUNITY EVENT TO SUPPORT BREAST CANCER - LILLIE SHOCKNEY 85 PARTICIPANTSLIFE AFTER LOSS BEREAVEMENT SUPPORT GROUP 18 PARTICIPANTSOTHER HEALTH EDUCATION AND PREVENTION ACTIVITIES INCLUDE PROGRAM INDIVIDUALS SERVEDMONTHLY SUPPORT GROUPS 748 PARTICIPANTSFREE HEART HEALTH SCREENINGS 93 PARTICIPANTSCOMPREHENSIVE BLOOD SCREENINGS 796 PARTICIPANTSMEN'S HEALTH SCREEN 41 PARTICIPANTSWOMEN'S HEALTH SCREEN 89 PARTICIPANTSHUNTER'S HEALTH SCREEN 49 PARTICIPANTSBLOOD DRAW SERVICES A COMMUNITY CLINIC 124 PARTICIPANTSCHILD SAFETY SEAT REPLACEMENT 50 FAULTY SEATSFREE CHILD PASSENGER SEAT INSPECTIONS 490 INSPECTIONSFREE T-DAP VACCINATION FOR NEW DADS AND GRANDPARENTS 186 VACCINATIONS GIVENYOUTH BIKE HELMET GIVEAWAY PROGRAM 172 HELMETS GIVENPROPER HAND WASHING IS ESSENTIAL FOR PEOPLE OF ALL AGES TO LIMIT AND PROHIBIT THE SPREAD OF DISEASE AND GERMS EVANGELICAL COMMUNITY HOSPITAL'S GERM CITY/BUG LIGHT PROGRAM USES AN ENTERTAINING TECHNIQUE TO STRESS THE IMPORTANCE OF FREQUENT, EFFECTIVE HAND WASHING AND SEE IMMEDIATE RESULTS IN FY15, MORE THAN 3927 STUDENTS IN THE LOCAL SCHOOLS PARTICIPATED IN THE GERM CITY/BUG LIGHT PROGRAM AND WERE EDUCATED ON PROPER HAND WASHING TECHNIQUES ADDITIONAL PROGRAMS FOCUSING ON HEALTHY BEHAVIORS WERE PRESENTED TO LOCAL SCHOOL DISTRICTS THESE PROGRAMS INCLUDE HEARTPOWER, MYPLATE AND TOBACCOS EDUCATION A TOTAL OF 3,691 STUDENTS WERE EDUCATED THROUGH THESE PROGRAMS

Form and Line Reference	Explanation
PART VI, LINE 3	AS A COMMUNITY HOSPITAL, EVANGELICAL IS DEDICATED TOIMPROVING THE HEALTH AND WELL-BEING OF ALL ITS CONSTITUENTS THROUGH THEFINANCIAL ASSISTANCE PROGRAM, MEDICAL CARE IS PROVIDED REGARDLESS OF APATIENT'S ABILITY TO PAY, INSUFFICIENT HEALTH INSURANCE OR WHETHER AGOVERNMENT-SPONSORED PROGRAM COVERS THE FULL COST OF SERVICES AND AS THECOUNTRY'S ECONOMIC FUTURE REMAINS UNCERTAIN, EVANGELICAL WILL CONTINUE TOPROVIDE CARE FOR THOSE WHO NEED IT EVANGELICAL WILL PROVIDE SERVICES AT NO CHARGE OR REDUCED CHARGES TO THOSEWHO ARE FINANCIALLY UNABLE TO PAY FOR THOSE SERVICES EVANGELICAL WILL NOT ARBITRARILY RESTRICT THE PROVISIONS OF HEALTHSERVICES TO CERTAIN INDIVIDUALS OR GROUPS EVANGELICAL COMMUNITY HOSPITAL'S REGISTRATION DEPARTMENT REPRESENTATIVESINFORM OUR UNINSURED OR UNDER INSURED PATIENTS, OF OUR FINANCIALASSISTANCE PROGRAM FINANCIAL ASSISTANCE APPLICATIONS ARE OFFERED TOTHESE PATIENTS AND IN ADDITION, THEY HAVE THE OPPORTUNITY TO CALL OURFINANCIAL COUNSELOR THE FINANCIAL COUNSELOR DISCUSSES THE AVAILABILITY OFVARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS TO ASSISTTHE PATIENT WITH QUALIFICATIONS FOR THESE PROGRAMS THE FINANCIALCOUNSELOR WILL ALSO ASSIST THE PATIENT IN COMPLETING THE PROPER PAPERWORKFOR ASSISTANCE THE FINANCIAL COUNSELORS AND CASE MANAGEMENT STAFF WORK CLOSELY TOIDENTIFY AND ASSIST ELIGIBLE PATIENTS OUR SELF-PAY VENDOR ALSO INFORMSTHE PATIENT THAT EVANGELICAL HAS A FINANCIAL ASSISTANCE PROGRAM AND AFINANCIAL COUNSELOR WHO WILL SEND THEM AN APPLICATION IF REQUESTED OURTHIRD PARTY VENDOR WORKS ON BEHALF OF THE ORGANIZATION TO FOLLOW THEHOSPITAL'S POLICIES REGARDING PATIENT NOTIFICATION AND THE AVAILABILITYOF FINANCIAL ASSISTANCE EVANGELICAL'S FINANCIAL ASSISTANCE POLICY ISPOSTED ON THE EVANGELICAL WEBSITE (HTTP //WWW EVANHOSPITAL COM/PATIENTS/INSURANCE/CHARITY-CARE)ALONG WITH AN APPLICATION FOR PATIENTS TO COMPLETE FOR FINANCIALASSISTANCE EVANGELICAL COMMUNITY HOSPITAL WILL MAKE AVAILABLE A WRITTEN NOTICE TOEACH PATIENT OR THEIR REPRESENTATIVE OF THE EXISTENCE, CRITERIA ANDMECHANISM FOR RECEIVING FINANCIAL ASSISTANCE THE HOSPITAL WILL CREATE ANDMAINTAIN RECORDS DEMONSTRATING THAT THE REQUIRED CRITERIA AND MECHANISMARE ESTABLISHED (HOSPITAL WILL RECORD ANY AND ALL REQUESTS FOR FINANCIALASSISTANCE, THE DISPOSITION AND THE DOLLAR AMOUNT OF EVANGELICAL'SFINANCIAL ASSISTANCE PROGRAM PROVIDED) IN ALL INSTANCES, PATIENTCONFIDENTIALITY WILL BE PROTECTED ELIGIBILITY WILL BE DETERMINED BY COMPARING HOUSEHOLD FAMILY INCOMEAGAINST 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 ASSISTANCEPROGRAM WILL BE GIVEN TO EACH PATIENT OR THEIR REPRESENTATIVE PRIOR TOSERVICES BEING RENDERED, WITH THE EXCEPTION OF EMERGENCY SERVICES THESENOTICES SHALL BE AVAILABLE IN ALL REGISTRATION AREAS OF THE HOSPITAL ANDSHALL INCLUDE THE MOST CURRENT AVAILABLE "HOUSEHOLD INCOME GUIDELINES" AS PUBLISHED IN THE FEDERAL REGISTER THE PATIENT ACCOUNTS DIRECTOR OR HIS/HER DESIGNEE SHALL REVIEW ALLAPPLICATIONS FOR THE EVANGELICAL FINANCIAL ASSISTANCE PROGRAM IT IS THEAPPLICANT'S RESPONSIBILITY TO PROVIDE PROOF OF INCOME WHEN LANGUAGE IS A BARRIER, EVANGELICAL OFFERS A SPECIAL INTERPRETERCONFERENCING TELEPHONE SERVICE INTERPRETATION SERVICES ARE AVAILABLE FORA MULTITUDE OF PATIENT/CAREGIVER INTERACTIONS WHEN A NON-ENGLISH SPEAKINGPATIENT, NO MATTER HIS OR HER NATIVE TONGUE, CALLS IN TO THE HOSPITAL, HEOR SHE WILL BE ABLE TO BE UNDERSTOOD THROUGH A TELEPHONE INTERPRETER THIS IS AVAILABLE FOR OUTBOUND CALLS TO THE PATIENT AS WELL THE PROCESSCONTRIBUTES TO IMPROVED PATIENT CARE AND CLINICAL OUTCOMES AND MAKES AVITAL DIFFERENCE IN THE QUALITY OF SERVICE EVANGELICAL IS ABLE TO PROVIDETO NON-ENGLISH SPEAKING PATIENTS

Form and Line Reference	Explanation
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 E CH 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 RE GIONAL ECONOMY TOPS MORE THAN $180 MILLION ECH IS A 132 LICENSED-BED ACUTE CARE COMMUNITY HOSPITAL WITH OVER 1,200 EMPLOYEES AND NEARLY 200 MEDICAL STAFF MEMBERS ECH HAS A BUSY E MERGENCY DEPARTMENT WITH OVER 33,558 VISITS IN 2015 THE PRIMARY SERVICE AREA OF RESIDENTS OF ECH INCLUDES 17810, 17812, 17843, 17813, 17730, 17827, 17829, 17831, 17876, 17833, 17 835, 17837, 17749, 17842, 17844, 17845, 17847, 17850, 17853, 17855, 17856, 17857, 17861, 1 7862, 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, 17 014, 17017, 17821, 17823, 17830, 17737, 17834, 17836, 17045, 17840, 17747, 17832, 17049, 1 7841, 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 A S WELL AS STRONG PUBLIC SCHOOL SYSTEMS IT HAS A VERY DIVERSE HISTORY AND RURAL APPEAL, YE T FEATURES BUSINESS AND HEALTHCARE FACILITIES USING THE LATEST ADVANCES IN SCIENCE AND TEC HNOLOGY ADDITIONAL HOSPITALS IN OUR REGION CONSIST OF GEISINGER MEDICAL CENTER, SUNBURY C OMMUNITY HOSPITAL (FOR-PROFIT SYSTEM), SHAMOKIN AREA COMMUNITY HOSPITAL, SUSQUEHANNA HEALT H SYSTEM, AND BLOOMSBURG HOSPITAL ACCORDING TO THE MOST RECENT DATA FROM THE NEEDS ASSESS MENT, THE REGION IS PRIMARILY RURAL IN NATURE THIS DATA WAS REAFFIRMED DURING THE ASSESSM ENT PROCESS THROUGH COMMUNITY LEADERS AND KEY STAKEOLDER INTERVIEWS AND FOCUS GROUP DISCUS SIONS FURTHERMORE WITH THE RURAL NATURE OF OUR AREA AND THE LACK OF A COORDINATED AND INT EGRATED TRANSPORTATION SYSTEM LIMITS COMMUNITY MEMBERS TO ACCESSIBLE HEALTH CARE AND RECRE ATIONAL OPPORTUNITIES WITH THE LIMITATIONS OF ACCESSIBILITY TO HEALTHCARE AND HEALTHY OPT IONS LEADS TO UNHEALTHY LIFESTYLES AND OVER USE OF OUR EMERGENCY DEPARTMENT SERVICES CITY -DATA COM FOR UNION COUNTY INDICATES THAT THE POPULATION CONSISTS OF WHITE NON-HISPANIC (85 2%), BLACK (6 8%), HISPANIC (5 2%), TWO OR MORE RACES (1 2%), AND ASIAN (1 2%) THE MED IAN RESIDENT AGE IS 38 0 ESTIMATED MEDIAN HOUSEHOLD INCOME IN 2013 $48,120, RESIDENTS WI TH INCOME BELOW THE POVERTY LEVEL IN 2013 14 2%, POPULATION WITHOUT HEALTH INSURANCE COVE RAGE 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 HOM E, 5 7% OF RESIDENTS SPEAK OTHER INDO-EUROPEAN LANGUAGE AT HOME, 0 8% OF RESIDENTS SPEAK A SIAN OR PACIFIC ISLAND LANGUAGE AT HOME, 0 2% OF RESIDENTS SPEAK OTHER LANGUAGES AT HOME C ITY-DATA COM FOR SNYDER COUNTY INDICATES THE POPULATION CONSISTS OF WHITE NON-HISPANIC (9 6 0%), HISPANIC (1 7%), BLACK (9%), TWO OR MORE RACES (7%), AND ASIAN (5%) THE MEDIAN RESIDENT AGE IS 39 ESTIMATED MEDIAN HOUSEHOLD INCOME IN 2013 $47,035, RESIDENTS WITH INC OME BELOW THE POVERTY LEVEL IN 2013 10 6%, POPULATION WITHOUT HEALTH INSURANCE COVERAGE I N 2000 9%, CHILDREN UNDER 18 WITHOUT HEALTH INSURANCE COVERAGE IN 2000 8%, 92 0% OF RESI DENTS 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 O R PACIFIC ISLAND LANGUAGE AT HOME, 0 1% OF RESIDENTS SPEAK OTHER LANGUAGES AT HOME CITY-DA TA COM FOR NORTHUMBERLAND COUNTY INDICATES THAT THE POPULATION CONSISTS OF WHITE NON-HISP ANIC (94 3), BLACK (1 9%), HISPANIC (2 4%), AND TWO OR MORE RACES (0 8%) ESTIMATED MEDIAN HOUSEHOLD INCOME IN 2013 $41,011, THE MEDIAN RESIDENT AGE IS 43 RESIDENTS WITH INCOME B ELOW THE POVERTY LEVEL IN 2013 14 1%, POPULATION WITHOUT HEALTH INSURANCE COVERAGE IN 200 0 10%, CHILDREN UNDER 18 WITHOUT HEALTH INSURANCE COVERAGE IN 2000 8%, 95 6% OF RESIDENT S 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 ASI AN OR PACIFIC ISLAND LANGUAGE AT HOME, 0 1% OF RESIDENTS SPEAK OTHER LANGUAGES 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 PERSO NS ARE REPRESENTED ECH IS AFFILIATED WITH HEALTHCARE FACILITIES, SUCH AS GEISINGER MEDICA L CENTER, TO PROVIDE THE BEST MEDICAL CARE FOR OUR PATIENTS ECH WORKS WITH THE FOLLOWING HIGHER EDUCATION INSTITUTIONS (I E COLLEGES, TECH

Form and Line Reference	Explanation
PART VI, LINE 4	NICAL SCHOOL AND INTERMEDIATE UNITS) PENN COLLEGE, CENTRAL SUSQUEHANNA INTERMEDIATE UNIT, BLOOMSBURG UNIVERSITY, AND SUN-AREA VO-TECH WE WORK WITH THESE HIGHER EDUCATION INSTITUT IONS TO ENGAGE IN TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS ECH PROVIDES FINANC IAL AID TO SUPPORT STUDENTS CHOOSING THE HEALTHCARE PROFESSION THROUGH THE MAE KEEFER AND CRYSTAL D SNYDER NURSING SCHOLARSHIP FUND AND THE JOHN FAMILY HEALTH CAREERS SCHOLARSHIP FUND FOR CLINICAL SERVICES ECH PARTICIPATES WITH THE FOLLOWING MAJOR HEALTH PLANS CAPITAL BLUE CROSS, GEISINGER HEALTH PLAN, HIGHMARK BLUESHIELD, AETNA/HEALTHAMERICA, KEYSTONE HEA LTH PLAN CENTRAL, AND MEDICARE THE SECONDARY DATA COLLECTION FINDINGS FROM THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARIZES THE FOLLOWING WITH REGARD TO DEMOGRAPHICS AN D THE NEEDS OF THE COMMUNITY ECH'S SERVICE AREA SHOWS A SLIGHT DECLINE IN POPULATION OVER THE PAST FIVE YEARS WHILE PENNSYLVANIA, AS A STATE, SHOWS A SLIGHT INCREASE KEY FINDINGS ANNUAL AVERAGE INCOME IN OUR SERVICE AREA IS $53,064 NORTHUMBERLAND COUNTY HAS THE LOWE ST AVERAGE INCOME AT $45,871 AND THE AVERAGE INCOME IN ALL OF PENNSYLVANIA IS $64,000 16 6 % OF ECH'S SERVICE AREA IS REPORTED AS NOT HAVING A HIGH SCHOOL DIPLOMA THIS IS FOUR POIN TS HIGHER THAT THE STATE AVERAGE OF 12 6% ACCORDING TO THE COUNTY HEALTH RANKINGS ECH SHO WS A POOR RANKING IN THE FOLLOWING CATEGORIES EMPLOYMENT, EDUCATION, AND DIET/EXERCISE W E KNOW THAT THESE THREE FACTORS ARE HIGHLY CORRELATED I E POOR EMPLOYMENT CAN LEAD TO LO WER INCOME WHICH CAN THEN LEAD TO FEWER OPTIONS FOR GOOD EDUCATIONAL OPPORTUNITIES AND THE REFORE POORER HEALTH DECISIONS IN TERMS OF DIET AND EXERCISE WHEN COMPARED TO THE REST OF THE STATE AND EVEN THE UNITED STATES AS A WHOLE, ECH SHOWS VERY LITTLE DIVERSITY WITH ONL Y 5 1% OF THE POPULATION IDENTIFYING AS A RACE/ETHNICITY OTHER THAN WHITE NON-HISPANIC PE NNSYLVANIA IS AT 19 6% AND THE UNITED STATES IS AT 35% SUNBURY AND ALLENWOOD SCORED THE HI GHEST IN THE COMMUNITY NEED INDEX, MEANING THEY HAVE THE MOST BARRIERS TO COMMUNITY HEALTH CARE ACCESS SUNBURY SHOWED VERY HIGH RATES OF INDIVIDUALS LIVING IN POVERTY, 65 AND OLDE R (11%), FAMILIES WITH MARRIED INDIVIDUALS WITH CHILDREN (17%), AND FAMILIES WITH SINGLE I NDIVIDUALS WITH CHILDREN (50%) ALLENWOOD SHOWS THE HIGHEST UNEMPLOYMENT RATE AT 17%, BUT THIS COULD BE MISLEADING DUE TO A FEDERAL PRISON BEING LOCATED IN THAT TOWN TURBOTVILLE S HOWS THE LOWEST UNEMPLOYMENT RATE (4%) AND THE LOWEST RATE OF INDIVIDUALS LIVING IN POVERT Y, 65 AND OLDER (9%), MARRIED WITH CHILDREN LIVING IN POVERTY (5%) AND SINGLE LIVING WITH CHILDREN IN POVERTY (8%) ACCORDING TO THE COUNTY HEALTH RANKINGS (PENNSYLVANIA'S COUNTIES ARE RANKED 1 THROUGH 67 1 BEING THE BEST SCORE AND 67 BEING THE WORST) UNION AND SNYDER COUNTIES RANKED IN THE TOP 5 FOR HEALTH OUTCOMES WHILE NORTHUMBERLAND COUNTY RANKED IN THE BOTTOM 15 FOR HEALTH OUTCOMES UNION COUNTY WAS NAMED THE HEALTHIEST COUNTY AND RANKED NU MBER ONE IN QUALITY OF CARE ACCORDING TO THE 2011 COUNTY HEALTH RANKINGS CONSEQUENTLY, UN ION COUNTY RANKED IN THE BOTTOM FIVE FOR ITS BUILT ENVIRONMENT WHICH REFERS TO ACCESS TO R ECREATIONAL FACILITIES, LIMITED ACCESS TO HEALTHY FOODS AND NUMBER OF FAST FOOD RESTAURANT S TOBACCO USE IN ECH'S SERVICE AREA RANKED AS FOLLOWS, NORTHUMBERLAND COUNTY WAS 54 OUT O F 67 COUNTIES, UNION COUNTY WAS 38 OUT OF 67 AND SNYDER COUNTY CAME IN AT THE LOWEST WITH A RANKING OF 16 OUT OF 67 WITH REGARD TO ALCOHOL USE ECH'S SERVICE AREA RANKED AS FOLLOWS , NORTHUMBERLAND COUNTY, 38 OUT OF 67, UNION COUNTY, 19 OUT OF 67, AND SNYDER COUNTY RANKE D NUMBER 1 OUT OF 67

Form and Line Reference	Explanation
PART VI, LINE 5	EVANGELICAL COMMUNITY HOSPITAL HAS A TOTAL OF 132 PATIENT BEDS AND 18 BASSINETS THERE ARE NEARLY 200 PHYSICIANS ON STAFF, AND NEARLY 900 CLINICAL EMPLOYEES, INCLUDING LAB TECHNICIANS, NURSES, NURSING ASSISTANCES, PHYSICAL, OCCUPATIONAL AND SPEECH THERAPISTS, RADIOLOGY TECHNICIANS, PHLEBOTOMISTS, AND SUPPORT PERSONNEL EACH OF THESE PROFESSIONALS IS HIGHLY TRAINED TO DELIVER QUALITY AND SAFE CARE TO INPATIENTS AND OUTPATIENTS THE HOSPITAL HAS 1) AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE SUSQUEHANNA VALLEY REGION,2) A BOARD OF DIRECTORS WHO GOVERN THE ORGANIZATION THE BOARD IS COMPRISED OF COMMUNITY AND BUSINESS LEADERS, AND PHYSICIANS REPRESENTING THE GEOGRAPHIC AREA OF OUR REGION,3) AN EMERGENCY DEPARTMENT THAT IS OPEN TO ALL PERSONS IN NEED REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES,4) A HOSPICE PROGRAM THAT PROVIDES END-OF-LIFE CARE TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY FOR CARE,5) A BIOETHICS COMMITTEE COMPRISED OF VOLUNTEERS WHO ARE PHYSICIANS, NURSES, SOCIAL SERVICE WORKERS, PASTORAL CAREGIVERS, EDUCATORS, AND OTHER PROFESSIONALS THEY DISCUSS AND ADDRESS ETHICAL ISSUES AND DILEMMAS THAT ARE PRESENTED FOR REVIEW,6) A HISTORY OF PROVIDING FINANCIAL SUPPORT TO OTHER NONPROFIT ORGANIZATIONS FOR THE PURPOSE OF HEALTH PROMOTION AND IN COLLABORATING TO MEET UNMET NEEDS IN THE COMMUNITY 7) A COMMUNITY HEALTH AND WELLNESS DEPARTMENT THAT IS FUNDED USING HOSPITAL RESOURCES THE DEPARTMENT INITIATES AND ORGANIZES PREVENTION, WELLNESS AND HEALTH EDUCATION LECTURES, EVENTS AND ACTIVITIES DEVELOPED FOR THE SOLE PURPOSE OF IMPROVING THE HEALTH OF THOSE IN OUR REGION THE COMMUNITY HEALTH AND WELLNESS TEAM OFFERS HEALTH SCREENINGS, HEALTH FAIRS, LECTURES, SUPPORT GROUPS, FLU SHOTS, AND SAFETY INSPECTIONS THE HOSPITAL IS SUPPORTIVE OF ITS EMPLOYEES TO BE INVOLVED IN THE COMMUNITY ORGANIZATIONS TO SUPPORT AND TO BE A PART OF ADDRESSING THE NEEDS OF THE COMMUNITY SURPLUS FUNDS OF THE HOSPITAL ARE USED TO DEVELOP EMPLOYEES AND FURTHER EDUCATE STAFF TO KEEP UP WITH THE EVER CHANGING HEALTHCARE TECHNOLOGY AND NEW TREATMENT PLANS FOR DISEASES, AS WELL AS CAPITAL NEEDS OF THE ORGANIZATION TO KEEP THE NECESSARY NEW MEDICAL EQUIPMENT AVAILABLE TO BETTER TREAT THE PATIENTS OF THE COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 6	THE ORGANIZATION IS PART OF AN AFFILIATED HEALTH CARE SYSTEM DUE TO THE HOSPITAL HAVING COMMON GOVERNANCE AND CONTROL FOR EVANGELICAL MEDICAL SERVICES ORGANIZATION EVANGELICAL MEDICAL SERVICES ORGANIZATION PROVIDE HEALTHCARE SERVICES IN THE FORM OF PRIMARY AND SPECIALTY CARE PHYSICIANS TO THE COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	PA

Additional Data

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

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

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

Form and Line Reference	Explanation
EVANGELICAL COMMUNITY HOSPITAL	PART V, SECTION B, LINE 5 IN 2012, EVANGELICAL COMMUNITY HOSPITAL PARTICIPATED IN A FIVE-COUNTY (SNYDER, UNION, MONTOUR, NORTHUMBERLAND AND COLUMBIA) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) LED BY ACTION HEALTH TRIPP UMBACH WAS SELECTED TO CONDUCT THE ASSESSMENT AND REPORT ON THE FINDINGS THE ASSESSMENT CONSISTED OF INTERVIEWS WITH KEY COMMUNITY STAKEHOLDERS AND FOCUS GROUPS FOCUS GROUP PARTICIPANTS FOR EVANGELICAL'S SERVICE AREAS CONSISTED OF HEALTHCARE PROVIDERS, RESIDENTS FROM THE LATINO COMMUNITY AND UN/UNDER-INSURED RESIDENTS KEY COMMUNITY STAKEHOLDER INTERVIEWS CONSISTED OF LEADERS FROM ORGANIZATIONS SUCH AS AGENCY ON AGING, PA DEPARTMENT OF HEALTH, AMERICAN CANCER SOCIETY, FAITH-BASED ORGANIZATIONS, LOCAL SCHOOLS AND UNIVERSITIES, BUSINESSES AND NONPROFIT ORGANIZATIONS

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

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

Form and Line Reference	Explanation
EVANGELICAL COMMUNITY HOSPITAL	PART V, SECTION B, LINE 6A IN 2012, EVANGELICAL COMMUNITY HOSPITAL PARTICIPATED IN A FIVE-COUNTY (SNYDER, UNION, MONTOUR, NORTHUMBERLAND AND COLUMBIA) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE ASSESSMENT PROCESS WAS LED BY ACTION HEALTH, AN ORGANIZATION THAT FOSTERS COLLABORATION BETWEEN HOSPITALS AND LOCAL EDUCATIONAL INSTITUTIONS FOR THE PURPOSE OF MEETING THE HEALTH NEEDS OF THE COMMUNITY THE OTHER FACILITIES THAT WERE INVOLVED WERE GEISINGER, GEISINGER-SHAMOKIN AREA COMMUNITY HOSPITAL, BLOOMSBURG HOSPITAL AND BLOOMSBURG UNIVERSITY

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

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

Form and Line Reference	Explanation
EVANGELICAL COMMUNITY HOSPITAL	PART V, SECTION B, LINE 11 IN 2012, EVANGELICAL COMMUNITY HOSPITAL PARTICIPATED IN A FIVE-COUNTY (SNYDER, UNION, MONTOUR, NORTHUMBERLAND AND COLUMBIA) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE ASSESSMENT PROCESS WAS LED BY ACTION HEALTH, AN ORGANIZATION THAT FOSTERS COLLABORATION BETWEEN HOSPITALS AND LOCAL EDUCATIONAL INSTITUTIONS FOR THE PURPOSE OF MEETING THE HEALTH NEEDS OF THE COMMUNITY DURING THIS REPORTING PERIOD, EVANGELICAL HAS CONTINUED TO OFFER FREE OR LOW COST HEALTH SCREENINGS AND EDUCATIONAL PROGRAMS THAT FOCUS ON IMPROVING ACCESS TO HEALTHCARE AND IMPROVING HEALTHY BEHAVIORS NEW PROGRAMS AND HEALTH SCREENS HAVE BEEN DEVELOPED AS NEEDS ARISE THE HOSPITAL HAS BEEN WORKING ON THE SAME ACTION PLAN THAT WAS APPROVED IN JUNE OF 2013 THIS PLAN PROVIDED A ROADMAP FOR OUR HOSPITAL TO MEET SPECIFIC NEEDS WITHIN OUR FOUR COUNTY SERVICE AREA BELOW ARE THE THREE KEY IDENTIFIED NEEDS, THE HOSPITAL'S RESPONSE ACCORDING TO OUR IMPLEMENTATION PLAN AND OUR ACCOMPLISHMENTS AS WELL AS WHAT IS IN PROCESS SEE CONTINUED BELOW

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

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

Form and Line Reference	Explanation
EVANGELICAL COMMUNITY HOSPITAL	PART V, SECTION B, LINE 13H MEDICAL ASSISTANCE DENIAL

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

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

Form and Line Reference	Explanation
EVANGELICAL COMMUNITY HOSPITAL	PART V, SECTION B, LINE 16I POLICY IS PRESENTED TO PATIENTS BY HRSI WHEN WORKING WITH PATIENTS ON MEDICAL ASSISTANCE APPLICATIONS HRSI IS A THIRD PARTY USED BY EVANGELICAL COMMUNITY HOSPITAL TO WORK WITH PATIENTS FOR OBTAINING FINANCIAL ASSISTANCE

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

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

Form and Line Reference	Explanation
EVANGELICAL COMMUNITY HOSPITAL	PART V, SECTION B, LINE 22D PATIENTS ARE CHARGED THE FULL AMOUNT AND THEN CHARITY CARE DISCOUNT IS APPLIED AS AN ADJUSTMENT EVANGELICAL COMMUNITY HOSPITAL'S POLICY IS TO PROVIDE EMERGENCY CARE TO STABILIZE PATIENTS, REGARDLESS OF THEIR ABILITY TO PAY AN INDIVIDUAL NOTICE OF AVAILABILITY OF EVANGELICAL COMMUNITY HOSPITAL CHARITY CARE PROGRAM WILL BE GIVEN TO EACH PATIENT OR THEIR REPRESENTATIVE PRIOR TO SERVICES BEING RENDERED, WITH THE EXCEPTION OF EMERGENCY SERVICES EVANGELICAL COMMUNITY HOSPITAL WILL PROVIDE SERVICES AT NO CHARGE OR REDUCED CHARGES TO THOSE WHO ARE FINANCIALLY UNABLE TO PAY FOR THOSE SERVICES 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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 11	1 IMPROVING ACCESS TO HEALTHCARE FOR UN/UNDER INSURED RESIDENTS - NEED FOR INCREASED ACCE SS TO AFFORDABLE HEALTH INSURANCE AND INCREASED NUMBER OF HEALTHCARE PROVIDERS IN GENERAL AND SPECIFICALLY, HEALTHCARE PROVIDERS THAT WILL ACCEPT STATE FUNDED MEDICAL INSURANCE A)C ONTINUE TO OFFER A VARIETY OF HEALTH SCREENING PROGRAMS FOR THE COMMUNITY AT MINIMAL OR NO COST CURRENTLY THE HOSPITAL OFFERS SEVERAL HEALTH SCREENINGS THROUGHOUT OUR SERVICE AREA WE FOCUS ON LOW OR NO COST AND TARGET THOSE THAT ARE UN OR UNDER INSURED PROGRESS COLL ABORATIVE EFFORTS WITH THE DEPARTMENT OF HEALTH, AREA AGENCY ON AGING AND A COMMUNITY CLIN IC, A FREE, HIGH QUALITY HEALTHCARE CLINIC FOR THE UNINSURED, HAVE PROVEN TO BE SUCCESSFUL AND IN HIGH DEMAND WE CONTINUE TO OFFER MULTIPLE HEALTH SCREENS MONTHLY MOST RECENTLY W E BROUGHT BACK THE "HUNTERS HEALTH SCREEN" THAT FOCUSES HEAVILY ON CARDIAC AND STROKE RISK FACTORS B)COLLABORATE WITH THE HOSPITAL'S EMPLOYED PHYSICIAN NETWORK, THE EVANGELICAL MED ICAL SERVICE ORGANIZATION (EMSO), FAMILY PRACTICE CENTERS AND EVANGELICAL'S HOSPITALISTS T O DEVELOP AND DEPLOY THE "YOUR WELLNESS PRESCRIPTION PAD" PROGRESS CONTINUOUS COMMUNICAT ION WITH COMMUNITY HEALTH AND WELLNESS AND EMSO PRIMARY CARE OFFICES TO RAISE AWARENESS OF EDUCATIONAL RESOURCES AND PROGRAMMING AVAILABLE, I E COMPREHENSIVE BLOOD SCREENS, WHY WE IGHT, SMOKING CESSATION ETC C)DEVELOP A COMMUNITY HEALTH COALITION PROGRESS COALITION CO NTINUES TO MEET AND INCREASE MEMBERSHIP THE COALITION MEMBERS ASSISTED WITH THE 2015 CHNA AND PROVIDED INPUT FOR THE HOSPITAL'S ACTION PLAN D)EXPAND THE OUTREACH OF THE HOSPITAL'S "FREE OR REDUCED-FEE MAMMOGRAPHY PROGRAM" TO REACH HIGH-RISK WOMEN (E G , MINORITY POPULA TIONS, AMISH AND MENNONITES, AND THOSE WITHOUT INSURANCE) PROGRESS THIS PROGRAM CONTINUE S TO EXPAND WE CONTINUE TO PROVIDE FREE MAMMOGRAPHY SCREENING AND ARE ABLE TO OFFER ASSIS TANCE FOR RECOMMENDED DIAGNOSTIC FOLLOW-UPS E)DEVELOP AND EXPAND A NEW SURVIVORSHIP ASSIS TANCE PROGRAM FOR CANCER SURVIVORS PROGRESS OUR SURVIVORSHIP PROGRAM CONTINUES TO ADD VI ABLE PROGRAMMING TO MEET THE NEEDS OF OUR CANCER SURVIVORS THIS YEAR WE ADDED A WOMEN'S S UPPORT GROUP, INCREASED OUR "SURVIVEWELL" SERIES FROM ONE TO TWO ANNUALLY, AND HAVE ADDED AN ANNUAL LECTURE/DAY CONFERENCE EVENT IN 2015 EVANGELICAL OFFICIAL ADOPTED A CANCER SERV ICE LINE F)DEVELOP AND EXECUTE OUTREACH EFFORTS TO IMPROVE ACCESS TO CARE AT EVANGELICAL C OMMUNITY HOSPITAL AND THE LARGER HEALTH SERVICES NETWORK A IMPLEMENTATION OF A CALL CENTE R FOR PHYSICIAN AND SERVICE REFERRALSB DEVELOP OUTREACH EFFORTS TO ENCOURAGE USE OF EMERG ENCY DEPARTMENT'S NEW "ERGENT CARE" TO REDUCE THE WAITING TIME TO RECEIVE CARE FOR EMERGEN T ILLNESSES AND INJURIES PROGRESS THE CALL CENTER HAS PROVEN TO BE A BENEFIT WE AVERAGE APPROXIMATELY 85 CALLS A MONTH WITH APPROXIMATELY 75% WANTING REFERRALS FOR A PHYSICIAN DURING THIS REPORTING YEAR TIMES OF OPERATION AND STAFFING HAD TO BE INCREASED DUE TO VOLU MES AND NEED G)DEVELOP AN ACCESS TO CARE TEAM COMPRISED OF KEY PERSONNEL FROM HOSPITAL SER VICE AREAS WITH THE GOAL TO ENHANCE OUR ABILITY TO PROVIDE BETTER ACCESS TO CARE THEY INC LUDE MANAGED CARE, REGISTRATION, FINANCE, PATIENT ACCOUNTS, COMMUNITY HEALTH, EMSO, EMERG ENCY DEPARTMENT, OUTPATIENT CASE MANAGEMENT COORDINATOR, NURSING, SOCIAL SERVICES, AND MAR KETING & PUBLIC RELATIONS 2 IMPROVING HEALTHY BEHAVIORS NEED FOR INCREASED AWARENESS AND EDUCATION, MOTIVATION AND/OR INCENTIVES FOR RESIDENTS WHO PRACTICE HEALTHY BEHAVIORS AND INCREASE ACCESS TO HEALTHY OPTIONS IN THE REGION A)CONTINUE TO OFFER A VARIETY OF EDUCATIO NAL PROGRAMMING FOR THE YOUTH IN THE COMMUNITY AT NO COST EVANGELICAL COMMUNITY HOSPITAL OFFERS A WIDE VARIETY OF EDUCATIONAL PROGRAMS GEARED TOWARD HEALTHY EATING, HYGIENE, STAYI NG ACTIVE AND LIVING TOBACCO FREE THESE PROGRAMS WILL BE OFFERED WITHIN OUR SERVICE AREA AND WILL SPECIFICALLY TARGET LOCAL SCHOOL DISTRICTS ADDITIONAL PROGRAMMING WILL BE ADDED FOR SPECIFIC IDENTIFIED POPULATIONS, I E PRESCHOOLS, YMCA'S, AND OTHER FACILITIES AS REQU ESTED PROGRESS WE CONTINUE TO INCREASE OUR VISIBILITY IN THE NUMEROUS SCHOOL DISTRICTS A ND CHILDCARE FACILITIES IN OUR AREA WE HAVE DEVELOPED TWO NEW EDUCATIONAL PROGRAMS FOR OU R YOUTH INITIATIVES, SUMMER SAFETY AND STRESS EDUCATION WE HAVE ALSO BROUGHT BACK THE "SA FE SITTER" PROGRAMB)DEVELOP AND IMPLEMENT A WALKING PROGRAM FOR THE YOUTH THE WALKING PRO GRAM WILL PROMOTE TAKING HEALTHIER STEPS FOR STAYING ACTIVE THIS PROGRAM WILL BE OFFERED TO LOCAL SCHOOL DISTRICTS AS A BEFORE SCHOOL PROGRAM THROUGH THE WALKING PROGRAM WE WILL OFFER MATERIAL ON HEALTHY EATING AND LIVING TOBACCO FREE TO ALL SCHOOL DISTRICTS WITHIN TH E HOSPITAL'S FOOTPRINT PROGRESS COMPLETED LAST REPORTING CYCLE WE CONTINUE TO SUPPORT G IRLS ON THE RUN THIS INTERNATIONAL PROGRAM FOCUSES ON SEVERAL ASPECTS THAT OUR WALKING PR OGRAM PLANNED TO INCORPORATE C)DEVELOP AND IMPLEMENT 10,000 STEPS PROGRAM INTO THE GREATER SUSQUEHANNA VALLEY THIS PROGRAM WILL PROMOTE GOO

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

Form and Line Reference	Explanation
PART V SECTION B LINE 11	D HEALTH AND HELP PARTICIPANTS DEVELOP A FITNESS REGIME BY ENCOURAGING THEM TO STRIVE FOR 10,000 STEPS A DAY (THE EQUIVALENT OF WALKING ROUGHLY FIVE MILES) A PERSON WHO WALKS AT L EAST 10,000 STEPS A DAY COULD BURN 2,000 TO 3,500 EXTRA CALORIES PER WEEK PROGRESS COMPL ETED LAST REPORTING PERIOD DURING THIS REPORTING YEAR WE IMPLEMENTED AND SENIOR STRONG PR OGRAM THIS PROGRAM WAS DEVELOPED TO MEET THE HEALTH AND WELLNESS NEEDS OF OUR SENIOR POPU LATION WE HOSTED A NATIONAL SENIOR HEALTH AND WELLNESS EVENT IN COLLABORATION WITH AND AR EA NURSING AND LONG TERM CARE FACILITY WE OFFER MONTHLY WELLNESS PROGRAMS STRICTLY FOR TH IS DEMOGRAPHIC D)DEVELOP AND IMPLEMENT A NEW EDUCATIONAL PROGRAM TO OFFER LOCAL YMCA'S AN D SUMMER/DAY CAMPS TO EDUCATE STUDENTS ON THE IMPORTANCE OF HEALTHY EATING, BEING ACTIVE, AND LIVING TOBACCO FREE PROGRESS WE DEVELOPED AND PILOTED A 10 WEEK YOUTH WELLNESS PROGR AM TITLED EAT WELL, PLAY WELL, LIVE WELL THE PROGRAM CONSISTED OF PRE AND POST SCREENING THAT INCLUDED EDUCATIONAL KNOWLEDGE ON LIFESTYLE TOPICS, PHYSICAL ACTIVITY ASSESSMENT, BLO OD PRESSURE, BODY COMPOSITION, RESTING HEART RATE AND BLOOD SUGAR TESTING THE PROGRAM WAS OFFERED TO YOUTH AGES OF 12-14 ENROLLED IN A COUNSELOR IN TRAINING PROGRAM AT THE SUNBURY YMCA WE HAD 22 PARTICIPANTS START THE PROGRAM WITH 14 ACTUALLY COMPLETING THE POST ASSES SMENTS OVERALL WE NOTED IMPROVEMENTS IN ALL CATEGORIES THAT WERE ASSESSED OVER A 70% IMP ROVEMENT OF BLOOD PRESSURE, BLOOD SUGAR AND RESTING HEART RATE WAS ACHIEVED E) PARTNER WI TH CLINICAL OUTCOMES GROUP, INC IN SUNBURY AND THE PA DEPARTMENT OF HEALTH TO PROMOTE YOU NG LUNGS AT PLAY, A PROGRAM DESIGNED TO PROVIDE AWARENESS OF THE EFFECTS OF SECOND-HAND SM OKE ON CHILDREN AND YOUTH THE HOSPITAL WILL HELP BRING THIS PROGRAM INTO PARKS, RECREATIO NAL FACILITIES, BOROUGHS, TOWNSHIP AND COUNTIES BY PRESENTING YOUNG LUNGS AT PLAY WHEN NEE DED PROGRESS WE CONTINUE TO ADVOCATE FOR AREA FACILITIES, BOROUGHS, TOWNSHIPS ETC TO AD OPT THE YOUNG LUNGS AT PLAY WE ALSO HAVE ADOPTED A NEW SMOKING CESSATION PROGRAM, FREEDOM FROM SMOKING A COMMUNITY HEALTH AND WELLNESS RN EDUCATOR ATTENDED A DAY LONG TRAINING AN D WE ARE CURRENTLY OFFERING THE PROGRAM TO OUR COMMUNITY F) DEVELOP AN IMPROVING HEALTHY BEHAVIORS TEAM COMPRISED OF KEY PERSONNEL FROM HOSPITAL SERVICE AREAS WITH THE EXPECTATION TO ENHANCE OUR COMMUNITY'S EDUCATION, ACCESS AND AWARENESS OF HEALTHY BEHAVIORS TEAM PAR TICIPANTS WOULD INCLUDE PERSONNEL FROM ADMINISTRATION, CENTER FOR BREAST HEALTH, NUTRITIO NAL SERVICES, FINANCE, CARDIAC REHABILITATION, COMMUNITY HEALTH, OUTPATIENT CLINIC, PULMON ARY SERVICES, FITNESS CENTER, CENTER FOR ORTHOPEDICS, DIABETIC EDUCATION, REHABILITATION S ERVICES, WOMEN'S ADVISORY GROUP, AND MARKETING/PR

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

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

Form and Line Reference	Explanation
PART V SECTION B LINE 11	3 COMMUNITY DEVELOPMENT, SPECIFICALLY TRANSPORTATION- BECAUSE OF THE RURAL NATURE OF OUR REGION, THE LACK OF TRANSPORTATION AND LIMITED TRANSLATION SERVICES CREATE MAJOR BARRIERS FOR COMMUNITY MEMBERS TO ACCESS HEALTHCARE AND OTHER PRIMARY HEALTH RESOURCES IN OUR AREA THE ISSUE OF ENSURING ADEQUATE PUBLIC TRANSPORTATION FOR VALLEY RESIDENTS IS A CONCERN FOR EVANGELICAL COMMUNITY HOSPITAL, ESPECIALLY AS THE LACK OF TRANSPORTATION CREATES SIGNIFICANT BARRIERS FOR SOME RESIDENTS WHEN ATTEMPTING TO ACCESS HEALTHCARE RESIDENTS MAY HAVE THE ABILITY TO SCHEDULE APPOINTMENTS WITH HEALTHCARE PROVIDERS, BUT MAY NEED TO CANCEL THOSE SAME APPOINTMENTS DUE TO THEIR INABILITY TO FIND ADEQUATE TRANSPORTATION TO AND FROM AN APPOINTMENT THIS PRACTICE DISCOURAGES HEALTHCARE PROVIDERS' (PHYSICIANS AND DENTISTS) ACCEPTANCE OF STATE-FUNDED HEALTH INSURANCES DUE TO THE INABILITY OF THE UN/UNDER-INSURED TO KEEP THEIR SCHEDULED APPOINTMENTS IN RESPONSE TO THIS IDENTIFIED NEED, HOSPITAL ADMINISTRATION HAS PROVIDED TIME DURING BUSINESS HOURS FOR A MEMBER OF THE COMMUNITY HEALTH AND WELLNESS DEPARTMENT TO SERVE ON THE REGIONAL NORTH CENTRAL PA PUBLIC TRANSPORTATION TASK FORCE THE REPRESENTATIVE HAS BEEN SERVING AS A MEMBER OF THIS COMMITTEE SINCE 2012 IN ADDITION, KEY PERSONNEL IN SOCIAL SERVICES, CASE MANAGEMENT AND THE EMERGENCY DEPARTMENT ARE WORKING TOGETHER TO ADDRESS TRANSPORTATION ISSUES AS THEY RELATE TO PATIENTS WHO COME TO THE HOSPITAL FOR EMERGENT OR SCHEDULED CARE, BUT ARE UNABLE TO RETURN HOME DUE TO THE LACK OF TRANSPORTATION A SPECIAL FUND HAS BEEN ESTABLISHED FOR THIS PURPOSE MAKING TAXI-FARE AVAILABLE TO THESE PATIENTS WHEN NEEDED IN ADDITION, THE REPRESENTATIVES OF THE HOSPITAL WILL CONTINUE TO ADVOCATE AND SUPPORT EFFORTS IN OUR COMMUNITY TO ADDRESS AND SOLVE THE MOST URGENT TRANSPORTATION NEEDS IN THE VALLEY, ESPECIALLY AS THEY RELATE TO THOSE WHO HAVE DIFFICULTY ACCESSING HEALTHCARE DUE TO LACK OF TRANSPORTATION HOWEVER, A SPECIAL SUBCOMMITTEE OF THE COMMUNITY BENEFITS COMMITTEE, SUCH AS THOSE FOR IMPROVING ACCESS TO HEALTHCARE OR IMPROVING HEALTHY BEHAVIORS, WILL NOT BE DEVELOPED AND STAFFED FOR THE PURPOSE OF ADDRESSING TRANSPORTATION NEEDS THIS THIRD AND FINAL MOST PRESSING NEED IDENTIFIED THROUGH THE 2012 CHNA WAS THE NEED FOR ADEQUATE PUBLIC TRANSPORTATION - THIS HAS NOT BEEN FULLY ADDRESSED BY THE HOSPITAL

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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.**

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

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

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

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	25	76,100		CASH	N/A

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

Return Reference	Explanation
PART I, LINE 2	APPLICANTS MUST APPLY FOR NURSING AND TRAINING DEPARTMENT SCHOLARSHIPS APPLICATIONS ARE REVIEWED BY A COMMITTEE TO DETERMINE IF THE APPLICANTS MEET THE ELIGIBILITY REQUIREMENTS APPLICANTS ARE REVIEWED BASED ON COMMUNITY SERVICE AND/OR EXTRA CURRICULAR ACTIVITIES, ACADEMIC STANDING, QUALITY OF ESSAY, FINANCIAL NEED, ETC

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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, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed 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**	Yes	
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 Regulations 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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS RECEIVED A DISTRIBUTION FROM A SUPPLMENTAL NONQUALIFIED RETIREMENT PLAN MICHAEL O'KEEFE - $956 J LAWRENCE GINSBURG - $187,209 JAMES STOPPER - $35,362 THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLMENTAL NONQUALIFIED RETIREMENT PLAN MICHAEL O'KEEFE - $81,372 J LAWRENCE GINSBURG - $53,086 KENDRA AUCKER - $30,064 PAUL TARVES - $19,599 ANGELA HUMMEL - $13,477 DALE MOYER - $18,184 JAMES STOPPER - $23,989
PART I, LINE 7	THE EXECUTIVE TEAM IS ELIGIBLE TO RECEIVE A BONUS (BASED ON A % OF SALARY) WHEN THEIR INDIVIDUAL GOALS ARE MET FOR THE YEAR GOALS ARE SET FOR EACH INDIVIDUAL BASED ON FINANCIAL AND OPERATIONAL RESULTS THESE GOALS ARE REVIEWED AND APPROVED BY THE EXECUTIVE COMPENSATION COMMITTEE

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MICHAEL N O'KEEFE UNTIL 63015, PRESIDENT/CEO (NON-VOTING)	(I)	377,924	25,000	956	90,575	14,142	508,597	0
	(II)	0	0	0	0	0	0	0
JOHN E RICE MD, DIRECTOR/PHYSICIAN	(I)	233,700	0	0	4,792	21,525	260,017	0
	(II)	0	0	0	0	0	0	0
KENDRA A AUCKER, PRESIDENT/CEO (NON-VOTING)	(I)	238,839	42,148	0	39,847	21,864	342,698	0
	(II)	0	0	0	0	0	0	0
JAMES A STOPPER, TREASURER/CFO	(I)	215,136	32,519	35,362	32,445	13,473	328,935	0
	(II)	0	0	0	0	0	0	0
J LAWRENCE GINSBURG, VP MEDICAL AFFAIRS	(I)	413,172	31,831	187,209	66,863	14,538	713,613	0
	(II)	0	0	0	0	0	0	0
PAUL E TARVES, VP OF NURSING	(I)	177,155	17,933	0	26,949	19,937	241,974	0
	(II)	0	0	0	0	0	0	0
DALE E MOYER, CHIEF INFORMATION OFFICER	(I)	162,309	16,459	0	24,989	21,685	225,442	0
	(II)	0	0	0	0	0	0	0
MARK K KRAMMES, DIR OF PERI-ANESTHESIA	(I)	240,698	0	0	8,375	21,525	270,598	0
	(II)	0	0	0	0	0	0	0
SANDRA S WALKER, NURSE ANESTHETIST	(I)	211,405	0	0	8,435	542	220,382	0
	(II)	0	0	0	0	0	0	0
LORI K GOODLING, NURSE ANESTHETIST	(I)	205,426	0	0	2,073	6,698	214,197	0
	(II)	0	0	0	0	0	0	0
BRADLEY P BOWER, NURSE ANESTHETIST	(I)	185,378	0	0	7,303	21,525	214,206	0
	(II)	0	0	0	0	0	0	0
RAYMOND J TOMASZEWSKI, NURSE ANESTHETIST	(I)	191,278	0	0	7,765	21,525	220,568	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

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		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	UNION COUNTY HOSPITAL AUTHORITY	23-2739624		10-24-2013	19,694,697	CAPITAL IMPROVEMENTS, REFINANCE 2004 BONDS, ISSUANCE COSTS		X		X		X
B	UNION COUNTY HOSPITAL AUTHORITY	23-2739624	906460DJ6	03-03-2011	30,235,000	SERIES OF 2011 BONDS - FUND CONSTRUCTION & REFUND OUTSTANDING 2009 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	745,800	5,210,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	19,694,697	29,719,008		
4	Gross proceeds in reserve funds		2,252,124		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	207,720	377,544		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	19,486,977	27,089,340		
12	Other unspent proceeds				
13	Year of substantial completion	2013	2012		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 3	TOTAL PROCEEDS OF ISSUE FOR BOND B ARE LESS THAN THE ISSUE PRICE LISTED IN PART I DUE TO THE UNDERWRITER'S DISCOUNT OF $515,992

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN D GRIFFITH	SEE PART V	458,571	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTE PERSONS	(A) NAME OF PERSON JOHN D GRIFFITH(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SERVES AS A DIRECTOR ON THE BOARD OF DIRECTORS(D) JOHN D GRIFFITH LEASES PROPERTY TO THE HOSPITAL AT AN ARM'S LENGTH TRANSACTION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
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	X	1	1,449	DONOR COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ADVERTISING)	X	2	9,135	DONOR COST
26 Other ► (EUROPEAN DRIVING TRIP)	X	1	6,500	DONOR COST
27 Other ► (LANDSCAPING SERVICES)	X	1	6,000	DONOR COST
28 Other ► (FLORAL ARRANGEMENTS)	X	1	5,060	DONOR COST
Other ► (TWO TRIPS TO SAN MARCO ISLAND, FLORIDA)	X	1	5,000	DONOR COST
Other ► (FOOTBALL TICKETS W/ PARKING PASS)	X	1	692	DONOR COST

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	NUMBER OF CONTRIBUTIONS IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS FOR THE TYPE OF PROPERTY LISTED

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
EVANGELICAL COMMUNITY HOSPITAL	24-0795411

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	ROBERT GRONLUND IS THE FATHER OF BROOKS GRONLUND AND BOTH SERVE ON THE BOARD

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	MANAGEMENT SERVICES FOR THE WOUND AND HYBERBARIC OXYGEN THERAPY ("HBOT") DEPARTMENT WERE OUTSOURCED TO DIVERSIFIED CLINICAL SERVICES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE BY LAWS WERE AMENDED DURING THE YEAR (1) TO EXPAND THE EX-OFFICIO MEMBERS OF THE BOARD TO INCLUDE THE PRESIDENT-ELECT OF THE MEDICAL STAFF (EX-OFFICIO) AND (2) TO REPLACE THE CURRENT LIMITATION ON EMPLOYEES SERVING ON OUR BOARD CONTAINED IN SECTION 4 2 OF THE BYLAWS WITH A REQUIREMENT THAT A MAJORITY OF THE BOARD BE "INDEPENDENT" AS DEFINED BY THE APPROPRIATE IRS REGULATIONS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 WAS REVIEWED BY THE FINANCE DEPARTMENT AND THE AUDIT COMMITTEE OF THE BOARD AT AN AUDIT COMMITTEE MEETING PRIOR TO FILING THEY HAVE THE OPPORTUNUITY TO ASK QUESTIONS AND CHANGES CAN BE MADE AS A RESULT IF NECESSARY BEFORE THE RETURN IS FILED

Return Reference	Explanation
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 MANAGEMENT, 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 OR BEING A PART OF ACTIVE DISCUSSIONS WHERE THEY ARE IN DIRECT CONFLICT ANY ONE IN VIOLATION OF THE CONFLICT OF INTEREST POLICY IS ASKED TO STEP DOWN FROM THE BOARD

Return Reference	Explanation
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, ASSOCIATED VICE PRESIDENT - DEVELOPMENT, VICE PRESIDENT - HUMAN RESOURCES, CHIEF INFORMATION OFFICER, ASSOCIATE 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 THE LAST REVIEW TOOK PLACE IN 2015

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, LINE 1	THE EXECUTIVE COMMITTEE OF THE BOARD IS COMPRISED OF THE CHAIRPERSON, THE VICE-CHAIRPERSON OF THE BOARD, THE IMMEDIATE PAST CHAIRPERSON OF THE BOARD, THE CHAIR OF THE FINANCE COMMITTEE AND THE PRESIDENT OF THE MEDICAL STAFF NO PERSON IS ELIGIBLE TO SERVE ON THE EXECUTIVE COMMITTEE IN MORE THAN ONE CAPACITY IN THE EVENT THAT ANY PERSON IS ELIGIBLE TO SERVE ON THE EXECUTIVE COMMITTEE IN MORE THAN ONE CAPACITY, THE CHAIRPERSON SHALL NOMINATE ANOTHER BOARD MEMBER TO SERVE ON THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL INCLUDE AT LEAST ONE PHYSICIAN WHO IS A BOARD MEMBER THE PRESIDENT SHALL SERVE AS AN EX-OFFICIO MEMBER OF THE EXECUTIVE COMMITTEE WITHOUT A VOTE. THE EXECUTIVE COMMITTEE IS EMPOWERED TO ACT FOR THE BOARD IN THE GOVERNANCE OF ECH BETWEEN REGULAR MEETINGS OF THE BOARD, WHEN SUCH ACTION IS REQUIRED FOR THE TIMELY CONDUCT OF ECH BUSINESS, EXCEPT THE FOLLOWING 1) SUCH POWERS AS MAY BY LAW OR THESE BYLAWS BE REQUIRED TO BE EXERCISED BY THE BOARD 2) SUCH POWERS AS THE BOARD MAY BY RESOLUTION EXPRESSLY RESERVE TO ITSELF 3) THE PURCHASE OR SALE OF REAL PROPERTY, 4) HIRING OR TERMINATING THE EMPLOYMENT OF THE PRESIDENT, 5) AMENDING OR REVISING THE BOARD APPROVED BUDGET, 6) TAKING ANY ACTION WHICH IS A "FUNDAMENTAL CHANGE" WITHIN THE MEANING OF CHAPTER 59 OF THE NONPROFIT CORPORATION LAW OF 1988 (OR ANY SIMILAR SUCCESSOR STATUTE), 7) THE BORROWING OF MONEY, 8) COMMITMENTS OR EXPENDITURES GREATER THAN $500,000

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT -12,276 VALUATION LOSS -191,483 POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT -444,569 NET TRANSFERRS WITH AFFILIATES -14,200,000

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

OMB No 1545-0047

2014

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) EVANGELICAL AMBULATORY SURGICAL CENTER 210 JPM ROAD LEWISBURG, PA 17837 23-3021240	HEALTHCARE - SURGERY	PA	503,450	746,321	EVANGELICAL COMMUNITY HOSPITAL

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) EVANGELICAL-GEISINGER HEALTH LLC 100 N ACADEMY AVENUE DANVILLE, PA 178224031 46-0567687	HEALTHCARE	PA	N/A	RELATED	166,925	815,690		No			No	50 000 %
(2) KEYSTONE ACCOUNTABLE CARE ORG LLC 100 N ACADEMY AVENUE DANVILLE, PA 17822 45-5484165	HEALTHCARE	PA	N/A	RELATED	-322,373	122,313		No			No	30 000 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CENTRAL SUSQUEHANNA HEALTHCARE PROVIDERS INC ONE HOSPITAL DRIVE LEWISBURG, PA 17837 23-2452170	MEDICAL SERVICES	PA	EVANGELICAL COMMUNITY HOSPITAL	C	36,660	196,466	50 000 %		No
(2) EVANGELICAL MEDICAL SERVICE ORGANIZATION ONE HOSPITAL DRIVE LEWISBURG, PA 17837 23-2809429	MEDICAL SERVICES	PA	EVANGELICAL COMMUNITY HOSPITAL	C	33,459,654	23,129,622	100 000 %		No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) EVANGELICAL MEDICAL SERVICES ORGANIZATION	R	14,200,000	CASH
(2) EVANGELICAL MEDICAL SERVICES ORGANIZATION	P	952,995	CASH
(3) EVANGELICAL MEDICAL SERVICES ORGANIZATION	O	814,064	HOURS SPENT WORKING FOR AFFILIATE
(4) EVANGELICAL MEDICAL SERVICES ORGANIZATION	J	726,975	CASH

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation