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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

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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)

ONE HOSPITAL DRIVE

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

LEWISBURG, PA 17837

F Name and address of principal officer

KENDRA A AUCKER

ONE HOSPITAL DRIVE

LEWISBURG, PA 17837

D Employer identification number

24-0795411

E Telephone number

(570) 522-2741

G Gross receipts \$ 255,462,405

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

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

PROVIDE HEALTH CARE SERVICES TO THE PUBLIC AND TO BE THE COMMUNITY'S HEALTH CARE PROVIDER OF CHOICE

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

3 Number of voting members of the governing body (Part VI, line 1a)

19

4 Number of independent voting members of the governing body (Part VI, line 1b)

12

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

1,648

6 Total number of volunteers (estimate if necessary)

210

7a Total unrelated business revenue from Part VIII, column (C), line 12

8,016,504

7b Net unrelated business taxable income from Form 990-T, line 34

467,282

Revenue

8 Contributions and grants (Part VIII, line 1h)

1,641,054

9 Program service revenue (Part VIII, line 2g)

185,736,263

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

5,737,874

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

6,959,177

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

200,074,368

215,213,275

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

55,000

55,000

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)

84,707,719

88,793,334

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

97,764

b Total fundraising expenses (Part IX, column (D), line 25) ▶628,670

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

80,540,698

89,218,044

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

165,303,417

178,164,142

19 Revenue less expenses Subtract line 18 from line 12

34,770,951

37,049,133

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

300,189,218

369,234,196

21 Total liabilities (Part X, line 26)

72,650,094

127,332,725

22 Net assets or fund balances Subtract line 21 from line 20

227,539,124

241,901,471

Part II Signature Block

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

Sign Here

Signature of officer

2019-03-29

Date

JAMES A STOPPER CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JULIUS C GREEN CPA

Preparer's signature

JULIUS C GREEN CPA

Date

Check ☐ if self-employed

PTIN

P00350393

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP

Firm's EIN ▶ 39-0859910

Firm's address ▶ 1650 MARKET STREET SUITE 4500

Phone no (215) 972-0701

PHILADELPHIA, PA 191037341

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

WE 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 \$ 139,427,685 including grants of \$ 55,000) (Revenue \$ 200,163,588)
See Additional Data

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 ► 139,427,685

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	No
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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26 Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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.	64	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	1,648	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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.	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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
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.		
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.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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		
	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
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?	Yes	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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.	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 A STOPPER CPA CFO ONE HOSPITAL DRIVE LEWISBURG, PA 17837 (570) 522-2000

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

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

Form **990** (2017)

[illegible]

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 ▶ 51

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
QUANDEL CONSTRUCTION GROUP 3003 N FRONT ST STE 201 HARRISBURG, PA 171101224	CONSTRUCTION	2,984,735
TRIMEDX LLC PO BOX 636129 CINCINNATI, OH 452636129	MAINTENANCE SERVICES	2,816,076
INTERIOR CONSTRUCTION SPEC 393 E SOUTHERN AVE S WILLIAMSPORT, PA 17702	CONSTRUCTION	1,751,643
ZARTMAN CONSTRUCTION 3000 POINT TOWNSHIP DRIVE NORTHUMBERLAND, PA 178578864	CONSTRUCTION	1,238,507
HBCS 118 LUKENS DRIVE RIVEREDGE PARK NEW CASTLE, DE 197202727	COLLECTION SERVICES	1,172,731

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 ► 59	
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Part VIII Statement of RevenueCheck 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	203,857			
	d Related organizations	1d				
	e Government grants (contributions)	1e	252,345			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,379,557			
	g Noncash contributions included in lines 1a-1f \$ _____	21,099				
	h Total. Add lines 1a-1f ▶		2,835,759			
Program Service Revenue			Business Code			
	2a NET PATIENT SERVICE REVENUE		621400	199,758,596	199,758,596	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶		199,758,596			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,666,769			2,666,769
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		2,128,265				
	b Less rental expenses	4,056,612				
	c Rental income or (loss)	-1,928,347				
	d Net rental income or (loss) ▶		-1,928,347			-1,928,347
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		38,225,871 45,988				
	b Less cost or other basis and sales expenses	36,025,869 26,113				
	c Gain or (loss)	2,200,002 19,875				
	d Net gain or (loss) ▶		2,219,877			2,219,877
	8a Gross income from fundraising events (not including \$ 203,857 of contributions reported on line 1c) See Part IV, line 18 a	94,710				
	b Less direct expenses b	140,536				
	c Net income or (loss) from fundraising events . . . ▶		-45,826			-45,826
	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 . . . ▶						
Miscellaneous Revenue		Business Code				
11a LABORATORY SERVICES	621500	2,708,904		2,708,904		
b BILLING FEES FROM AFFILIATE	541900	1,876,600		1,876,600		
c CAFETERIA AND VENDING SALES	722210	676,816			676,816	
d All other revenue		4,444,127	404,992	3,431,000	608,135	
e Total. Add lines 11a-11d ▶		9,706,447				
12 Total revenue. See Instructions ▶			215,213,275	200,163,588	8,016,504	4,197,424

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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.	55,000	55,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	6,571,097	3,075,053	3,496,044	
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.	62,511,096	49,658,478	12,579,383	273,235
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,654,818	1,522,427	123,467	8,924
9 Other employee benefits.	13,215,296	10,603,419	2,574,795	37,082
10 Payroll taxes.	4,841,027	3,772,275	1,048,478	20,274
11 Fees for services (non-employees):				
a Management.				
b Legal.	502,141		501,841	300
c Accounting.	122,219	6,750	115,469	
d Lobbying.	9,376		9,376	
e Professional fundraising services. See Part IV, line 17.	97,764			97,764
f Investment management fees.	446,487	11,945	434,542	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	8,633,047	4,936,572	3,615,448	81,027
12 Advertising and promotion.	566,779	17,379	549,400	
13 Office expenses.	35,734,726	33,991,799	1,715,092	27,835
14 Information technology.	9,476,355	1,635,330	7,806,533	34,492
15 Royalties.				
16 Occupancy.	465,943	465,943		
17 Travel.	145,516	112,932	31,267	1,317
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	165,808	91,586	69,965	4,257
20 Interest.	1,897,788	1,897,788		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	12,052,729	12,052,729		
23 Insurance.	964,040	964,040		
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	150,016		150,016	
b BAD DEBT EXPENSE	12,834,563	12,834,563		
c LOSS ON REFINANCING	2,887,920		2,887,920	
d MA MODERNIZATION	465,213	465,213		
e All other expenses	1,697,378	1,256,464	398,751	42,163
25 Total functional expenses. Add lines 1 through 24e.	178,164,142	139,427,685	38,107,787	628,670
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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,205	1	5,335
	2	Savings and temporary cash investments		35,308,181	2	41,318,606
	3	Pledges and grants receivable, net		7,785	3	1,186,889
	4	Accounts receivable, net		15,244,228	4	16,384,028
	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			7	
	8	Inventories for sale or use		4,367,994	8	4,495,761
	9	Prepaid expenses and deferred charges		3,772,597	9	4,308,268
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	247,727,282		
	b	Less: accumulated depreciation	10b	115,716,604		
				127,740,101	10c	132,010,678
	11	Investments—publicly traded securities		95,286,553	11	149,241,471
	12	Investments—other securities. See Part IV, line 11		4,751,307	12	5,172,985
	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		10,530,008	15	11,934,916	
16	Total assets. Add lines 1 through 15 (must equal line 34)		300,189,218	16	369,234,196	
Liabilities	17	Accounts payable and accrued expenses		16,567,182	17	19,453,665
	18	Grants payable			18	
	19	Deferred revenue		30,051	19	29,307
	20	Tax-exempt bond liabilities		39,996,978	20	92,278,451
	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	325,000
	23	Secured mortgages and notes payable to unrelated third parties		1,488,804	23	611,542
	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		14,567,079	25	14,634,760
26	Total liabilities. Add lines 17 through 25		72,650,094	26	127,332,725	
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		220,660,240	27	233,995,290
	28	Temporarily restricted net assets		1,163,067	28	2,086,124
	29	Permanently restricted net assets		5,715,817	29	5,820,057
	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		227,539,124	33	241,901,471
34	Total liabilities and net assets/fund balances		300,189,218	34	369,234,196	

Part XI Reconciliation of Net AssetsCheck 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	215,213,275
2	Total expenses (must equal Part IX, column (A), line 25)	2	178,164,142
3	Revenue less expenses Subtract line 2 from line 1	3	37,049,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	227,539,124
5	Net unrealized gains (losses) on investments	5	1,478,696
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	-24,165,482
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	241,901,471

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

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

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			
JOHN E MECKLEY ESQ CHAIR	1 00 0 10	X		X				0	0	0
BROOKS R GRONLUND VICE CHAIR	1 00 0 10	X		X				0	0	0
JAMES A STOPPER CPA TREASURER/CHIEF FINANCIAL OFFICER	40 00 1 00	X		X				363,386	0	57,299
WILLIAM P ANDERSON SECRETARY/CHIEF OPERATING OFFICER	40 00	X		X				185,006	0	29,285
TIMOTHY J APPLE DIRECTOR	1 00 0 10	X						0	0	0
JULIE A BARNA DMD DIRECTOR	1 00 0 10	X						0	0	0
ROGER S HADDON JR DIRECTOR	1 00 0 10	X						0	0	0
MARK D HUBER DIRECTOR	1 00 0 10	X						0	0	0
JEFFREY J KAPSAR DIRECTOR	1 00 0 10	X						0	0	0
AMANDA G KESSLER ESQ DIRECTOR	1 00 0 10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
LINDA J KORB PHD NCPSYA DIRECTOR	1 00 0 10	X						0	0	0
SHAWN P MCGLAUGHLIN MD DIRECTOR	40 00	X						578,850	0	25,154
TIMM A MOYER DIRECTOR	1 00 0 10	X						0	0	0
JANICE OMLOR DO DIRECTOR	1 00 39 00	X						494,579	0	33,318
JULIA E REDCAY DO DIRECTOR	1 00 39 00	X						372,201	0	20,328
MATTHEW W REISH MD DIRECTOR	1 00 39 00	X						868,585	0	23,902
J DONALD STEELE JR DIRECTOR	1 00 0 10	X						0	0	0
DENNIS W SWANK DIRECTOR	1 00 0 10	X						0	0	0
DAVID M ZELECHOSKI MD DIRECTOR	1 00 1 00	X						219,539	0	28,007
P RONALD ZUG MD DIRECTOR (UNTIL 10/17)	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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			
HENRY A TRUSLOW IV DIRECTOR (UNTIL 12/17)	1 00	X						0	0	0
KENDRA A AUCKER PRESIDENT/CHIEF EXECUTIVE OFFICER	40 00			X				747,112	0	129,577
JOHN F DEVINE VP MEDICAL AFFAIRS	40 00				X			466,927	0	64,265
PAUL E TARVES VP OF NURSING ADMINISTRATION	40 00				X			207,051	0	2,416
DALE E MOYER VP OF INFORMATION SYSTEM	40 00				X			219,822	0	43,693
ANGELA J HUMMEL VP OF HUMAN RESOURCES	40 00				X			217,538	0	28,346
ANGELA LAHR AVP CLINICAL OPERATIONS	40 00					X		147,890	0	28,836
RANDALL STRAUSSER DIRECTOR OF PHARMACY SERVICES	40 00					X		158,652	0	19,979
JOSHUA TITUS PHARMACIST	40 00					X		157,021	0	10,233
ALAN GRISWOLD PHARMACIST	40 00					X		156,011	0	12,726

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			
JOSHUA MILLER PHARMACIST	40 00					X		149,585	0	12,479
MICHAEL N O'KEEFE FORMER PRESIDENT/CEO	0 00						X	523,728	0	0

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

2017

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 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2

☐

A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. 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—2016.** 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—2017.** 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—2016.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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)			

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

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

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

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

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization EVANGELICAL COMMUNITY HOSPITAL	Employer identification number 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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
2				
3				
4				
5				
6				

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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ **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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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		9,376
j	Total. Add lines 1c through 1i			9,376
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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 AND AHA DUES WERE USED FOR LOBBYING, THIS AMOUNTED TO \$9,376 FOR THE FISCAL YEAR ENDING JUNE 30, 2018

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493088005249									
SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service		Supplemental Financial Statements ► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.			OMB No 1545-0047 2017 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" on Form 990, Part IV, line 6.													
		(a) Donor advised funds		(b) Funds and other accounts									
1		Total number at end of year											
2		Aggregate value of contributions to (during year)											
3		Aggregate value of grants from (during year)											
4		Aggregate value at end of year											
5		Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.													
1 Purpose(s) of conservation easements held by the organization (check all that apply) ☐ Preservation of land for public use (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 <table><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>				2a		2b		2c		2d	
2a													
2b													
2c													
2d													
a Total number of conservation easements													
b Total acreage restricted by conservation easements													
c Number of conservation easements on a certified historic structure included in (a)													
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register													
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►													
4 Number of states where property subject to conservation easement is located ►													
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No													
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►													
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$													
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No													
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements													
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.													
1a If the organization elected, as permitted under 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 on Form 990, Part VIII, line 1 ► \$ (ii) Assets included in Form 990, Part X ► \$													
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 ► \$ b Assets included in Form 990, Part X ► \$													
For Paperwork Reduction Act Notice, see the Instructions for Form 990.													
Cat No 52283D		Schedule D (Form 990) 2017											

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,862,290	7,418,085	5,826,952	5,428,211	4,590,433
b Contributions	25,625	185,221	1,171,492	349,586	322,276
c Net investment earnings, gains, and losses	436,912	425,034	563,204	177,781	635,909
d Grants or scholarships	22,500	23,000	13,407	20,915	19,298
e Other expenditures for facilities and programs	104,484	112,547	104,824	84,049	79,509
f Administrative expenses	32,679	30,503	25,332	23,662	21,600
g End of year balance	8,165,164	7,862,290	7,418,085	5,826,952	5,428,211

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

a Board designated or quasi-endowment ▶ 72.220 %

b Permanent endowment ▶ 27.780 %

c Temporarily restricted endowment ▶ 0 %

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

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,669,217		8,669,217
b Buildings		125,699,503	45,689,556	80,009,947
c Leasehold improvements		12,758,160	1,509,262	11,248,898
d Equipment		92,407,040	66,590,643	25,816,397
e Other		8,193,362	1,927,143	6,266,219
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				132,010,678

Part VII

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

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

Part VIII

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

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

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
BLUE CROSS CURRENT FINANCING ADVANCE	1,057,190
ACCRUED POSTRETIREMENT BENEFIT COSTS	5,317,100
ESTIMATED MEDICAL MALPRACTICE CLAIMS LIABILITY	1,858,863
CHARITABLE GIFT ANNUITIES PAYABLE	204,403
DEFERRED COMPENSATION	1,797,857
CAPITAL LEASE OBLIGATION	343,314
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	2,616,378
DUE TO AFFILIATES	1,439,655
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	14,634,760

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	208,224,935
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,478,696
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-12,664,184
e	Add lines 2a through 2d	2e	-11,185,488
3	Subtract line 2e from line 1	3	219,410,423
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-4,197,148
c	Add lines 4a and 4b	4c	-4,197,148
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	215,213,275

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

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

1	Total expenses and losses per audited financial statements	1	193,862,588
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	28,959,237
e	Add lines 2a through 2d	2e	28,959,237
3	Subtract line 2e from line 1	3	164,903,351
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	
b	Other (Describe in Part XIII)	4b	13,260,791
c	Add lines 4a and 4b	4c	13,260,791
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	178,164,142

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
See Additional Data Table	

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	5,317,100
	ESTIMATED MEDICAL MALPRACTICE CLAIMS LIABILITY	1,858,863
	CHARITABLE GIFT ANNUITIES PAYABLE	204,403
	DEFERRED COMPENSATION	1,797,857
	CAPITAL LEASE OBLIGATION	343,314
	ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	2,616,378
	DUE TO AFFILIATES	1,439,655

Supplemental 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 PLACCE (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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 1,264 VALUATION GAIN 88,636 POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT 503,302 INVESTMENT EXPENSES -426,228 BAD DEBT EXPENSE -12,834,563 NET ASSETS RELEASED FROM RESTRICTIONS 3,405

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RENTAL EXPENSES -4,056,612 SPECIAL EVENTS EXPENSE -140,536

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES 4,056,612 SPECIAL EVENTS EXPENSE 140,536 EQUITY TRANSFER TO AFFILIATE 24,762,089

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	INVESTMENT EXPENSES 426,228 BAD DEBT EXPENSE 12,834,563

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493088005249			
SCHEDULE G (Form 990 or 990-EZ)		Supplemental Information Regarding Fundraising or Gaming Activities			OMB No 1545-0047		
Department of the Treasury Internal Revenue Service		Complete if the organization answered "Yes" on 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 .			2017		
Name of the organization EVANGELICAL COMMUNITY HOSPITAL				Employer identification number 24-0795411			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.							
a ☒ Mail solicitations		e ☒ Solicitation of non-government grants					
b ☒ Internet and email solicitations		f ☒ Solicitation of government grants					
c ☒ Phone solicitations		g ☒ Special fundraising events					
d ☒ In-person solicitations							
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?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes No			
PRIDE PHILANTHROPY 1397 CHESTNUT COVE TRAIL 20988 JASPER, GA 30143		CAMPAIGN CONSULTANT		No	0	84,000	0
PROCOPIA 1106 NORTH SHERIDAN AVENUE PITTSBURGH, PA 15206		GRANT WRITING CONSULTANT		No	0	7,563	0
JAMES E CONNELL & ASSOCIATES 15 PINEWALD DRIVE PO BOX 3335 PINEHURST, NC 283743335		PLANNED GIVING CONSULTANT		No	0	6,201	0
Total ▶						97,764	
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.							
PA							
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017							

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

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA (event type)	COOKIN' MEN/FASANO LECTURE (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	161,100	74,937	62,530	298,567
	2 Less Contributions	99,702	58,395	45,760	203,857
	3 Gross income (line 1 minus line 2)	61,398	16,542	16,770	94,710
Direct Expenses	4 Cash prizes			1,960	1,960
	5 Noncash prizes	47,030			47,030
	6 Rent/facility costs	557		9,690	10,247
	7 Food and beverages	16,873	6,007	6,244	29,124
	8 Entertainment	9,000	5,300		14,300
	9 Other direct expenses	16,594	16,456	4,825	37,875
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				140,536
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-45,826

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ 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 activity conducted in					
a The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;">13a</td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;">13b</td><td style="text-align: center;">%</td></tr></table>	13a	%	13b	%
13a	%				
13b	%				
b An outside facility					

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)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Name of the organization

Employer identification number

EVANGELICAL COMMUNITY HOSPITAL

24-0795411

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

3a

Yes

100%

150%

200%

Other

%

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

3b

Yes

200%

250%

300%

350%

400%

Other

%

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

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

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

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)	0	843	232,861	0	232,861	0 140 %
b Medicaid (from Worksheet 3, column a)	0	23,419	16,636,574	7,304,974	9,331,600	5 640 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	83	28,047	0	28,047	0 020 %
d Total Financial Assistance and Means-Tested Government Programs		24,345	16,897,482	7,304,974	9,592,508	5 800 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	42	31,760	1,089,124	49,446	1,039,678	0 630 %
f Health professions education (from Worksheet 5)	5	2,444	187,665	0	187,665	0 110 %
g Subsidized health services (from Worksheet 6)	0	0	0	0		
h Research (from Worksheet 7)	0	0	0	0		
i Cash and in-kind contributions for community benefit (from Worksheet 8)	1	2,764	116,650	0	116,650	0 070 %
j Total. Other Benefits	48	36,968	1,393,439	49,446	1,343,993	0 810 %
k Total. Add lines 7d and 7j	48	61,313	18,290,921	7,354,420	10,936,501	6 610 %

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

Cat No 50192T

Schedule H (Form 990) 2017

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	0	0	0	0		
2 Economic development	0	0	0	0		
3 Community support	2	19	398	0	398	0 %
4 Environmental improvements	0	0	0	0		
5 Leadership development and training for community members	2	497	867	0	867	0 %
6 Coalition building	4	1,198	7,325	0	7,325	0 %
7 Community health improvement advocacy	1	150	2,500	0	2,500	0 %
8 Workforce development	12	1,216	203,018	0	203,018	0 120 %
9 Other	0	0	0	0		
10 Total	21	3,080	214,108		214,108	0 120 %

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 Healthcare 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	8,328,473	
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	0	
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	33,537,462
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	48,058,836
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-14,521,374
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

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

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)

	Facility reporting group	Other (describe)	ER—other	ER—24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	
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)
EVANGELICAL COMMUNITY HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5 Yes	
6 a 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 Yes	
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>WWW EVANHOSPITAL COM/HEALTH-AND-WELLNESS</u>		
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 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>WWW EVANHOSPITAL COM/HEALTH-AND-WELLNESS</u>	10 Yes	
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

EVANGELICAL COMMUNITY HOSPITAL			
Name of hospital facility or letter of facility reporting group			
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? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
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? 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)	15	Yes
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	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a ☒ The FAP was widely available on a website (list url) WWW EVANHOSPITAL COM/PATIENTS/INSURANCE/CHARITY-CARE			
b ☒ The FAP application form was widely available on a website (list url) WWW EVANHOSPITAL COM/PATIENTS/INSURANCE/CHARITY-CARE			
c ☒ A plain language summary of the FAP was widely available on a website (list url) WWW EVANHOSPITAL COM/PATIENTS/INSURANCE/CHARITY-CARE			
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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☒ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

EVANGELICAL COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

EVANGELICAL COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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? _____

Name and address	Type of Facility (describe)
1	
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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 24B, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$12,834,563

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	AS A COMMUNITY AND HEALTH RESOURCE FOR MORE THAN 90 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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4	PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF PATIENT ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUAL AMOUNTS DUE AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY. FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. THE CORPORATION'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS INCREASED TO 80% OF SELF-PAY ACCOUNTS RECEIVABLE AT JUNE 30, 2018, FROM 79% OF SELF-PAY ACCOUNTS RECEIVABLE AT JUNE 30, 2017. IN ADDITION, THE CORPORATION'S SELF-PAY ACCOUNT WRITE-OFFS (NET OF RECOVERIES) WERE APPROXIMATELY \$12,276,000 AND \$12,176,000 IN 2018 AND 2017, RESPECTIVELY. THE WRITE-OFFS ARE COMPARABLE FROM 2017 TO 2018. THE CORPORATION DID NOT SIGNIFICANTLY CHANGE ITS PATIENT FINANCIAL ASSISTANCE POLICY IN 2018 OR 2017. THE CORPORATION DOES NOT MAINTAIN A MATERIAL ALLOWANCE FOR DOUBTFUL ACCOUNTS FROM THIRD-PARTY PAYORS, NOR DID IT HAVE SIGNIFICANT WRITE-OFFS FROM THIRD-PARTY PAYORS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE HOSPITAL CONTINUES TO PROVIDE CARE TO ALL PRESENTING AND ADMITTED PATIENTS, REGARDLESS OF ABILITY TO 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

990 Schedule H, Supplemental Information

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	IN 2015 EVANGELICAL COMMUNITY HOSPITAL (ECH) COMPLETED ANOTHER COMMUNITY HEALTH NEEDS ASSESSMENT THE ASSESSMENT WAS CONDUCTED BY TRIPP UMBACH ALONG WITH PARTNERING HOSPITALS AND OUTSIDE COMMUNITY ORGANIZATIONS AS A REGIONAL COLLABORATIVE EFFORT TO ASSESS THE NEEDS OF OUR COMMUNITY EVANGELICAL'S NEEDS ASSESSMENT INCLUDED A FIVE COUNTY REGION CONSISTING OF SNYDER, UNION, NORTHUMBERLAND, LYCOMING AND JUNIATA COUNTIES THE ASSESSMENT WAS COMPLETED IN APRIL OF 2015 AND ADOPTED BY THE EVANGELICAL BOARD OF DIRECTORS IN NOVEMBER 2015 FISCAL YEAR 2018 IS ECH'S SECOND YEAR OF REPORTING ON OUR IDENTIFIED NEEDS DURING THIS ASSESSMENT, THE NEEDS OF OUR COMMUNITY WERE IDENTIFIED AS 1) ADDRESSING NEEDS RELATED TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSE, 2) REDUCING THE IMPACT OF HEALTH CONCERNS RELATED TO LIFESTYLE, 3) THE IMPACT OF SOCIO-ECONOMIC STATUS ON HEALTH OUTCOMES, AND 4) INCREASING ACCESS TO HEALTHCARE THIS PLAN PROVIDED A ROADMAP FOR OUR HOSPITAL TO MEET SPECIFIC NEEDS WITHIN OUR FIVE COUNTY SERVICE AREA BELOW ARE THE FOUR KEY IDENTIFIED NEEDS, THE ACTION STEPS AND HOW THE HOSPITAL ADDRESSED THESE NEEDS FOR YEAR TWO OF THE 2015 IMPLEMENTATION PLAN 1 ADDRESSING NEEDS RELATED TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSE - THE CURRENT TELEPSYCH SERVICE IS BEING UTILIZED APPROXIMATELY 15 TIMES PER QUARTER FOR THE ED AND APPROXIMATELY 6 TIMES A QUARTER FOR INPATIENT RESPONSE TIMES ARE WITHIN THE EXPECTED RANGE (WITHIN 2 HOURS) - OPIOID REVERSAL KIT (NALOXONE) EDUCATION CONTINUES IN THE COMMUNITY WITH FAMILY /FRIENDS OF AT RISK PERSONS AS WELL AS FOR EMS, FIRE AND POLICE SOME AREA BUSINESSES, SPECIFICALLY HOTEL STAFF HAVE RECEIVED EDUCATION COMMUNITY HEALTH AND WELLNESS DEPARTMENT IS CURRENTLY RESPONSIBLE FOR THE DISTRIBUTION OF THE KITS AND IS WORKING ON AN EDUCATIONAL PROGRAM TO PROVIDE COMMUNITY AGENCIES AND BUSINESSES - THE EMSO CONTINUES TO OFFER DEPRESSION SCREENING AND MAKE RECOMMENDATIONS REGARDING THE FINDINGS WITH OUR CURRENT EHR THERE ARE LIMITATIONS TO TRACKING THE DATA THEY CAN EXTRACT RELATED SPECIFICALLY TO REFERRALS - COMMUNITY HEALTH AND WELLNESS STAFF CONTINUE TO SUPPORT THE COMMUNITY THAT CARES (CTC) IN THE SHIKELLAMY SCHOOL DISTRICT ONCE THE GRANT FUNDING HAS EXPIRED THE CTC WILL TRANSITION TO A UNITED WAY SUPPORTED PROGRAM COMMUNITY HEALTH AND WELLNESS WILL CONTINUE TO SUPPORT EFFORTS COMMUNITY HEALTH AND WELLNESS STAFF COULD NOT ATTEND THE "PROSPER" TRAINING DUE TO SCHEDULING CONFLICTS POSSIBLE TRAINING OPPORTUNITIES MAY COME IN THE FUTURE - HOSPITAL STAFF PARTICIPATED IN BOTH THE NORTHUMBERLAND COUNTY OPIOID COALITION AND THE SNYDER/UNION COUNTY OPIOID COALITION CH&W STAFF WAS TRAINED TO EDUCATE FAMILY MEMBERS AND/OR FRIENDS OF THOSE ADDICTED TO OPIOIDS ON HOW TO ADMINISTER NALOXONE AND HOW TO RECOGNIZE SIGNS AND SYMPTOMS OF AN OVERDOSE - ECH IS RESPONDING TO FOOD INSECURITY BY ASKING DIRECT FOOD AVAILABILITY QUESTIONS 2 REDUCING THE IMPACT OF HEALTH CONCERNS RELATED TO LIFESTYLE - NEW WORKSITE WELLNESS CLIENTS HAVE INCREASED BY THREE - AN ENDOCRINOLOGIST STARTED EMPLOYMENT SPRING OF 2018 - THE ORGANIZATION CONTINUES TO FOCUS ON INCREASING COLON SCREENINGS WITH THE PURCHASE OF CENTRAL PENNSILVANIA, THE ABILITY TO IMPROVE THE VARIOUS SCREENING OPTIONS SHOULD OCCUR THE CANCER COMMITTEE WILL BE USING COLON CANCER SCREENING TO ADDRESS STANDARD 4.2, "SCREENING PROGRAMS" - ADDITIONAL EDUCATION AND OUTREACH HAS BEEN DONE TO PRIMARY CARE OFFICES WITHIN THE SERVICE AREA REGARDING THE LOW DOSE CT LUNG SCREENING PROGRAM TO DATE THIS FISCAL YEAR, 25 REFERRALS WERE RECEIVED, COMPARED TO 8 LAST FISCAL YEAR TO DATE 3 INCREASING ACCESS TO HEALTHCARE - AT THIS TIME, ECH IS NOT WORKING ON ANY NEW INITIATIVES WITH THE PLAIN COMMUNITY PROGRAMMING THROUGH THE USE OF THE MOBILE MEDICAL UNIT WILL TARGET AREAS WHERE THIS POPULATION LIVES PRIMARY CARE AND COMMUNITY OUTREACH PROGRAMS HAVE BEEN SCHEDULED FOR THESE SPECIFIC AREAS - THE PLAIN COMMUNITY DISCOUNT WAS RE-EVALUATED AND PRICING HAS BEEN ADJUSTED AS OF 6/1/2018 TO BE COMPETITIVE WITH OTHER INSTITUTIONS OFFERING DISCOUNTS AS WELL THE PLAIN COMMUNITY PROGRAM HAS SEEN A 6.4% INCREASE IN UTILIZATION OF THE PROGRAM AND A 24.1% INCREASE IN GROSS REVENUE FROM LAST FISCAL YEAR TO THIS FISCAL YEAR TO DATE - FY18 UTILIZATION OF PLAIN COMMUNITY PROGRAM ECH ENCOUNTERS CHARGESFY2017 2,266 \$ 6,855,403FY2018 2,268 \$8,309,429EMSO ENCOUNTERS CHARGESFY2017 2,221 \$799,977FY2018 2,662 \$1,351,370- AREAS IDENTIFIED TO TARGET WITH MOBILE HEALTH OF EVANGELICAL ARE SPRING MILL S, LOGANTON, MCALISTERVILLE, MONTGOMERY, WASHINGTONVILLE, RUSH TOWNSHIP, SHAMOKIN, SUNBURY, BEAVER SPRINGS, PORT TREVORTON, LAURELTON, AND MILLMONT - MOBILE HEALTH OF EVANGELICAL WAS ESTABLISHED AND PRIMARY CARE, CARDIAC AND WOMEN'S HEALTH VISITS HAVE BEEN MADE TO A VARIETY OF LOCATIONS THAT WERE IDENTIFIED AS A PRIORITY FOR THE FIRST YEAR OF SERVICE IN THE PRO FORMA 4 THE IMPACT OF SOCIO-ECONOMIC STATUS ON HEALTH OUTCOMES -- THE "ASK ME 3" PROGRAM WAS RE-DESIGNED AND PROVIDED TO AREA COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 2	GROUPS THE PROGRAM TEACHES PEOPLE HOW TO BE A RESPONSIBLE PATIENT - CH&W OFFERED 3,300 PREVENTATIVE SCREENINGS TO THE COMMUNITY, PROVIDED SCHOOL BASED EDUCATIONAL PROGRAMMING TO OVER 22,000 STUDENTS, REACHING MORE THAN 33,000 INDIVIDUALS - ECH HAS ESTABLISHED A PLAN TO PROVIDE FOOD BOXES TO PATIENTS WHO ARE IDENTIFIED AS FOOD INSECURE THE FOOD BOXES WILL BE DISTRIBUTED THROUGH THE HOSPITAL TO HOME PROGRAM - CH&W HAS ALSO UTILIZED THE MOBILE MEDICAL UNIT TO OFFER VARIOUS HEALTH SCREENINGS TO THE IDENTIFIED PRIORITY AREAS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	AS A COMMUNITY HOSPITAL, EVANGELICAL IS DEDICATED TO IMPROVING THE HEALTH AND WELL-BEING OF ALL ITS CONSTITUENTS THROUGH THE FINANCIAL ASSISTANCE PROGRAM, MEDICAL CARE IS PROVIDED REGARDLESS OF A PATIENT'S ABILITY TO PAY, INSUFFICIENT HEALTH INSURANCE OR WHETHER A GOVERNMENT-SPONSORED PROGRAM COVERS THE FULL COST OF SERVICES AND AS THE COUNTRY'S ECONOMIC FUTURE REMAINS UNCERTAIN, EVANGELICAL WILL CONTINUE TO PROVIDE CARE FOR THOSE WHO NEED IT EVANGELICAL WILL PROVIDE SERVICES AT NO CHARGE OR REDUCED CHARGES TO THOSE WHO ARE FINANCIALLY UNABLE TO PAY FOR THOSE SERVICES EVANGELICAL WILL NOT ARBITRARILY RESTRICT THE PROVISIONS OF HEALTH SERVICES TO CERTAIN INDIVIDUALS OR GROUPS EVANGELICAL'S REGISTRATION DEPARTMENT REPRESENTATIVES INFORM OUR UNINSURED OR UNDER INSURED PATIENTS, OF OUR FINANCIAL ASSISTANCE PROGRAM FINANCIAL ASSISTANCE APPLICATIONS ARE OFFERED TO THESE PATIENT AND IN ADDITION, THEY HAVE THE OPPORTUNITY TO CALL OUR FINANCIAL COUNSELOR THE FINANCIAL COUNSELOR DISCUSSES THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFITS SUCH AS MEDICAID OR STATE PROGRAMS TO ASSIST THE PATIENT WITH QUALIFICATIONS FOR THESE PROGRAMS THE FINANCIAL COUNSELOR WILL ALSO ASSIST THE PATIENT IN COMPLETING THE PROPER PAPERWORK FOR ASSISTANCE THE FINANCIAL COUNSELORS AND CASE MANAGEMENT STAFF WORK CLOSELY TO IDENTIFY AND ASSIST ELIGIBLE PATIENTS OUR SELF-PAY VENDOR ALSO INFORM THE PATIENT THAT EVANGELICAL HAS A FINANCIAL ASSISTANCE PROGRAM AND A FINANCIAL COUNSELOR WHO WILL SEND THEM AN APPLICATION IF REQUESTED OUR THIRD PARTY VENDOR WORKS ON BEHALF OF THE ORGANIZATION TO FOLLOW THE HOSPITAL'S POLICIES REGARDING PATIENT NOTIFICATION AND THE AVAILABILITY OF FINANCIAL ASSISTANCE EVANGELICAL'S FINANCIAL ASSISTANCE POLICY IS POSTED ON THE EVANGELICAL WEBSITE (HTTP //WWW EVANHOSPITAL COM/PATIENTS/INSURANCE/CHARITY-CARE) ALONG WITH AN APPLICATION FOR PATIENTS TO COMPLETE FOR FINANCIAL ASSISTANCE EVANGELICAL COMMUNITY HOSPITAL WILL MAKE AVAILABLE A WRITTEN NOTICE TO EACH PATIENT OR THEIR REPRESENTATIVE OF THE EXISTENCE, CRITERIA AND MECHANISM FOR RECEIVING FINANCIAL ASSISTANCE THE HOSPITAL WILL CREATE AND MAINTAIN RECORDS DEMONSTRATING THAT THE REQUIRED CRITERIA AND MECHANISM ARE ESTABLISHED (HOSPITAL WILL RECORD ANY AND ALL REQUESTS FOR FINANCIAL ASSISTANCE, THE DISPOSITION AND THE DOLLAR AMOUNT OF EVANGELICAL'S FINANCIAL ASSISTANCE PROGRAM PROVIDED) IN ALL INSTANCES, PATIENT CONFIDENTIALITY WILL BE PROTECTED ELIGIBILITY WILL BE DETERMINED BY COMPARING HOUSEHOLD FAMILY INCOME AGAINST THE INCOME POVERTY GUIDELINES INCOME IS DEFINED AS THE TOTAL ANNUAL CASH RECEIPTS BEFORE TAXES FROM ALLSOURCES AN INDIVIDUAL NOTICE OF AVAILABILITY OF EVANGELICAL'S FINANCIAL ASSISTANCE PROGRAM WILL BE GIVEN TO EACH PATIENT OR THEIR REPRESENTATIVE PRIOR TO SERVICES BEING RENDERED, WITH THE EXCEPTION OF EMERGENCY SERVICES THESE NOTICES SHALL BE AVAILABLE IN ALL REGISTRATION AREAS OF THE HOSPITAL AND SHALL INCLUDE THE MOST CURRENT AVAILABLE "HOUSEHOLD INCOME GUIDELINES" AS PUBLISHED IN THE FEDERAL REGISTER THE PATIENT ACCOUNTS DIRECTOR OR HIS/HER DESIGNEE SHALL REVIEW ALL APPLICATIONS FOR THE EVANGELICAL FINANCIAL ASSISTANCE PROGRAM IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE PROOF OF INCOME WHEN LANGUAGE IS A BARRIER, EVANGELICAL OFFERS A SPECIAL INTERPRETER CONFERENCEING TELEPHONE SERVICE INTERPRETATION SERVICES ARE AVAILABLE FOR A MULTITUDE OF PATIENT/CAREGIVER INTERACTIONS WHEN A NON-ENGLISH SPEAKING PATIENT, NO MATTER HIS OR HER NATIVE TONGUE, CALLS IN TO THE HOSPITAL, HE OR SHE WILL BE ABLE TO BE UNDERSTOOD THROUGH A TELEPHONE INTERPRETER THIS IS AVAILABLE FOR OUTBOUND CALLS TO THE PATIENT AS WELL THE PROCESS CONTRIBUTES TO IMPROVED PATIENT CARE AND CLINICAL OUTCOMES AND MAKES A VITAL DIFFERENCE IN THE QUALITY OF SERVICE EVANGELICAL IS ABLE TO PROVIDE TO NON-ENGLISH SPEAKING PATIENTS

Form and Line Reference	Explanation
PART VI, LINE 4	EVANGELICAL COMMUNITY HOSPITAL (ECH) IS LOCATED IN LEWISBURG, PENNSYLVANIA (UNION COUNTY), THE HEART OF CENTRAL PENNSYLVANIA THE HOSPITAL IS CONVENIENTLY LOCATED OFF INTERSTATE 80 ON U S ROUTE 15 THE HOSPITAL SERVES THE RESIDENTS OF UNION, SNYDER, NORTHUMBERLAND, AND LOWER LYCOMING COUNTIES AS WELL AS SURROUNDING AREAS ECH IS THE SECOND LARGEST EMPLOYER IN UNION COUNTY WITH MORE THAN 1,400 EMPLOYEES ACCORDING TO THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA, ECH'S TOTAL IMPACT ON THE REGIONAL ECONOMY TOPS MORE THAN \$2 40 MILLION ECH IS A 132 OVERNIGHT LICENSED-BED, 12 ACUTE REHAB, AND 18 BASSINET CARE COMM UNITY HOSPITAL WITH OVER 1,400 EMPLOYEES ECH HAS A BUSY EMERGENCY DEPARTMENT WITH OVER 32 ,508 VISITS IN FISCAL YEAR 2017 IN ADDITION TO EMERGENCY CARE, THE HOSPITAL INTRODUCED A NEW URGENT CARE PRACTICE IN 2016 THAT ANSWERS THE NEEDS OF PATIENTS WHO HAVE URGENT MEDICA L NEEDS THAT DO NOT RISE TO THE LEVEL OF EMERGENCY CARE FOR THE PATIENT THIS MEANS SHORTE R WAIT TIMES AND LOWER TREATMENT COSTS FOR THOSE CONDITIONS THE PRIMARY SERVICE AREA OF RE SIDENTS OF ECH INCLUDES 17086, 17730, 17749, 17772, 17777, 17801, 17847, 17850, 17857, 178 65, 17812, 17813, 17827, 17831, 17833, 17842, 17843, 17853, 17861, 17862, 17864, 17870, 17 876, 17810, 17835, 17837, 17844, 17845, 17855, 17856, 17883, 17885, 17886, 17887, 17889 OU R SECONDARY SERVICE AREA IS FROM THE FOLLOWING ZIP CODES 16820, 16872, 16882, 17014, 17017 , 17045, 17049, 17062, 17080, 17737, 17747, 17752, 17756, 17821, 17823, 17830, 17832, 1783 4, 17836, 17840, 17841, 17851, 17860, 17866, 17867, 17868, 17872, 17877, 17881, 17884, 177 01, 17702, 17703, 17754 THE REGION IS HOME TO SEVERAL COLLEGES, UNIVERSITIES, AND TECHNICA L SCHOOLS AS WELL AS STRONG PUBLIC SCHOOL SYSTEMS IT HAS A VERY DIVERSE HISTORY AND RURAL APPEAL, YET FEATURES BUSINESS AND HEALTHCARE FACILITIES USING THE LATEST ADVANCES IN SCIE NCE AND TECHNOLOGY ADDITIONAL HOSPITALS IN OUR REGION CONSIST OF GEISINGER MEDICAL CENTER , SUNBURY COMMUNITY HOSPITAL (FOR-PROFIT SYSTEM), GEISINGER - SHAMOKIN AREA COMMUNITY HOSP ITAL, UPMC SUSQUEHANNA, AND GEISINGER - BLOOMSBURG HOSPITAL ACCORDING TO THE MOST RECENT DATA FROM THE COMMUNITY HEATH NEEDS ASSESSMENT OUR REGION IS DESCRIBED AS PRIMARILY RURAL IN NATURE THIS DATA WAS REAFFIRMED DURING THE ASSESSMENT PROCESS THROUGH COMMUNITY LEADER S AND KEY STAKEHOLDER INTERVIEWS AND FOCUS GROUP DISCUSSIONS FURTHERMORE WITH THE RURAL N ATURE OF OUR AREA AND THE LACK OF A COORDINATED AND INTEGRATED TRANSPORTATION SYSTEM THIS LIMITS COMMUNITY MEMBERS TO ACCESSIBLE HEALTH CARE AND RECREATIONAL OPPORTUNITIES WITH TH E LIMITATIONS OF ACCESSIBILITY TO HEALTHCARE AND HEALTHY OPTIONS LEADS TO UNHEALTHY LIFEST YLES AND OVER USE OF OUR EMERGENCY DEPARTMENT SERVICES CITY-DATA COM FOR UNION COUNTY INDICATES THAT THE POPULATION CONSISTS OF WHITE NON-HISPANIC (83 7%), BLACK (6 4%), HISPANIC (6 1%), TWO OR MORE RACES (1 8%), AND ASIAN (1 6%)THE MEDIAN RESIDENT AGE IS 39 1ESTIMATED MEDIAN HOUSEHOLD INCOME IN 2016 \$53,231RESIDENTS WITH INCOME BELOW THE POVERTY LEVEL IN 2 016 10 8%POPULATION WITHOUT HEALTH INSURANCE COVERAGE IN 2013 12 2% CHILDREN UNDER 19 WIT HOUT HEALTH INSURANCE COVERAGE IN 2013 6 5%90 0% OF RESIDENTS OF UNION COUNTY SPEAK ENGLI SH AT HOME4 3% OF RESIDENTS SPEAK SPANISH AT HOME4 0% OF RESIDENTS SPEAK OTHER INDO-EUROPE AN LANGUAGE AT HOME1 1% OF RESIDENTS SPEAK ASIAN OR PACIFIC ISLAND LANGUAGE AT HOME0 6% OF RESIDENTS SPEAK OTHER LANGUAGES AT HOME CITY-DATA COM FOR SNYDER COUNTY INDICATES THE POP ULATION CONSISTS OF WHITE NON-HISPANIC (95 0%), HISPANIC (2 3%), BLACK (9%), TWO OR MORE RACES (1 0%), AND ASIAN (0 8%)THE MEDIAN RESIDENT AGE IS 39 5ESTIMATED MEDIAN HOUSEHOLD IN COME IN 2015 \$52,983RESIDENTS WITH INCOME BELOW THE POVERTY LEVEL IN 2016 10 8%POPULATIO N WITHOUT HEALTH INSURANCE COVERAGE IN 2013 14 1%CHILDREN UNDER 19 WITHOUT HEALTH INSURAN CE COVERAGE IN 2013 8%89 1% OF RESIDENTS OF SNYDER COUNTY SPEAK ENGLISH AT HOME2 3% OF RE SIDENTS SPEAK SPANISH AT HOME7 9% OF RESIDENTS SPEAK OTHER INDO-EUROPEAN LANGUAGE AT HOME0 4% OF RESIDENTS SPEAK ASIAN OR PACIFIC ISLAND LANGUAGE AT HOME0F RESIDENTS SPEAK OTHER LA NGUAGES AT HOME CITY-DATA COM FOR NORTHUMBERLAND COUNTY INDICATES THAT THE POPULATION CONS ISTS OF WHITE NON-HISPANIC (92 8%), BLACK (3 3%), HISPANIC (2 5%), AND TWO OR MORE RACES (0 7%)ESTIMATED MEDIAN HOUSEHOLD INCOME IN 2016 \$47,736THE MEDIAN RESIDENT AGE IS 44 7RESI DENTS WITH INCOME BELOW THE POVERTY LEVEL IN 2016 14 7% POPULATION WITHOUT HEALTH INSURANC E COVERAGE IN 2013 12 4%CHILDREN UNDER 19 WITHOUT HEALTH INSURANCE COVERAGE IN 2013 6 3% 95 9% OF RESIDENTS OF NORTHUMBERLAND COUNTY SPEAK ENGLISH AT HOME1 3% OF RESIDENTS SPEAK S PANISH AT HOME2 2% OF RESIDENTS SPEAK OTHER INDO-EUROPEAN LANGUAGE AT HOME0 2% OF RESIDENT S SPEAK ASIAN OR PACIFIC ISLAND LANGUAGE AT HOME0 2% 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

Form and Line Reference	Explanation
PART VI, LINE 4	STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA ECH HAS A BOARD OF DIRECTORS IN WHICH INDEPENDENT COMMUNITY PERSONS ARE REPRESENTED ECH LOOKS FOR OPPORTUNITIES TO WORK WITH HEALTHCARE FACILITIES, SUCH AS GEISINGER MEDICAL CENTER, TO PROVIDE THE BEST MEDICAL CARE FOR OUR PATIENTS ECH WORKS WITH THE FOLLOWING HIGHER EDUCATION INSTITUTIONS (IE COLLEGES, TECHNICAL SCHOOL AND INTERMEDIATE UNITS) PENN COLLEGE, CENTRAL SUSQUEHANNA INTERMEDIATE UNIT, BLOOMSBURG UNIVERSITY, AND SUN-AREA VO-TECH WE WORK WITH THESE HIGHER EDUCATION INSTITUTIONS TO ENGAGE IN TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS ECH PROVIDES FINANCIAL AID TO SUPPORT STUDENTS CHOOSING THE HEALTHCARE PROFESSION THROUGH THE MAE KEEFER SCHOLARSHIP FUND, THE 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/HEALTH AMERICA, KEYSTONE HEALTH PLAN CENTRAL, CIGNA, AMERHEALTH NE, MEDICAID AND MEDICARE THE SECONDARY DATA COLLECTION FINDINGS FROM THE MOST RECENT COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARIZES THE FOLLOWING WITH REGARD TO DEMOGRAPHICS AND 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 THE ECH STUDY AREA IS PROJECTED TO GROW IN POPULATION BY 425 RESIDENTS OVER THE NEXT FIVE YEARS (2014-2019), THIS IS A RATE OF 0.3% THIS IS CONSISTENT WITH TRENDS SEEN FOR THE STATE (PROJECTED 0.8% INCREASE IN PA POPULATION) THE ECH STUDY AREA SHOWS A RATE OF OLDER RESIDENTS (AGED 65 AND OLDER) AT 17.7%, THIS IS HIGHER THAN STATE (16.6%) AND NATIONAL (14.2%) NORMS AND THE RATE OF RESIDENTS AGED 65 AND OLDER IN THE ECH STUDY AREA IS PROJECTED TO RISE, FROM 17.7% TO 19.8% OVER THE NEXT FIVE YEARS THE AVERAGE ANNUAL HOUSEHOLD INCOME FOR ECH STUDY AREA IS JUST ABOVE \$64,000, WHICH IS BELOW STATE AND NATIONAL NORMS (AROUND \$70,000 TO \$71,000 RESPECTIVELY) THE ECH STUDY AREA REPORTS 14.9% OF THE RESIDENTS HAVING LESS THAN A HIGH SCHOOL DIPLOMA, THIS IS HIGHER THAN THE STATE RATE (11.5%) THE ECH STUDY AREA SHOWS LESS DIVERSITY AS COMPARED WITH PA AND THE UNITED STATES ONLY 8.7% OF THE ECH STUDY AREA POPULATION IDENTIFIES AS A RACE OTHER THAN WHITE, NON-HISPANIC UNION COUNTY IN THE ECH STUDY AREA SHOWS THE MOST DIVERSITY WITHIN THE STUDY AREA WITH 14.9% OF THE POPULATION IDENTIFYING AS A RACE OR ETHNICITY OTHER THAN WHITE, NON-HISPANIC WILLIAMSPORT ZIP CODE HAS THE HIGHEST UNINSURED RATE, 13.2% AND SUNBURY ZIP CODE HAS THE HIGHEST RATE OF UNEMPLOYMENT AT 12.3% PORT TREVORTON REPORTS THE HIGHEST RATE OF RESIDENTS WITHOUT HIGH SCHOOL DIPLOMAS (27.4%) AMONG RESIDENTS 65 AND OLDER MOUNT PLEASANT MILLS REPORTS THE HIGHEST RATE OF THE SE RESIDENTS LIVING IN POVERTY 21.1% BEAVERTOWN SHOWS THE HIGHEST RATE OF POVERTY IN MARRIED PARENTS AS WELL AS SINGLE PARENTS LIVING IN POVERTY WITH THEIR CHILDREN, 27.4% AND 75.0% RESPECTIVELY NORTHUMBERLAND COUNTY REPORTS THE LARGEST RISE IN ADULT OBESITY FOR THE ECH STUDY AREA COUNTIES, GOING FROM 28% TO 34% SNYDER COUNTY SAW THE LARGEST RISE IN RESIDENTS WITH DIABETES FROM 2011 TO 2014, GOING FROM 9% TO 12%

Form and Line Reference	Explanation
PART VI, LINE 5	AS A COMMUNITY AND HEALTH RESOURCE FOR MORE THAN 90 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. 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. COMMUNITY BENEFIT LEADERS WORKS CO-OPERATIVELY WITH DEPARTMENTS OF THE HOSPITAL AND OTHER ORGANIZATIONS IN THE COMMUNITY TO ADDRESS UNMET NEEDS. THE HOSPITAL ALSO PRODUCES AN ANNUAL REPORT WHICH OUTLINES OUR COMMUNITY BENEFIT EFFORTS. CANCER AWARENESS AND EDUCATION IS EXTREMELY IMPORTANT. THE FOLLOWING PROGRAMS WERE OFFERED IN FY18: THE CORRESPONDING NUMBER BESIDE THE PROGRAM DOCUMENTS THE NUMBER OF PEOPLE SERVED. LOOK GOOD, FEEL BETTER - 7 PARTICIPANTS; I CAN COPE SURVIVOR PROGRAM - 65 PARTICIPANTS; LIFE AFTER LOSS BEREAVEMENT SUPPORT GROUP - 8 PARTICIPANTS; OTHER HEALTH EDUCATION AND PREVENTION ACTIVITIES INCLUDE MONTHLY SUPPORT GROUPS - 100 PARTICIPANTS (REPORTED); FREE HEART HEALTH SCREENINGS - 79 PARTICIPANTS; COMPREHENSIVE BLOOD SCREENINGS - 1160 PARTICIPANTS; MEN'S HEALTH SCREEN - 35 PARTICIPANTS; WOMEN'S HEALTH SCREEN - 101 PARTICIPANTS; HUNTER'S HEALTH SCREEN - 54 PARTICIPANTS; SLOW DOSE CT SCAN SCREENING - 54 REFERRALS; 40 QUALIFIED BLOOD DRAW SERVICES AT A COMMUNITY CLINIC - 62 PARTICIPANTS; CHILD SAFETY SEAT REPLACEMENT - 58 FAULTY SEATS; FREE CHILD PASSENGER SEAT INSPECTIONS - 288 INSPECTIONS; FREE T-DAP VACCINATION FOR NEW DADS AND GRANDPARENTS - 74 VACCINATIONS; GIVEN YOUTH BIKE HELMET GIVEAWAY PROGRAM - 205 HELMETS GIVEN; PROPER 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 FY18, MORE THAN 2,717 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 SCHOOLS DISTRICTS. SOME OF THESE PROGRAMS INCLUDE HEARTPOWER, MYPLATE, HYGIENE 101, ONLINE SAFETY, OUTDOOR/SUMMER SAFETY, HANDS ONLY CPR, STRESS LESS, TOBACCO/SMOKING EDUCATION AND MORE. A TOTAL OF 22,220 STUDENTS WERE EDUCATED THROUGH THESE AND OTHER PROGRAMS. EVANGELICAL EMPLOYS OVER 1,400 INDIVIDUALS AND IS LICENSED TO ACCOMMODATE 132 OVERNIGHT PATIENTS, 12 ACUTE REHAB PATIENTS AND 18 BASSINETS. OUR CLINICAL STAFF, INCLUDES 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 COMPOSED 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. THE ADDITION OF MOBILE HEALTH OF EVANGELICAL IN FEBRUARY 2018. COMMUNITY HEALTH AND WELLNESS STAFF PROVIDED OUTREACH TO OVER 950 RESIDENTS THROUGH FREE OR LOW COST SCREENING EVENTS, HEALTH FAIRS, SPEAKING ENGAGEMENTS, COMMUNITY EVENTS AND MORE, 6. A BIOETHICS COMMITTEE COMPOSED 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, 7. 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, 8. OUR THYRA M HUMPHREY CENTER FOR BREAST HEALTH PROVIDES FREE AND/OR REDUCED FEE BREAST IMAGING SERVICES SPECIFICALLY TARGETING OUR UN/UNDERINSURED POPULATION. EXTENSIVE TELEPHONE EDUCATION/COUNSELING SERVICES ARE PROVIDED TO NEWLY DIAGNOSED PATIENTS THROUGH OUR NAVIGATION PROGRAM AT NO CHARGE TO THE PATIENT, 9. A COMMUNITY HEALTH AND

Form and Line Reference	Explanation
PART VI, LINE 5	D WELLNESS DEPARTMENT THAT IS FUNDED USING HOSPITAL RESOURCES THE DEPARTMENT INITIATES AN D ORGANIZES PREVENTION, WELLNESS AND HEALTH EDUCATION LECTURES, EVENTS AND ACTIVITIES DEVE LOPED FOR THE SOLE PURPOSE OF IMPROVING THE HEALTH OF THOSE IN OUR REGION THE COMMUNITY H EALTH AND WELLNESS TEAM OFFERS HEALTH SCREENINGS, HEALTH FAIRS, LECTURES, SUPPORT GROUPS, FLU SHOTS, AND CHILD SAFETY SEAT INSPECTIONS IN FY18, THE COMMUNITY HEALTH AND WELLNESS STAFF PROVIDED OVER 660 FLU VACCINATIONS AND CERTIFIED MORE THAN 3,868 IN FIRST AID AND CP R, INCLUDING 98 YOUTH, WHO ATTENDED OUR SAFE SITTER BABYSITTING PROGRAM

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Schedule H (Form 990) 2017

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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		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
1	EVANGELICAL COMMUNITY HOSPITAL ONE HOSPITAL DRIVE LEWISBURG, PA 17837 570201	X	X					X		INPATIENT REHABILITATION, HOSPICE	

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 TRIPP UMBACH FACILITATED AND MANAGED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT ON BEHALF OF EVANGELICAL COMMUNITY HOSPITAL -- RESULTING IN THE IDENTIFICATION OF COMMUNITY HEALTH NEEDS THE ASSESSMENT PROCESS INCLUDED INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE AND EXPERTISE OF PUBLIC HEALTH ISSUES A SERIES OF MEETINGS WAS FACILITATED BY THE CONSULTANTS AND THE CHNA OVERSIGHT COMMITTEE CONSISTING OF LEADERSHIP FROM EVANGELICAL COMMUNITY HOSPITAL AND OTHER PARTICIPATING HOSPITALS AND ORGANIZATIONS THIS PROCESS LASTED FROM OCTOBER 2014 UNTIL MARCH 2015 TRIPP UMBACH WORKED CLOSELY WITH THE CHNA OVERSIGHT COMMITTEE TO IDENTIFY LEADERS FROM ORGANIZATIONS THAT INCLUDED 1) PUBLIC HEALTH EXPERTISE, 2) PROFESSIONALS WITH ACCESS TO COMMUNITY HEALTH RELATED DATA, AND 3) REPRESENTATIVES OF UNDERSERVED POPULATIONS (I E , SENIORS, LOW INCOME RESIDENTS, AND RESIDENTS THAT ARE UNINSURED) SUCH PERSONS WERE INTERVIEWED AS PART OF THE NEEDS ASSESSMENT PLANNING PROCESS A SERIES OF 18 INTERVIEWS WERE COMPLETED WITH KEY STAKEHOLDERS IN THE EVANGELICAL COMMUNITY HOSPITAL COMMUNITY

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 OTHER PARTICIPATING HOSPITAL FACILITIES INCLUDE GEISINGER MEDICAL CENTER, HEALTHSOUTH/GEISINGER HEALTH SYSTEM LLC, GEISINGER WYOMING VALLEY MEDICAL CENTER, GEISINGER SOUTH WILKES-BARRE, GEISINGER COMMUNITY MEDICAL CENTER, GEISINGER LEWISTOWN HOSPITAL, AND GEISINGER BLOOMSBURG 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 6B THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE FOLLOWING COMMUNITY NON-PROFIT ORGANIZATIONS LOCATED IN THE SURROUNDING FIVE-COUNTY REGION COLUMBIA, MONTGOMERY, NORTHUMBERLAND, SNYDER, AND UNION COUNTIES (ADDITIONAL ORGANIZATIONS FROM JUNIATA AND LYCOMING COUNTIES ALSO PROVIDED INPUT FOR THE PURPOSE OF THE EVANGELICAL SERVICE AREA NEEDS ASSESSMENT) A COMMUNITY CLINIC, CENTRAL PA FOOD BANK, CMSU, EVANGELICAL COMMUNITY HOSPITAL, FAMILY HEALTH COUNCIL OF CENTRAL PA-SELINGROVE, GEISINGER HEALTH SYSTEM, GREATER SUSQUEHANNA VALLEY UNITED WAY, GREATER SUSQUEHANNA VALLEY YMCA, HANDUP FOUNDATION, HIGHER HOPE H2 CHURCH, JUNIATA COUNTY, MIDDLECREEK AREA COMMUNITY CENTER, PA DEPT OF HEALTH, PA OFFICE OF RURAL HEALTH, PENN STATE COOPERATIVE EXTENSION, SHIKELLAMY SCHOOL DISTRICT, SNYDER COUNTY CHILDREN AND YOUTH SERVICES, SNYDER/UNION COMMUNITY ACTION AGENCY, ST PAUL, UCC, SUM CHILD DEVELOPMENT CENTER, SUNBURY YMCA, SUSQUEHANNA UNIVERSITY, UNION-SNYDER AGENCY ON AGING INC , AND WILLIAMSPORT/LYCOMING CHAMBER OF COMMERCE

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 COMMUNITY LEADERS IDENTIFIED THE FOLLOWING TOP COMMUNITY HEALTH H NEEDS THAT ARE SUPPORTED BY SECONDARY AND/OR PRIMARY DATA 1) BEHAVIORAL HEALTH AND SUBS TANCE ABUSE, 2) HEALTH CONCERNS RELATED TO LIFESTYLE, 3) ACCESS TO HEALTHCARE, AND 4) THE IMPACT OF SOCIO ECONOMIC STATUS ON HEALTH OUTCOMES BEHAVIORAL HEALTH & SUBSTANCE ABUSE - E VANGELICAL'S RESPONSE1 INCREASE CARE COORDINATION FOR PATIENTS WITH BEHAVIORAL HEALTH AND /OR SUBSTANCE ABUSE NEEDS THROUGH SCREENING AND REFERRAL TO INTERNAL AND/OR EXTERNAL BEHAV IORAL HEALTH AND/OR SUBSTANCE ABUSE SERVICE PROVIDERS 2 COLLABORATE WITH AREA AGENCIES TO OFFER THE EVIDENCE-BASED STRENGTHENING FAMILIES PROGRAM PROSPER "PROSPER" IS A SEVEN-WEE K, INTERACTIVE PROGRAM TO ASSIST FAMILIES IN REDUCTION OF AGGRESSIVE BEHAVIORS, LIKELIHOOD OF SUBSTANCE ABUSE AND TOBACCO USE, INCREASE STRESS MANAGEMENT, AND CONFLICT RESOLUTION 3 SUPPORT AND REFER TO THE "CELEBRATE RECOVERY" PROGRAM, A 12 STEP FAITH-BASED PROGRAM TO ADDRESS ALL TYPES OF PROBLEMS AND ADDITIONS INFORM AND EDUCATE ALL EMSO PHYSICIAN OFFICES , SOCIAL SERVICES, AND NURSING STAFF ABOUT THE PROGRAM AND THE REFERRAL PROCESS 4 EVALUAT E THE CURRENT TELE-PSYCHIATRIC PROGRAM IN-HOUSE AND THROUGH THE EMERGENCY DEPARTMENT, RESE ARCH ADDITIONAL RESOURCES AND VENDORS TO EXPAND CURRENT SERVICES TO MEET THE GROWING DEMAN D 5 SUPPORT AND PARTICIPATE IN THE EFFORTS BY "COMMUNITIES THAT CARE" (CTC) TO IMPROVE AW ARENESS AND QUALITY OF LIFE FOR KIDS IN OUR SERVICE AREA 6 DEVELOP A REGIONAL BEHAVIORAL HEALTH ACTION GROUP TO DISCUSS ON GOING ISSUES AND CONCERNS COLLABORATIVELY DEVELOP POLIC IES AND PROCEDURES AMONG OUR AGENCIES TO BETTER SERVE THE BEHAVIORAL HEALTH AND SUBSTANCE ABUSE POPULATION 7 WORK WITH LOCAL LAW ENFORCEMENT TO DELIVER THE OPIOID OVERDOSE REVERSA L PROJECT IN OUR SERVICE AREA SECURE FUNDING AND EDUCATE THE COMMUNITY HEALTH CONCERNS RE LATED TO LIFESTYLE - EVANGELICAL'S RESPONSE1 CONTINUE TO OFFER A VARIETY OF EDUCATIONAL P ROGRAMMING FOR THE YOUTH IN THE COMMUNITY AT NO COST EVANGELICAL COMMUNITY HOSPITAL OFFER S A WIDE VARIETY OF EDUCATIONAL PROGRAMS GEARED TOWARD HEALTHY EATING, HYGIENE, STAYING AC TIVE, 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 REQUESTE D 2 CONTINUE TO OFFER AND IMPROVE UPON OUR INTERNAL WORKSITE WELLNESS PROGRAM TO IMPROVE THE HEALTH AND WELLNESS OF OUR HOSPITAL EMPLOYEES AND THEIR FAMILY MEMBERS 3 CONTINUE TO INCREASE OUR EXTERNAL WORKSITE WELLNESS PROGRAM BY ADDING ADDITIONAL PROGRAM OFFERING AND INCREASING THE NUMBER OF BUSINESSES WE WORK WITH IN OUR SERVICE AREA 4 SERVE ON THE NORTH CENTRAL TOBACCO COALITION CONTINUE TO SUPPORT EFFORTS AND PROGRAMS TO DECREASE THE NUMBE R OF SMOKERS IN OUR SERVICE AREA 5 CONTINUE TO OFFER THE LOW DOSE CT SCANS FOR PATIENTS W HO MEET THE CRITERIA 6 CONTIN

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	UE TO OFFER TOBACCO CESSATION PROGRAM "FREEDOM FROM SMOKING" 7 CONTINUE TO OFFER THE YOUT H DEVELOPMENT AND EDUCATIONAL PROGRAM, "EAT WELL, PLAY WELL, BE WELL" TO AREA YOUTH AGES 1 1-15 8 OFFER FREE OR LOW-COST ADULT BASED PROGRAMMING THAT WILL PROMOTE A HEALTHY LIFESTY LE AND PROVIDE EDUCATIONAL RESOURCES QUARTERLY HEALTHY EATING SEMINARS/DEMONSTRATIONS, GR OUP STRENGTH TRAINING CLASSES, YOGA, SENIOR STRONG PROGRAM, AND STRONG COLLABORATIONS WITH AREA AGENCIES TO ASSIST WITH EDUCATIONAL PROGRAMMING, I E AREA AGENCY ON AGING, PENN STA TE COOPERATIVE EXTENSION, YMCA, ETC 9 OFFER A COMPREHENSIVE DIABETES CLINIC WITH A PLAN T O EMPLOY AN ENDOCRINOLOGIST 10 PARTICIPATE IN THE AMERICAN CANCER SOCIETY COLORECTAL SCRE ENING INITIATIVE, 80% BY 2018 11 CONTINUE TO OFFER A VARIETY OF FREE OR LOW-COST HEALTH S SCREENINGS TO IMPROVE AWARENESS AND EDUCATION ON "KNOWING YOUR NUMBERS AND TALKING WITH YOU R HEALTHCARE PROVIDER ABOUT YOUR RESULTS AND HOW YOU CAN IMPROVE OR REDUCE YOUR RISK FACTO RS INCREASING ACCESS TO HEALTHCARE - EVANGELICAL'S RESPONSE1 CONTINUE TO PROVIDE FREE OR REDUCED-FEE MAMMOGRAPHY AND DIAGNOSTIC IMAGING FOR THE UN/UNDERINSURED POPULATION 2 CONTI NUE TO OFFER A VARIETY OF HEALTH SCREENING PROGRAMS FOR THE COMMUNITY AT MINIMAL OR NO COS T CURRENTLY, EVANGELICAL COMMUNITY HOSPITAL OFFERS A WIDE VARIETY OF HEALTH SCREENS WITHI N OUR SERVICE AREA SPECIFICALLY TARGETED TO UNDER AND UNINSURED COMMUNITY MEMBERS 3 WORK DIRECTLY WITH OUR EMSO PROVIDERS TO REFER PATIENTS TO OUR HEALTH EDUCATION AND SCREENING P ROGRAMS AS WELL AS OFFERING SCREENING PROGRAMS ON-SITE AT EMSO OFFICES 4 CONTINUE TO DEVE LOP AND EXPAND OUR COMMUNITY HEALTH COALITION INVITE ADDITIONAL COMMUNITY AGENCIES TO ASS IST WITH MEETING THE ISSUES SURROUNDING ACCESS, I E TRANSPORTATION, BEHAVIORAL HEALTH, SU BESTANCE ABUSE, ETC 5 ADD AN URGENT CARE CLINIC TO ASSIST WITH ACCESS ISSUES AND OVERCROWD ING OF EMERGENCY DEPARTMENT6 ADD A MOBILE MEDICAL UNIT TO ASSIST WITH PROVIDING CARE TO I NDIVIDUALS AND COMMUNITIES IN RURAL AREAS WHERE TRANSPORTATION IS A BARRIER TO CARE 7 CON TINUE WITH CURRENT PROVIDER RECRUITMENT EFFORTS TO EMPLOY NECESSARY SPECIALTY AND PRIMARY CARE PROVIDERS TO MAINTAIN OR IMPROVE PROVIDER TO PATIENT RATIOS IMPACT OF SOCIO-ECONOMIC STATUS ON HEALTH OUTCOMES - EVANGELICAL'S RESPONSEAS A HEALTHCARE ORGANIZATION WE WILL NOT BE RESPONDING DIRECTLY TO THIS IDENTIFIED NEED AS A STAND-ALONE ISSUE, BUT ADDRESS IT WIT HIN ALL THREE OF THE AFOREMENTIONED NEEDS THROUGH THE ORGANIZATIONAL EFFORTS OF THE HOSPI TAL AND COLLABORATING AGENCIES, EVANGELICAL CAN ASSIST WITH ADDRESSING THE IMPACT OF SOCIO -ECONOMIC STATUS BY 1 OFFERING EDUCATIONAL PROGRAMMING TO INCREASE AWARENESS FOR HEALTH I NSURANCE OPTIONS2 IMPROVING HEALTH OUTCOMES THROUGH FREE OR LOW COST SCREENINGS AND EDUCA TION3 OFFERING A FINANCIAL ASSISTANCE PROGRAM THAT WILL ASSIST PATIENTS WITH FINANCIAL BU RDENS RELATED TO HEALTHCARE COSTS4 OPENING AN URGENT CARE CLINIC IN 20175 PURCHASING A M OBILE MEDICAL UNIT WILL ALLOW

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	HEALTHCARE TO BE DELIVERED TO POCKETS OF POVERTY IN OUR COMMUNITY IN 2018

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 16J 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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	15	55,000		CASH	N/A
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☐ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☐ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☒ Discretionary spending account</td> <td>☐ Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☒ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use										
☐ Travel for companions	☐ Payments for business use of personal residence										
☐ Tax indemnification 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 Yes										
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	No									
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. <table border="0"> <tr> <td>☒ Compensation committee</td> <td>☐ Written employment contract</td> </tr> <tr> <td>☒ Independent compensation consultant</td> <td>☒ Compensation survey or study</td> </tr> <tr> <td>☐ Form 990 of other organizations</td> <td>☒ Approval by the board or compensation committee</td> </tr> </table>	☒ Compensation committee	☐ Written employment contract	☒ Independent compensation consultant	☒ Compensation survey or study	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee					
☒ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>Yes</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	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		
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									
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes									
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No									
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

See Additional Data Table

[illegible]

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 1A	KENDRA A. AUCKER, PRESIDENT/CEO, HAS A FLEXIBLE BENEFIT ALLOWANCE PER HER CONTRACT. THE EXPENSES AVAILABLE FOR REIMBURSEMENT UNDER THIS ALLOWANCE ARE: AUTOMOBILE ALLOWANCE AND AUTO EXPENSES, SUPPLEMENTAL LTD PREMIUMS, AND CLUB MEMBERSHIPS. THE AMOUNT PROVIDED WAS INCLUDED IN TAXABLE COMPENSATION AND REPORTED ON HER W-2.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED THE FOLLOWING DISTRIBUTIONS IN CALENDAR YEAR 2017: KENDRA A. AUCKER - \$127,438; PAUL E. TARVES - \$146,964; MICHAEL N. O'KEEFE - \$523,728. THE FOLLOWING INDIVIDUALS PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN, BUT DID NOT RECEIVE A DISTRIBUTION IN CALENDAR YEAR 2017: JAMES A. STOPPER, WILLIAM P. ANDERSON, JOHN F. DEVINE, TAMARA F. PERSING, DALE E. MOYER, ANGELA J. HUMMEL.
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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JAMES A STOPPER CPA TREASURER/CHIEF FINANCIAL OFFICER	(i)	299,073	64,313	0	43,077	14,222	420,685	0
	(ii)	0	0	0	0	0	0	0
1WILLIAM P ANDERSON SECRETARY/CHIEF OPERATING OFFICER	(i)	172,135	12,871	0	15,484	13,801	214,291	0
	(ii)	0	0	0	0	0	0	0
2SHAWN P MCGLAUGHLIN MD DIRECTOR	(i)	578,850	0	0	11,641	13,513	604,004	0
	(ii)	0	0	0	0	0	0	0
3JANICE OMLOR DO DIRECTOR	(i)	489,579	5,000	0	9,860	23,458	527,897	0
	(ii)	0	0	0	0	0	0	0
4JULIA E REDCAY DO DIRECTOR	(i)	360,528	11,673	0	6,998	13,330	392,529	0
	(ii)	0	0	0	0	0	0	0
5MATTHEW W REISH MD DIRECTOR	(i)	550,452	318,133	0	10,841	13,061	892,487	0
	(ii)	0	0	0	0	0	0	0
6DAVID M ZELECHOSKI MD DIRECTOR	(i)	219,539	0	0	4,549	23,458	247,546	0
	(ii)	0	0	0	0	0	0	0
7KENDRA A AUCKER PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	503,066	116,608	127,438	112,803	16,774	876,689	127,438
	(ii)	0	0	0	0	0	0	0
8JOHN F DEVINE VP MEDICAL AFFAIRS	(i)	421,346	45,581	0	50,043	14,222	531,192	0
	(ii)	0	0	0	0	0	0	0
9PAUL E TARVES VP OF NURSING ADMINISTRATION	(i)	46,524	13,563	146,964	2,316	100	209,467	146,964
	(ii)	0	0	0	0	0	0	0
10DALE E MOYER VP OF INFORMATION SYSTEM	(i)	185,603	34,219	0	27,859	15,834	263,515	0
	(ii)	0	0	0	0	0	0	0
11ANGELA J HUMMEL VP OF HUMAN RESOURCES	(i)	187,478	30,060	0	27,121	1,225	245,884	0
	(ii)	0	0	0	0	0	0	0
12ANGELA LAHR AVP CLINICAL OPERATIONS	(i)	134,804	13,086	0	5,426	23,410	176,726	0
	(ii)	0	0	0	0	0	0	0
13RANDALL STRAUSSER DIRECTOR OF PHARMACY SERVICES	(i)	158,652	0	0	6,466	13,513	178,631	0
	(ii)	0	0	0	0	0	0	0
14JOSHUA TITUS PHARMACIST	(i)	157,021	0	0	3,612	6,621	167,254	0
	(ii)	0	0	0	0	0	0	0
15ALAN GRISWOLD PHARMACIST	(i)	156,011	0	0	6,132	6,594	168,737	0
	(ii)	0	0	0	0	0	0	0
16JOSHUA MILLER PHARMACIST	(i)	149,585	0	0	5,858	6,621	162,064	0
	(ii)	0	0	0	0	0	0	0
17MICHAEL N O'KEEFE FORMER PRESIDENT/CEO	(i)	0	0	523,728	0	0	523,728	523,728
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

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

2017

Open to Public Inspection

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		06-21-2018	17,371,471	SEE PART VI		X		X		X
B UNION COUNTY HOSPITAL AUTHORITY	23-2739624	906460DK3	06-21-2018	55,541,980	SEE PART VI		X		X		X
C UNION COUNTY HOSPITAL AUTHORITY	23-2739624	906460DR8	06-21-2018	19,365,000	SEE PART VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	17,371,471		55,541,980		19,365,000			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	95,753		213,434		93,078			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			1,394,858					
11	Other spent proceeds	17,275,718		308,084		19,271,922			
12	Other unspent proceeds			53,625,604					
13	Year of substantial completion	2018				2018			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			
16	Has the final allocation of proceeds been made?	X			X	X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		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		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?					X		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		X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
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 %		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 %		0 670 %		0 320 %			
6 Total of lines 4 and 5	0 320 %		0 670 %		0 320 %			
7 Does the bond issue meet the private security or payment test? . . .		X		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		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		
b Exception to rebate?	X		X		X			
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		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		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	(A) ISSUER NAME UNION COUNTY HOSPITAL AUTHORITY - SERIES OF 2018A HOSPITAL REVENUE BONDS (F) DESCRIPTION OF PURPOSE REFINANCE OF 2013 HOSPITAL REVENUE BONDS AND PAYMENT OF ISSUANCE COSTS (A) ISSUER NAME UNION COUNTY HOSPITAL AUTHORITY- SERIES OF 2018B HOSPITAL REVENUE BONDS (F) DESCRIPTION OF PURPOSE CONSTRUCTION/RENOVATION PROJECTS (INCLUDING PATIENT BED TOWER) AND PAYMENT OF ISSUANCE COSTS (A) ISSUER NAME UNION COUNTY HOSPITAL AUTHORITY- SERIES OF 2018C HOSPITAL REVENUE BONDS (F) DESCRIPTION OF PURPOSE REFINANCE OF 2011 HOSPITAL REVENUE BONDS AND PAYMENT OF ISSUANCE COSTS

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

2017

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	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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) JLAURENCE GINSBURG	FORMER BOARD OF DIRECTOR	MORTGAGE NOTE	X		475,000	325,000		No	Yes		Yes	
Total						▶ \$ 325,000						

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	336,039	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 INTERESTED PERSONS	(A) NAME OF PERSON JOHN D GRIFFITH(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION SERVES AS AN EMERITIS DIRECTOR ON THE BOARD OF DIRECTORS(D) JOHN D GRIFFITH LEASES PROPERTY TO THE HOSPITAL IN AN ARM'S LENGTH TRANSACTION

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

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

2017

Open to Public Inspection

Employer identification number

24-0795411

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A FULL COPY OF THE FORM 990 WAS REVIEWED BY THE AUDIT COMMITTEE OF THE BOARD DURING AUDIT COMMITTEE MEETING PRIOR TO FILING THEY HAVE THE OPPORTUNITY TO ASK QUESTIONS AND CHANGES CAN BE MADE AS A RESULT IF NECESSARY BEFORE THE RETURN IS FILED A FULL COPY OF THE 990 IS THEN MADE AVAILABLE TO ALL BOARD MEMBERS BEFORE FILING WITH THE IRS

990 Schedule O, Supplemental Information

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 (HR) 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 ANYONE IN VIOLATION OF THE CONFLICT OF INTEREST POLICY IS ASKED TO STEP DOWN FROM THE BOARD

990 Schedule O, Supplemental Information

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 2016.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, AND 8) COMMITMENTS OR EXPENDITURES GREATER THAN \$500,000.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 1,264 VALUATION GAIN 88,636 POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT 503,302 NET TRANSFERS WITH AFFILIATES -24,762,089 NET ASSETS RELEASED FROM RESTRICTIONS 3,405

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493088005249	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2017
	▶ 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 .				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) EVANGELICAL-GEISINGER HEALTH LLC 100 N ACADEMY AVENUE DANVILLE, PA 178224031 46-0567687	HEALTHCARE	PA	N/A	RELATED	87,471	1,031,041		No			No	50 000 %
(2) KEYSTONE ACCOUNTABLE CARE ORG LLC 100 N ACADEMY AVENUE DANVILLE, PA 17822 45-5484165	HEALTHCARE	PA	N/A	RELATED	-625,667	84,114		No			No	10 000 %

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	No
(1) EVANGELICAL MEDICAL SERVICE ORGANIZATION ONE HOSPITAL DRIVE LEWISBURG, PA 17837 23-2809429	MEDICAL SERVICES	PA	EVANGELICAL COMMUNITY HOSPITAL	C	47,497,244	31,626,662	100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
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	24,762,089	CASH
(2) EVANGELICAL MEDICAL SERVICES ORGANIZATION	P	3,811,724	CASH
(3) EVANGELICAL MEDICAL SERVICES ORGANIZATION	O	1,445,386	HOURS SPENT WORKING FOR AFFILIATE
(4) EVANGELICAL MEDICAL SERVICES ORGANIZATION	J	964,183	CASH

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.

[illegible]

Part VII **Supplemental Information**

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