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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.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

C Name of organization
EVANGELICAL COMMUNITY HOSPITAL

Doing business as

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

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

D Employer identification number
24-0795411

E Telephone number
(570) 522-2741

G Gross receipts $ 291,469,739

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.EVANHOSPITAL.COM

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

L Year of formation: 1926

M State of legal domicile: PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
PROVIDE HEALTH CARE SERVICES TO THE PUBLIC AND TO BE THE COMMUNITY'S HEALTH CARE PROVIDER OF CHOICE.

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	1,761
6	Total number of volunteers (estimate if necessary)	**6**	176
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	8,904,977
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	668,144

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	20,567,955	20,959,661
9	Program service revenue (Part VIII, line 2g)	206,468,204	193,247,494
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,056,706	5,631,809
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,062,163	9,335,145
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	242,155,028	229,174,109
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	54,311	72,164
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)	90,672,434	88,774,356
16a	Professional fundraising fees (Part IX, column (A), line 11e)	98,184	97,434
b	Total fundraising expenses (Part IX, column (D), line 25) ▶631,920		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	88,996,715	89,031,356
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	179,821,644	177,975,310
19	Revenue less expenses. Subtract line 18 from line 12	62,333,384	51,198,799

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	410,791,219	455,729,514
21	Total liabilities (Part X, line 26)	134,111,434	160,884,105
22	Net assets or fund balances. Subtract line 21 from line 20	276,679,785	294,845,409

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

****** 2021-05-13
Signature of officer Date

JAMES A STOPPER CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00760402

Firm's name ▶ BAKER TILLY US LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 1570 FRUITVILLE PIKE SUITE 400
LANCASTER, PA 17601 — Phone no. (717) 740-4863

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

WE 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 $ 138,322,687 including grants of $ 72,164) (Revenue $ 196,956,433)

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** ▶ 138,322,687

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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L,* Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	87		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,761		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**		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?			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			**5**		No
6	Did the organization have members or stockholders?			**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

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-A 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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) 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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								7,659,318	0	773,872

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 ▶ 61

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
QUANDEL CONSTRUCTION 2601 MARKET PL STE 200 HARRISBURG, PA 17110	CONSTRUCTION	19,895,517
RENOVO SOLUTIONS 4 EXECUTIVE CIRCLE IRVINE, CA 92614	PREVENTATIVE MAINTENANCE-EQUIPMENT	1,431,748
ZARTMAN CONSTRUCTION 3000 POINT TOWNSHIP DRIVE NORTHUMBERLAND, PA 178578864	CONSTRUCTION	1,211,392
T-ROSS BROS CONSTRUCTION RTS 147 45 MONTANDON, PA 178500070	CONSTRUCTION	789,975
SILVERTIP INC PO BOX 50 LEWISBURG, PA 178370050	CONSTRUCTION	640,740

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 ▶ 35

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	202,014			
	d Related organizations	1d				
	e Government grants (contributions)	1e	10,585,653			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	10,171,994			
	g Noncash contributions included in lines 1a - 1f: $	1g	28,350			
	h **Total.** Add lines 1a-1f		20,959,661			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	621400	193,247,494	193,247,494		
	b					
	c					
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f.	193,247,494				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,985,528			3,985,528
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 4,519,287				
	b Less: rental expenses	6b 4,949,634				
	c Rental income or (loss)	6c -430,347				
	d Net rental income or (loss)		-430,347			-430,347
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a 57,226,868	1,657,448			
	b Less: cost or other basis and sales expenses	7b 55,424,172	1,813,863			
	c Gain or (loss)	7c 1,802,696	-156,415			
	d Net gain or (loss)		1,646,281			1,646,281
	8a Gross income from fundraising events (not including $ 202,014 of contributions reported on line 1c). See Part IV, line 18	8a 85,536				
	b Less: direct expenses	8b 107,961				
	c Net income or (loss) from fundraising events		-22,425			-22,425
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a LABORATORY SERVICES	621500	3,398,501		3,398,501	
	b BILLING FEES FROM AFFILIATE	541900	1,937,476		1,937,476	
	c CAFETERIA AND VENDING SALES	722210	595,121			595,121
	d All other revenue		3,856,819	310,438	3,569,000	-22,619
	e **Total.** Add lines 11a–11d		9,787,917			
	12 **Total revenue.** See instructions		229,174,109	193,557,932	8,904,977	5,751,539

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	72,164	72,164		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,610,361	3,572,565	4,037,796	
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	64,119,080	50,972,439	12,888,953	257,688
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,717,327	1,646,367	64,114	6,846
9 Other employee benefits	10,328,767	7,387,980	2,891,606	49,181
10 Payroll taxes	4,998,821	3,886,790	1,093,517	18,514
11 Fees for services (non-employees):				
a Management				
b Legal	1,718,683	44,016	1,674,667	
c Accounting	116,116	6,750	109,366	
d Lobbying	9,496		9,496	
e Professional fundraising services. See Part IV, line 17	97,434			97,434
f Investment management fees	730,047	17,795	712,252	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,848,235	6,420,918	2,358,946	68,371
12 Advertising and promotion	543,795	9,109	534,686	
13 Office expenses	32,850,812	31,863,341	962,102	25,369
14 Information technology	11,916,487	1,572,553	10,299,269	44,665
15 Royalties				
16 Occupancy	3,191,236	2,774,542	416,694	
17 Travel	181,543	174,210	5,960	1,373
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	123,782	63,817	56,128	3,837
20 Interest	1,126,964	1,126,964		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,532,212	10,203,169	329,043	
23 Insurance	1,089,283	1,051,501	37,782	
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	51,974		51,974	
b BAD DEBT EXPENSE	13,380,426	13,380,426		
c MA MODERNIZATION	779,820	779,820		
d EQUIPMENT RENTAL & MAIN	519,580	519,580		
e All other expenses	1,320,865	775,871	486,352	58,642
25 **Total functional expenses.** Add lines 1 through 24e	177,975,310	138,322,687	39,020,703	631,920
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,245	1	5,343
	2	Savings and temporary cash investments		37,615,604	2	65,721,007
	3	Pledges and grants receivable, net		2,204,609	3	2,184,500
	4	Accounts receivable, net		18,955,341	4	18,592,208
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,036,901	8	5,349,085
	9	Prepaid expenses and deferred charges		4,732,322	9	5,976,703
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 344,345,027			
	b	Less: accumulated depreciation	10b 130,044,440	171,118,094	10c	214,300,587
	11	Investments—publicly traded securities		145,022,165	11	112,773,541
	12	Investments—other securities. See Part IV, line 11		6,541,354	12	11,175,199
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		8,659,784	14	8,659,784
	15	Other assets. See Part IV, line 11		10,899,800	15	10,991,557
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		410,791,219	16	455,729,514
Liabilities	17	Accounts payable and accrued expenses		28,191,464	17	47,145,224
	18	Grants payable			18	
	19	Deferred revenue		237,522	19	221,070
	20	Tax-exempt bond liabilities		90,328,839	20	88,802,393
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		175,000	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,018,882	23	10,411,343
	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		14,159,727	25	14,304,075
	26	**Total liabilities.** Add lines 17 through 25		134,111,434	26	160,884,105
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		267,704,096	27	285,461,670
	28	Net assets with donor restrictions		8,975,689	28	9,383,739
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		276,679,785	32	294,845,409
	33	Total liabilities and net assets/fund balances		410,791,219	33	455,729,514

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	229,174,109
2	Total expenses (must equal Part IX, column (A), line 25)	2	177,975,310
3	Revenue less expenses. Subtract line 2 from line 1	3	51,198,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	276,679,785
5	Net unrealized gains (losses) on investments	5	-1,127,414
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	-31,905,761
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	294,845,409

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 24-0795411

Name: EVANGELICAL COMMUNITY HOSPITAL

Form 990, Part 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, 9 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. CONTINUED ON SCHEDULE O.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			
MATTHEW W REISH MD DIRECTOR	1.00 39.00	X						889,493	0	25,698
KENDRA A AUCKER PRESIDENT/CHIEF EXECUTIVE OFFICER	40.00 1.00			X				734,855	0	152,574
SHAWN P MCGLAUGHLIN MD DIRECTOR	40.00	X						723,132	0	30,019
JOHN F DEVINE VP MEDICAL AFFAIRS	40.00				X			692,508	0	59,318
JAMES A STOPPER CPA TREASURER/CHIEF FINANCIAL OFFICER	40.00 1.00			X				552,985	0	65,464
CHRISTOPHER J MOTTO MD DIRECTOR	1.00 43.00	X						475,139	0	17,035
BRADLEY MUDGE SURGEON	40.00				X			441,913	0	22,764
WILLIAM P ANDERSON SECRETARY/CHIEF OPERATING OFFICER	40.00			X				337,078	0	64,704
JULIA E REDCAY DO DIRECTOR	1.00 39.00	X						375,816	0	22,444
DALE E MOYER VP OF INFORMATION SYSTEM	40.00				X			329,185	0	51,354

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			
TAMARA F PERSING VP OF NURSING ADMINISTRATION	40.00				X			265,153	0	53,814
KATHRYN M GIORGINI HOSPITALIST/PALLIATIVE CARE	40.00				X			257,851	0	33,385
DAVID M ZELECHOSKI MD DIRECTOR	1.00 39.00	X						232,795	0	20,684
RACHEL V SMITH VP PEOPLE & CULTURE	40.00				X			219,514	0	28,584
ANGELA K LAHR AVP CLINICAL OPERATIONS	40.00				X			171,908	0	33,224
PAUL E TARVES FORMER VP OF NURSING ADMINISTRATION	0.00						X	190,353	0	0
RANDALL STRAUSSER DIRECTOR OF PHARMACY SERVICES	40.00					X		165,375	0	22,724
WILLIAM FRANQUET AVP REVENUE CYCLE	40.00					X		152,259	0	21,068
JOSHUA TITUS PHARMACIST	40.00					X		154,314	0	13,779
RUTH SPROUT ASST DIRECTOR OF PHARMACY	40.00					X		145,283	0	21,670

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		152,409	0	13,566
TIMOTHY J APPLE CHAIR	1.00 0.10	X		X				0	0	0
JOHN D STEELE JR VICE CHAIR	1.00 0.10	X		X				0	0	0
JOHN E MECKLEY ESQ DIRECTOR	1.00 0.10	X						0	0	0
ROGER S HADDON JR 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
LINDA J KORB PHD NCPSYA DIRECTOR	1.00 0.10	X						0	0	0
TIMM A MOYER DIRECTOR	1.00 0.10	X						0	0	0
SUSAN J FETTERMAN RN MSN MBA FAC DIRECTOR (UNTIL 10/19)	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			
MARK D HUBER DIRECTOR (UNTIL 12/19)	1.00 0.10	X						0	0	0
FRANK D DAVIS PHD DIRECTOR (UNTIL 10/19)	1.00	X						0	0	0
SUSAN L LANTZ MA EDD DIRECTOR (UNTIL 10/19)	1.00	X						0	0	0
TERI J MACBRIDE DIRECTOR (UNTIL 10/19)	1.00	X						0	0	0
CHRISTA L MARTIN PHD DIRECTOR (UNTIL 10/19)	1.00	X						0	0	0
KARL A VOSS PHD DIRECTOR (UNTIL 10/19)	1.00	X						0	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**11c**		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493134054701

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.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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	Employer identification number
EVANGELICAL COMMUNITY HOSPITAL	24-0795411

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		9,496
j	Total. Add lines 1c through 1i			9,496
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	A PERCENTAGE OF ANNUAL HAP AND AHA DUES WERE USED FOR LOBBYING; THIS AMOUNTED TO $9,496 FOR THE FISCAL YEAR ENDING JUNE 30, 2020.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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 ▶ $ _____

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:

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

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

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

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	8,760,698	8,165,164	7,862,290	7,418,085	5,826,952
b Contributions	22,134	20,575	25,625	185,221	1,171,492
c Net investment earnings, gains, and losses	590,484	741,483	436,912	425,034	563,204
d Grants or scholarships	18,795	20,331	22,500	23,000	13,407
e Other expenditures for facilities and programs	94,907	113,399	104,484	112,547	104,824
f Administrative expenses	37,347	32,794	32,679	30,503	25,332
g End of year balance	9,222,267	8,760,698	8,165,164	7,862,290	7,418,085

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

a Board designated or quasi-endowment ▶ 74.000 %

b Permanent endowment ▶ 26.000 %

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:

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,105,120		23,105,120
b Buildings		139,508,874	52,682,495	86,826,379
c Leasehold improvements		14,822,664	3,146,017	11,676,647
d Equipment		98,263,981	72,566,505	25,697,476
e Other		68,644,388	1,649,423	66,994,965
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				214,300,587

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFIT COSTS	5,049,117
(3) BLUE CROSS CURRENT FINANCING ADVANCE	1,057,190
(4) CHARITABLE GIFT ANNUITIES PAYABLE	432,876
(5) DEFERRED COMPENSATION	2,028,987
(6) DUE TO AFFILIATES	1,808,139
(7) ESTIMATED MEDICAL MALPRACTICE CLAIMS LIABILITY	1,360,723
(8) ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	2,567,043
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	14,304,075

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	222,196,645
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-1,127,414		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-10,907,645		
e	Add lines **2a** through **2d**			2e	-12,035,059
3	Subtract line **2e** from line **1**			3	234,231,704
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	-5,057,595		
c	Add lines **4a** and **4b**			4c	-5,057,595
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	229,174,109

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	204,031,021
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	38,667,569		
e	Add lines **2a** through **2d**			2e	38,667,569
3	Subtract line **2e** from line **1**			3	165,363,452
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	12,611,858		
c	Add lines **4a** and **4b**			4c	12,611,858
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	177,975,310

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

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 PLA CE (OB SERVICES), PROVIDE NURSING SCHOLARSHIPS AND TO PROVIDE FOOD, SERVICE, OR CARE FOR P EOPLE WHO DO NOT HAVE THE MEANS TO PAY FOR THE SERVICE.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE NETTED AGAINST REVENUE ON AFS -12,185,676. INVESTMENT EXPENSES NETTED AGA INST REVENUE ON AFS -426,182. POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT 139,382. NET ASS ETS RELEASED FROM RESTRICTIONS -76,863. VALUATION LOSS -87,837. CHANGE IN VALUE OF SPLIT-I NTEREST AGREEMENT -14,048. CONTRIBUTIONS FROM ACQUISITION 1,743,579.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES -4,949,634. SPECIAL EVENTS EXPENSE -107,961.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EQUITY TRANSFER WITH AFFILIATES 33,609,974. RENTAL EXPENSES 4,949,634. SPECIAL EVENTS EXPENSE 107,961.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	BAD DEBT EXPENSE NETTED AGAINST REVENUE ON AFS 12,185,676. INVESTMENT EXPENSES NETTED AGAINST REVENUE ON AFS 426,182.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
PRIDE PHILANTHROPY 1397 CHESTNUT COVE TRAIL 20988 JASPER, GA 30143	CAMPAIGN CONSULTANT		No	0	84,000	-84,000
PROCOPIA 1106 NORTH SHERIDAN AVENUE PITTSBURGH, PA 15206	GRANT WRITING CONSULTANT		No	0	7,500	-7,500
JAMES E CONNELL & ASSOCIATES 15 PINEWALD DRIVE PO BOX 3335 PINEHURST, NC 283743335	PLANNED GIVING CONSULTANT		No	0	5,934	-5,934
Total . . . . . ▶					97,434	-97,434

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

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 GALA (event type)	(b) Event #2 GOLF CLASSIC (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	161,230	64,660	61,660	287,550
	2 Less: Contributions	106,560	43,234	52,220	202,014
	3 Gross income (line 1 minus line 2)	54,670	21,426	9,440	85,536
Direct Expenses	4 Cash prizes		1,960		1,960
	5 Noncash prizes	26,411			26,411
	6 Rent/facility costs	1,700	9,600		11,300
	7 Food and beverages	21,084	7,617	5,104	33,805
	8 Entertainment	6,550			6,550
	9 Other direct expenses	17,518	4,980	5,437	27,935
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				107,961
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-22,425

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				
Direct Expenses	2 Cash prizes				
	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	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

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

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

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

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.			
	☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	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)		1,873	531,252		531,252	0.320 %
b Medicaid (from Worksheet 3, column a)	2	21,105	17,379,182	7,429,334	9,949,848	6.050 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	1	95	29,296		29,296	0.020 %
d **Total** Financial Assistance and Means-Tested Government Programs	3	23,073	17,939,730	7,429,334	10,510,396	6.390 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	608	25,076	149,111	11,140	137,971	0.080 %
f Health professions education (from Worksheet 5)	166	1,156	43,353		43,353	0.030 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	44		145,250		145,250	0.090 %
j **Total.** Other Benefits	818	26,232	337,714	11,140	326,574	0.200 %
k **Total.** Add lines 7d and 7j	821	49,305	18,277,444	7,440,474	10,836,970	6.590 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development	1	150	665		665	0 %
3 Community support	61	2,242	16,208		16,208	0.010 %
4 Environmental improvements						
5 Leadership development and training for community members	13	107	481		481	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	75	2,499	17,354		17,354	0.010 %

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 2,734,697			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	60,040,508
6	Enter Medicare allowable costs of care relating to payments on line 5	6	84,567,656
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-24,527,148
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

			Yes	No
9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
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)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

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

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

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12.	3	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ 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 18			
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?	7	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a ☑ Hospital facility's website (list url): WWW.EVANHOSPITAL.COM/HEALTH-AND-WELLNESS			
b ☐ Other website (list url):			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a If "Yes" (list url): WWW.EVANHOSPITAL.COM/HEALTH-AND-WELLNESS			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
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

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP:			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.000000000000 % and FPG family income limit for eligibility for discounted care of 200.000000000000 %			
b	☑ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	☑ The FAP was widely available on a website (list url): WWW.EVANHOSPITAL.COM/FOR-PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM-GUIDELINES			
b	☑ The FAP application form was widely available on a website (list url): WWW.EVANHOSPITAL.COM/FOR-PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM-GUIDELINES			
c	☑ A plain language summary of the FAP was widely available on a website (list url): WWW.EVANHOSPITAL.COM/FOR-PATIENTS/FINANCIAL-ASSISTANCE-PROGRAM-GUIDELINES			
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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
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

		Yes	No
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? **23**		No
	If "Yes," explain in Section C.		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C.		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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 $13,380,426.

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:	ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE. ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS. THE ALLOWANCE FOR DOUBTFUL COLLECTIONS ARE ESTIMATED BASED UPON A PERIODIC REVIEW OF THE ACCOUNTS RECEIVABLE AGING, PAYOR CLASSIFICATIONS AND APPLICATION OF HISTORICAL WRITE-OFF PERCENTAGES. THE COSTING METHODOLOGY USED IN DETERMINING BAD DEBTS EXPENSE AT COST AND ESTIMATED AMOUNT OF THE ORGANIZATION'S BAD DEBT EXPENSE ATTRIBUTED TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S CHARITY CARE POLICY IS BAD DEBT EXPENSE TIMES THE COST TO CHARGE RATIO. IN DETERMINING BAD DEBT EXPENSE, PATIENT LIABILITIES ARE NET OF THIRD-PARTY PAYMENTS AND ANY PATIENT PAYMENTS. THE METHOD THE ORGANIZATION USES TO DETERMINE THE AMOUNT THAT REASONABLY COULD BE ATTRIBUTED TO PATIENTS WHO LIKELY WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY, BUT DID NOT ADEQUATELY COMPLETE THE CHARITY CARE PAPERWORK. WE BELIEVE THAT A PORTION OF OUR BAD DEBTS RESULTS FROM SERVICES PROVIDED TO PATIENTS WHO MEET THE CHARITY CARE GUIDELINES BUT WERE UNABLE OR UNWILLING TO PROVIDE THE APPROPRIATE DOCUMENTATIONS TO ALLOW THAT CLASSIFICATION. THESE WOULD BE CLASSIFIED AS BAD DEBT EXPENSE TIMES THE COST TO CHARGE RATIO TO ARRIVE AT COST. THE ORGANIZATION ACCOUNTS FOR DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS AS A REDUCTION OF REVENUE/ACCOUNTS RECEIVABLE AND ARE NOT COMPONENTS OF BAD DEBT EXPENSE. EVANGELICAL COMMUNITY HOSPITAL PROVIDES CARE TO ALL PATIENTS WHO NEED IT, REGARDLESS OF THEIR ABILITY TO PAY. THIS IS PART OF THE HOSPITAL'S MISSION.

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:	DEPARTMENT TO ASSIST WITH TREATMENT REFERRALS AND WARM HANDOFFS. AS OF NOVEMBER 2020, IN A PRIL OF 2018 EVANGELICAL COMMUNITY HOSPITAL (ECH) COMPLETED ANOTHER COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA). THE ASSESSMENT WAS CONDUCTED BY BAKER TILLY IN PARTNERSHIP WITH GEISIN GER AND ALLIED SERVICES AS A REGIONAL COLLABORATIVE EFFORT TO ASSESS THE NEEDS OF OUR COMM UNITY. THIS ASSESSMENT WAS A REGIONAL APPROACH WITH EVANGELICAL SERVICES AREA BEING PART O F THE CENTRAL REGION WHICH IS COMPRISED OF THE FOLLOWING COUNTIES: CLINTON, COLUMBIA, LYCO MING, MONTOUR, NORTHUMBERLAND, SCHUYLKILL, SNYDER, SULLIVAN AND UNION. EVANGELICAL'S NEEDS ASSESSMENT INCLUDED A FIVE-COUNTY REGION CONSISTING OF SNYDER, UNION, NORTHUMBERLAND, LYC OMING AND JUNIATA COUNTIES. THE ASSESSMENT WAS COMPLETED IN APRIL OF 2018 AND ADOPTED BY T HE EVANGELICAL BOARD OF DIRECTORS IN MAY 2018. FISCAL YEAR 2020 IS ECH'S SECOND YEAR FOR R EPORTING ON OUR 2018 CHNA KEY IDENTIFIED NEEDS. THOSE NEEDS OF OUR COMMUNITY WERE IDENTIFI ED AS 1.) ACCESS TO CARE; 2.) BEHAVIORAL HEALTH; 3.) CHRONIC DISEASE PREVENTION AND MANAGE MENT. THIS PLAN PROVIDED A ROADMAP FOR OUR HOSPITAL TO MEET SPECIFIC NEEDS WITHIN OUR SERV ICE AREA. BELOW ARE THREE KEY IDENTIFIED NEEDS, THE ACTION STEPS AND HOW THE HOSPITAL ADDR ESSED THESE NEEDS FOR THE 2018 IMPLEMENTATION PLAN.1. ACCESS TO CAREACTION ITEM 1: PROVIDE FREE OR REDUCED-FEE HEALTH SCREENINGS AND PREVENTIVE PROGRAMS, SUCH AS SKIN CANCER SCREEN INGS, BLOOD SUGAR TESTING, BLOOD PRESSURE CHECKS, COMPREHENSIVE BLOOD SCREENINGS, AND MORE . EVANGELICAL COMMUNITY HOSPITAL OFFERED THE FOLLOWING FREE OR REDUCED-FEE SCREENINGS AT V ARIOUS TIMES AND LOCATIONS THROUGHOUT THE COMMUNITY IN FY2020: COMPREHENSIVE BLOOD SCREENI NGS 790COMMUNITY HEALTH SCREENINGS (MEN'S, WOMEN'S, HUNTERS, HEART) 204SKIN SCREENINGS 89B LOOD PRESSURE/BLOOD SUGAR SCREENS 580HEEL SCAN/BONE DENSITY CLINICS 48(FY2020 PROGRAMMING WAS SIGNIFICANTLY REDUCED DUE TO THE COVID-19 PANDEMIC)ACTION ITEM 2: EXPAND THE FREE FOOD BOX PROGRAM TO INCLUDE THE USE OF HOSPITAL TO HOME TO ASSIST WITH PROVIDING FOOD BOXES FO R PATIENTS WHO IDENTIFY AS FOOD INSECURE. DURING 2020 EVANGELICAL COMMUNITY HOSPITAL DISTR IBUTED 62 FOOD BOXES TO PATIENTS IDENTIFIED AS FOOD INSECURE. THE PROGRAM IS PROVIDED IN P ARTNERSHIP WITH CASE MANAGEMENT AND HOSPITAL TO HOME.ACTION ITEM 3: WORK WITH THE NURSE-FA MILY PARTNERSHIP PROGRAM FOR AT-RISK, YOUNG, EXPECTANT WOMEN TO IMPROVE PREGNANCY OUTCOMES , CHILD HEALTH AND DEVELOPMENT, AND ECONOMIC SELF-SUFFICIENCY FOR THE FAMILY.EVANGELICAL M ADE 36 REFERRALS TO THE NURSE FAMILY PARTNERSHIP. THIS COLLABORATIVE PROGRAM INVOLVES A NU RSE MAKING HOME VISITS OVER 30 MONTHS FROM BEFORE BIRTH UNTIL THE BABY IS AGE TWO. MORE TH AN 30 YEARS OF RANDOMIZED, CONTROLLED TRIALS SHOW THAT FAMILIES WHO PARTICIPATE IN THE NUR SE-FAMILY PARTNERSHIP MODEL FARE BETTER THAN THOSE NOT IN THE PROGRAM. ACTION ITEM 4: IN F Y20 EVANGELICAL COMMUNITY HOSPITAL, GEISINGER, THE MILLER CENTER FOR RECREATION AND WELLNE SS, AND THE GREATER SUSQUEHANNA VALLEY YMCA CAME TOGETHER TO MAKE A POSITIVE, LASTING IMPA CT ON THE HEALTH AND WELLNESS OF THE REGION. EVANGELICAL AND GEISINGER FORMED THEIR FIRST JOINT VENTURE AT THE MILLER CENTER. THE CENTER WAS TRANSFERRED TO THE JOINT VENTURE BY THE MILLER FAMILY. THE NEW ENTITY IS KNOWN AS THE LEWISBURG YMCA AT THE MILLER CENTER, POWERE D BY EVANGELICAL AND GEISINGER. THE NEWLY FORMED JOINT VENTURE WILL OFFER COMPREHENSIVE AN D AFFORDABLE WELLNESS AND RECREATION PROGRAMS FOR ALL GENERATIONS IN THE HEART OF THE COMM UNITY.- AS OF JUNE 30, 2020, THE LEWISBURG YMCA AT THE MILLER CENTER HAD A TOTAL OF 2,635 MEMBERS. PRIOR TO THE JOINT VENTURE FORMATION, MEMBERSHIP AT THE FACILITY WAS 1,620 INCREA SING MEMBERSHIP BY 1,015.- 53 MEMBERS WERE GRANTED FINANCIAL ASSISTANCE TO JOIN THE FACILI TY - PRIOR TO FACILITY CLOSURE DUE TO COVID-19, THE AVERAGE FACILITY USE WAS 546 INDIVIDUA L CHECK-INS PER DAY, BEFORE THE JOINT VENTURE TRANSITION THE FACILITY WAS AVERAGING 224 CH ECK-INS PER DAY. UTILIZATION OF THE FACILITY EFFECTIVELY DOUBLED.ACTION ITEM 5: EVANGELICA L REGIONAL MOBILE MEDICAL SERVICES (ERMMS) BEGAN OPERATION ON OCTOBER 1, 2019 AS A WHOLLY OWNED SUBSIDIARY OF EVANGELICAL COMMUNITY HOSPITAL. THIS IS IN RESPONSE TO THE GROWING CHA LLENGES FACING INDEPENDENT VOLUNTEER AMBULANCE SERVICES. - THROUGH OUR COLLABORATION WITH LOCAL MUNICIPALITIES AND FIRE DEPARTMENTS, EVANGELICAL CAN PROVIDE EMERGENCY AMBULANCE SER VICE AT OUR AMBULANCE STATIONS IN MIFFLINBURG, HUMMEL'S WHARF AND AT EVANGELICAL COMMUNITY HOSPITAL. ERMMS ALSO PROVIDES EMT AND PARAMEDIC STAFF FOR WARRIOR RUN AREA FIRE DEPARTMEN T, WHITE DEER TOWNSHIP VOLUNTEER FIRE DEPARTMENT, BOROUGH OF MILTON AND RELIANCE HOSE COMP ANY.- ERMMS OWNS OR STAFFS 5 MOBILE INTENSIVE CARE UNITS, 3 BASIC LIFE SUPPORT AMBULANCES, 1 MEDIC UNIT, 1 NON-EMERGENT TRANSPORT AMBULANCE AND 1 WHEELCHAIR/STRETCHER VAN SERVING U NION, SNYDER AND NORTHUMBERLAND COUNTIES- SINCE THE FORMATION OF EVANGELICAL REGIONAL MOBI LE MEDICAL SERVICES, THEY HAVE RESPONDED TO 1000 C

Form and Line Reference	Explanation
PART VI, LINE 2:	ALLS ON AVERAGE PER MONTH. OF THOSE CALLS, ERMMS HAD 235 RESPONSES TO CARDIAC ARRESTS AND PROVIDED STANDBY EMS SERVICES TO 33 EVENTS- AS PART OF ERMMS COMMITMENT TO PATIENT CARE TH ROUGHOUT THE GREATER SUSQUEHANNA VALLEY, A WHEELCHAIR VAN IS BEING INTRODUCED TO ITS FLEET OF SERVICE VEHICLES. A HEALTHCARE TRANSPORTATION GAP HAS BEEN A LONG-STANDING CONCERN IN OUR REGION. THIS ADDITION TO EVANGELICAL'S FLEET OF EMERGENCY RESPONSE VEHICLES WILL ALLOW THE OPPORTUNITY TO EXPAND AND ASSIST MORE LOCAL RESIDENTS WITH TRANSPORTATION NEEDS FOR M EDICAL CARE. ACTION ITEM 6: UTILIZE MOBILE HEALTH OF EVANGELICAL TO REACH POPULATIONS THAT ARE IN AREAS LACKING PRIMARY CARE AND HEALTH SCREENING OPTIONS LOCALLY- FUNDED ENTIRELY T HROUGH BUSINESS AND COMMUNITY DONATIONS, MOBILE HEALTH OF EVANGELICAL SEEKS TO IMPROVE ACC ESS TO HEALTHCARE BY OVERCOMING THE BARRIERS OF TRANSPORTATION, DISTANCE, AND COST OF CARE . THE 38-FOOT UNIT FEATURES A WELCOME/REGISTRATION AREA, BLOOD DRAW AREA, AND TWO EXAM ROO MS. OFFERED SERVICES INCLUDE PRIMARY AND SPECIALTY CARE, DENTAL HYGIENE, AND HEALTH EDUCAT ION. SELECT SERVICES ARE PROVIDED FREE OF CHARGE. - THE HOSPITAL ALSO PROVIDES COMPREHENSI VE HEALTH SCREENINGS AS PART OF MOBILE HEALTH OF EVANGELICAL. THE FOLLOWING FREE OR REDUCE D-FEE SCREENINGS WERE OFFERED IN FY2020:COMPREHENSIVE BLOOD SCREENINGS 141BLOOD PRESSURE/B LOOD SUGAR SCREENINGS 87HEEL SCAN/BONE DENSITY CLINICS 30ORAL HEALTH 17GENERAL HEALTH CHEC K-UPS CANCELED DUE TO PANDEMIC2. BEHAVIORAL HEALTHACTION ITEM 1: SERVE AS THE COUNTY/REGIO NAL CENTRALIZED COORDINATING ENTITY (CCE) FOR SNYDER, UNION AND NORTHUMBERLAND COUNTIES TO PROVIDE FREE NALOXONE TO ALL FIRST RESPONDERS. THE HOSPITAL PROVIDED 235 INDIVIDUALS WITH NARCAN TRAINING AND DISTRIBUTED OVER 500 OPIOID REVERSAL KITS TO VARIOUS FIRST RESPONDERS , AGENCIES ACTING AS FIRST RESPONDERS AND INDIVIDUALS WHO MAY NEED TO ACT AS A FIRST RESPO NDER. ACTION ITEM 2: EVALUATE THE USAGE AND EFFECTIVENESS OF OUR TELE-PSYCHIATRIC PROGRAM - EVANGELICAL CONTINUES TO PROVIDE TELE-PSYCH SERVICES FOR INPATIENT AND EMERGENCY DEPARTM ENT PATIENTS- PRIOR TO APRIL 2020 WE WERE PROVIDING SERVICES, ON AVERAGE, 11 TIMES FOR INP ATIENT AND 58 IN THE EMERGENCY DEPARTMENT QUARTERLY.- IN THE LAST QUARTER OF FY2020 VOLUME S INCREASED TO 35 INPATIENT AND 96 EMERGENCY DEPARTMENT.- AVERAGE RESPONSE TIMES ARE 4 HOU RS FOR INPATIENT AND 2 HOURS FOR EMERGENCY DEPARTMENT. ACTION ITEM 3: SUPPORT AND PARTICIP ATE IN THE EFFORTS BY LOCAL OPIOID COALITIONS IN SNYDER, UNION AND NORTHUMBERLAND COUNTIES . IN LATE 2018, THE NORTHUMBERLAND AND SNYDER-UNION OPIOID COALITIONS JOINED FORCES WITH T HE COLUMBIA-MONTOUR COALITION TO FORM UNITED IN RECOVERY. INDIVIDUALLY AND COLLECTIVELY, T HE COALITIONS WORK TO BRING DIVERSE ORGANIZATIONS AND INDIVIDUALS TOGETHER TO EDUCATE, CHA NGE POLICIES, EXPAND ACCESS, AND IMPROVE TREATMENT FOR OPIOID ADDICTION. IN RESPONSE TO CO VID-19, THE COALITIONS ESTABLISHED A RESOURCE AND INFORMATION WEBSITE FOR VIRTUAL RECOVERY AND BASIC NEEDS. EVANGELICAL COMMUNITY HEALTH AND WELLNESS STAFF SERVE AS REPRESENTATIVES ON BOTH NORTHUMBERLAND AND SNYDER-UNION OPIOID COALITIONS.

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. 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 INFORMS THE PATIENT THAT EVANGELICAL HAS A FINANCIAL ASSISTANCE PROGRAM AND A FINANCIAL COUNSELOR WHO WILL SEND THEM AN APPLICATION IF REQUESTED. OUR THIRD PARTY VENDOR WORKS ON BEHALF OF THE ORGANIZATION TO FOLLOW THE HOSPITAL'S POLICIES REGARDING PATIENT NOTIFICATION AND THE AVAILABILITY OF FINANCIAL ASSISTANCE. EVANGELICAL'S FINANCIAL ASSISTANCE POLICY IS POSTED ON THE EVANGELICAL WEBSITE (HTTP://WWW.EVANHOSPITAL.COM/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 ALL SOURCES. AN INDIVIDUAL NOTICE OF AVAILABILITY OF EVANGELICAL'S FINANCIAL ASSISTANCE PROGRAM WILL BE GIVEN TO EACH PATIENT OR THEIR REPRESENTATIVE PRIOR TO SERVICES BEING RENDERED, WITH THE EXCEPTION OF EMERGENCY SERVICES. THESE NOTICES SHALL BE AVAILABLE IN ALL REGISTRATION AREAS OF THE HOSPITAL AND SHALL INCLUDE THE MOST CURRENT AVAILABLE "HOUSEHOLD INCOME GUIDELINES" AS PUBLISHED IN THE FEDERAL REGISTER. THE PATIENT ACCOUNTS DIRECTOR OR HIS/HER DESIGNEE SHALL REVIEW ALL APPLICATIONS FOR THE EVANGELICAL FINANCIAL ASSISTANCE PROGRAM. IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE PROOF OF INCOME. WHEN LANGUAGE IS A BARRIER, EVANGELICAL OFFERS A SPECIAL INTERPRETER CONFERENCING TELEPHONE SERVICE. INTERPRETATION SERVICES ARE AVAILABLE FOR A MULTITUDE OF PATIENT/CAREGIVER INTERACTIONS. WHEN A NON-ENGLISH SPEAKING PATIENT, NO MATTER HIS OR HER NATIVE TONGUE, CALLS IN TO THE HOSPITAL, HE OR SHE WILL BE ABLE TO BE UNDERSTOOD THROUGH A TELEPHONE INTERPRETER. THIS IS AVAILABLE FOR OUTBOUND CALLS TO THE PATIENT AS WELL. THE PROCESS CONTRIBUTES TO IMPROVED PATIENT CARE AND CLINICAL OUTCOMES AND MAKES A VITAL DIFFERENCE IN THE QUALITY OF SERVICE EVANGELICAL IS ABLE TO PROVIDE TO NON-ENGLISH SPEAKING PATIENTS.

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. ECH IS A 132 OVERNIGHT LICENSED-BED, 12 AC UTE REHAB, AND 18 BASSINET CARE COMMUNITY HOSPITAL WITH OVER 1,400 EMPLOYEES. ECH HAS A BU SY EMERGENCY DEPARTMENT WITH 28,376 VISITS IN FISCAL YEAR 2020. IN ADDITION TO EMERGENCY C ARE, THE HOSPITAL INTRODUCED A NEW URGENT CARE PRACTICE IN 2016 THAT ANSWERS THE NEEDS OF PATIENTS WHO HAVE URGENT MEDICAL NEEDS THAT DO NOT RISE TO THE LEVEL OF EMERGENCY CARE. FO R THE PATIENT THIS MEANS SHORTER WAIT TIMES AND LOWER TREATMENT COSTS FOR THOSE CONDITIONS .THE PRIMARY SERVICE AREA OF RESIDENTS OF ECH INCLUDES:17086, 17730, 17749, 17772, 17777, 17801, 17847, 17850, 17857, 17865, 17812, 17813, 17827, 17831, 17833, 17842, 17843, 17853, 17861, 17862, 17864, 17870, 17876, 17810, 17835, 17837, 17844, 17845, 17855, 17856, 17883 , 17885, 17886, 17887, 17889OUR SECONDARY SERVICE AREA IS FROM THE FOLLOWING ZIP CODES:168 20, 16872, 16882, 17014, 17017, 17045, 17049, 17062, 17080, 17737, 17747, 17752, 17756, 17 821, 17823, 17830, 17832, 17834, 17836, 17840, 17841, 17851, 17860, 17866, 17867, 17868, 1 7872, 17877, 17881, 17884, 17701, 17702, 17703, 17754 THE REGION IS HOME TO SEVERAL COLLEG ES, UNIVERSITIES, AND TECHNICAL SCHOOLS AS WELL AS STRONG PUBLIC SCHOOL SYSTEMS. IT HAS A VERY DIVERSE HISTORY AND RURAL APPEAL, YET FEATURES BUSINESS AND HEALTHCARE FACILITIES USI NG THE LATEST ADVANCES IN SCIENCE AND TECHNOLOGY. ADDITIONAL HOSPITALS IN OUR REGION CONSI ST OF GEISINGER MEDICAL CENTER, GEISINGER - SHAMOKIN AREA COMMUNITY HOSPITAL, UPMC SUSQUEH ANNA, AND GEISINGER - BLOOMSBURG HOSPITAL. ACCORDING TO THE MOST RECENT DATA FROM THE COMM UNITY HEATH NEEDS ASSESSMENT OUR REGION IS DESCRIBED AS PRIMARILY RURAL IN NATURE. THIS DA TA WAS REAFFIRMED DURING THE ASSESSMENT PROCESS THROUGH COMMUNITY LEADERS AND KEY STAKEHOL DER INTERVIEWS AND FOCUS GROUP DISCUSSIONS. FURTHERMORE WITH THE RURAL NATURE OF OUR AREA AND THE LACK OF A COORDINATED AND INTEGRATED TRANSPORTATION SYSTEM THIS LIMITS COMMUNITY M EMBERS TO ACCESSIBLE HEALTH CARE AND RECREATIONAL OPPORTUNITIES. THE LIMITATIONS OF ACCESS IBILITY TO HEALTHCARE AND HEALTHY OPTIONS LEAD TO UNHEALTHY LIFESTYLES AND OVERUSE OF OUR EMERGENCY DEPARTMENT SERVICES.CITY-DATA.COM FOR UNION COUNTY INDICATES THAT THE POPULATION CONSISTS OF: WHITE NON-HISPANIC (90.1%), BLACK (7.0%), HISPANIC (6.9%), TWO OR MORE RACES (1.9%), AND ASIAN (1.8%) THE MEDIAN RESIDENT AGE IS 39.3ESTIMATED MEDIAN HOUSEHOLD INCOME IN 2017: $55,371 RESIDENTS WITH INCOME BELOW THE POVERTY LEVEL IN 2017: 10.5%POPULATION WI THOUT HEALTH INSURANCE COVERAGE IN 2013: 12.2% CHILDREN UNDER 19 WITHOUT HEALTH INSURANCE COVERAGE IN 2013: 6.5% 89.7% OF RESIDENTS OF UNION COUNTY SPEAK ENGLISH AT HOME4.4% OF RES IDENTS SPEAK SPANISH AT HOME4.1% OF RESIDENTS SPEAK OTHER INDO-EUROPEAN LANGUAGE AT HOME1. 2% OF RESIDENTS SPEAK ASIAN OR PACIFIC ISLAND LANGUAGE AT HOME0.5% OF RESIDENTS SPEAK OTHE R LANGUAGES AT HOMECITY-DATA.COM FOR SNYDER COUNTY INDICATES THE POPULATION CONSISTS OF:WH ITE NON-HISPANIC (100.5%), HISPANIC (2.6%), BLACK (1.0%), TWO OR MORE RACES (1.0%), AND AS IAN (0.9%)THE MEDIAN RESIDENT AGE IS 39.7ESTIMATED MEDIAN HOUSEHOLD INCOME IN 2017: $55,11 3RESIDENTS WITH INCOME BELOW THE POVERTY LEVEL IN 2017: 10.4% POPULATION WITHOUT HEALTH INS URANCE COVERAGE IN 2013: 14.1% CHILDREN UNDER 19 WITHOUT HEALTH INSURANCE COVERAGE IN 2013 : 8% 88% OF RESIDENTS OF SNYDER COUNTY SPEAK ENGLISH AT HOME2.3% OF RESIDENTS SPEAK SPANIS H AT HOME8.3% OF RESIDENTS SPEAK OTHER INDO-EUROPEAN LANGUAGE AT HOME0.4% OF RESIDENTS SPE AK ASIAN OR PACIFIC ISLAND LANGUAGE AT HOMEOF RESIDENTS SPEAK OTHER LANGUAGES AT HOME CITY -DATA.COM FOR NORTHUMBERLAND COUNTY INDICATES THAT THE POPULATION CONSISTS OF: WHITE NON-H ISPANIC (90.8%), BLACK (3.4%), HISPANIC (2.5%), AND TWO OR MORE RACES (0.7%)ESTIMATED MEDI AN HOUSEHOLD INCOME IN 2017: $44,892THE MEDIAN RESIDENT AGE IS 44.6RESIDENTS WITH INCOME B ELOW THE POVERTY LEVEL IN 2017: 14.4%POPULATION WITHOUT HEALTH INSURANCE COVERAGE IN 2013: 12.4% CHILDREN UNDER 19 WITHOUT HEALTH INSURANCE COVERAGE IN 2013: 6.3% 95.7% OF RESIDENT S OF NORTHUMBERLAND COUNTY SPEAK ENGLISH AT HOME1.3% OF RESIDENTS SPEAK SPANISH AT HOME2.3 % OF RESIDENTS SPEAK OTHER INDO-EUROPEAN LANGUAGE AT HOME0.2% OF RESIDENTS SPEAK ASIAN OR PACIFIC ISLAND LANGUAGE AT HOME0.2% OF RESIDENTS SPEAK OTHER LANGUAGES AT HOMEECH OPERATES AN EMERGENCY DEPARTMENT THAT IS OPEN TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY FO R SERVICES. WE HAVE OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIA NS IN THE AREA. ECH HAS A BOARD OF DIRECTORS IN WHICH INDEPENDENT COMMUNITY PERSONS ARE RE PRESENTED. ECH LOOKS FOR OPPORTUNITIES TO WORK WIT

Form and Line Reference	Explanation
PART VI, LINE 4:	H HEALTHCARE FACILITIES, SUCH AS GEISINGER MEDICAL CENTER, TO PROVIDE THE BEST MEDICAL CAR E FOR OUR PATIENTS. ECH WORKS WITH THE FOLLOWING HIGHER EDUCATION INSTITUTIONS (I.E. COLLE GES, TECHNICAL SCHOOL AND INTERMEDIATE UNITS): PENN COLLEGE, CENTRAL SUSQUEHANNA INTERMEDI ATE 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 PROVID ES FINANCIAL AID TO SUPPORT STUDENTS CHOOSING THE HEALTHCARE PROFESSION THROUGH THE MAE KE EFER 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, AMERIHEALTH NE, UPMC, HUMANA, UHC/OPTUM VA COMMUNITY CARE NETWORK, HUMANA MILITARY TRICARE, GATEWAY HEALTH, VIBRA HEALTH PLAN, PA HEA LTH & WELLNESS, MEDICAID AND MEDICARE.KEY FINDINGS:THE ECH STUDY AREA IS PROJECTED TO GROW IN POPULATION 0.5% BY THE YEAR 2022. SNYDER COUNTY SHOWING THE LARGEST PROJECTED GROWTH A T 2.2% THE ECH STUDY AREA SHOWS A RATE OF OLDER RESIDENTS (AGED 65 AND OLDER) AT 20.22%; T HIS IS HIGHER THAN STATE (18.1%) AND NATIONAL (15.6%) NORMS. THE AVERAGE ANNUAL HOUSEHOLD INCOME FOR ECH STUDY AREA IS JUST ABOVE $52,000; WHICH IS BELOW STATE AND NATIONAL NORMS (AROUND $56,000 FOR BOTH). THE ECH STUDY AREA REPORTS 15.67% OF THE RESIDENTS HAVING LESS T HAN A HIGH SCHOOL DIPLOMA; THIS IS HIGHER THAN THE STATE RATE (10.1%)PORT TREVORTON REPORT S THE HIGHEST RATE OF RESIDENTS WITHOUT HIGH SCHOOL DIPLOMAS (33.4%)MONTANDON REPORTS THE HIGHEST RATE OF RESIDENTS LIVING IN POVERTY AT 17.6%IN OUR STUDY AREA, CLINTON COUNTY SHOW S THE HIGHEST RATE OF PEOPLE LIVING IN POVERTY AT 16.4%. IN THE ECH SERVICE AREA, LYCOMING AND NORTHUMBERLAND SHOW THE HIGHEST RATES AT 14.5% AND 13.8% RESPECTIVELY.NORTHUMBERLAND COUNTY REPORTS THE LARGEST RISE IN ADULT OBESITY FOR THE ECH STUDY AREA COUNTIES; GOING FR OM 31.7% TO 35%.UNION COUNTY SAW A DECLINE IN ADULT OBESITY GOING FROM 30.2% TO 28%SNYDER COUNTY SAW A DECLINE IN DIABETES AMONG ADULTS GOING FROM 9.2% TO 8.5%ALL COUNTIES SAW AN I NCREASE IN CHILDHOOD OBESITY AMONG STUDENTS 7-12 GRADE

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 CA RE OF PATIENTS NEEDING TREATMENT, AND BY ITS OUTREACH TO THE COMMUNITY. BEYOND THE DAILY C ARE OF PATIENTS, THE HOSPITAL EXTENDS ITS REACH TO PROVIDE PREVENTION AND WELLNESS EDUCATI ON 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 FOCU SING ON HEALTHY LIFESTYLE CHANGES, CHILD SAFETY SEAT INSPECTIONS, SCHOOL AGED HEALTH INITI ATIVES, 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 BENEFI T OUTREACH DELIVERED BY THE MAJORITY OF ITS EMPLOYEES. COMMUNITY BENEFIT LEADERS WORKS COO PERATIVELY WITH DEPARTMENTS OF THE HOSPITAL AND OTHER ORGANIZATIONS IN THE COMMUNITY TO AD DRESS UNMET NEEDS. THE HOSPITAL ALSO PRODUCES AN ANNUAL REPORT WHICH OUTLINES OUR COMMUNIT Y BENEFIT EFFORTS. CANCER AWARENESS AND EDUCATION ARE EXTREMELY IMPORTANT. THE FOLLOWING P ROGRAMS WERE OFFERED IN FY20; THE CORRESPONDING NUMBER BESIDE THE PROGRAM DOCUMENTS THE NU MBER OF PEOPLE SERVED. THE IMPACT OF COVID 19 IS EVIDENT IN PROGRAMS AND EVENTS WE WERE AB LE TO OFFER IN 2020. TO THIS POINT SOME OF OUR PROGRAMS AND EVENTS HAD TO BE CANCELED. I C AN COPE SURVIVOR PROGRAM - 45 PARTICIPANTSLIFE AFTER LOSS BEREAVEMENT SUPPORT GROUP CANCEL ED DUE TO COVID 19 OTHER HEALTH EDUCATION AND PREVENTION ACTIVITIES INCLUDE:MONTHLY SUPPOR T GROUPS - 29 PARTICIPANTS (REPORTED)FREE HEART HEALTH SCREENINGS - 59 PARTICIPANTSCOMPREH ENSIVE BLOOD SCREENINGS - 790 PARTICIPANTSMEN'S HEALTH SCREEN CANCELED DUE TO COVID 19WOME N'S HEALTH SCREEN - 92 PARTICIPANTSHUNTER'S HEALTH SCREEN - 53 PARTICIPANTSFREE SKIN SCREE NINGS - 89LOW DOSE CT SCAN SCREENING - 88 REFERRALS 75 QUALIFIEDBLOOD DRAW SERVICES A COMM UNITY CLINIC - 33 PARTICIPANTSCHILD SAFETY SEAT INSPECTIONS 201; REPLACEMENTS - 56 FREE T- DAP VACCINATION FOR NEW DADS AND GRANDPARENTS - 60 VACCINATIONS GIVENYOUTH BIKE HELMET GIV EAWAY PROGRAM CANCELED DUE TO COVID 19FREEDOM FROM SMOKING CESSATION PROGRAM - 8PROPER HAN D 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 ENTERTAINI NG TECHNIQUE TO STRESS THE IMPORTANCE OF FREQUENT, EFFECTIVE HAND WASHING AND SEE IMMEDIAT E RESULTS. IN FY20, MORE THAN 3064 STUDENTS IN THE LOCAL SCHOOLS PARTICIPATED IN THE GERM CITY/BUG LIGHT PROGRAM AND WERE EDUCATED ON PROPER HAND WASHING TECHNIQUES. ADDITIONAL PRO GRAMS FOCUSING ON HEALTHY BEHAVIORS WERE PRESENTED TO LOCAL SCHOOL DISTRICTS. SOME OF THES E PROGRAMS INCLUDE: HEARTPOWER, MYPLATE, HYGIENE 101, ONLINE SAFETY, OUTDOOR/SUMMER SAFETY , HANDS ONLY CPR, STRESS/EMPATHY, TOBACCO/SMOKING/VAPING/JUULING EDUCATION AND MORE. A TOT AL OF 15,418 STUDENTS WERE EDUCATED THROUGH THESE AND OTHER PROGRAMS.THE HOSPITAL IS LICEN SED TO ACCOMMODATE 132 OVERNIGHT PATIENTS, 12 ACUTE REHAB PATIENTS, AND 18 BASSINETS. OUR CLINICAL STAFF, INCLUDES LAB TECHNICIANS, NURSES, NURSING ASSISTANCES, PHYSICAL, OCCUPATIO NAL AND SPEECH THERAPISTS, RADIOLOGY TECHNICIANS, PHLEBOTOMISTS, AND SUPPORT PERSONNEL. EA CH 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 A LL QUALIFIED PHYSICIANS IN THE SUSQUEHANNA VALLEY REGION;2. A BOARD OF DIRECTORS WHO GOVER N THE ORGANIZATION. THE BOARD IS COMPRISED OF COMMUNITY AND BUSINESS LEADERS, AND PHYSICIA NS 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 PROGRA M THAT PROVIDES END-OF-LIFE CARE TO ALL PERSONS REGARDLESS OF THEIR ABILITY TO PAY FOR CAR E;5. THE ADDITION OF MOBILE HEALTH OF EVANGELICAL IN FEBRUARY 2018. COMMUNITY HEALTH AND W ELLNESS STAFF CONTINUE TO PROVIDE OUTREACH TO RESIDENTS THROUGH FREE OR LOW COST SCREENING EVENTS, HEALTH FAIRS, SPEAKING ENGAGEMENTS, COMMUNITY EVENTS AND MORE. 6. A BIOETHICS COM MITTEE COMPRISED OF VOLUNTEERS WHO ARE PHYSICIANS, NURSES, SOCIAL SERVICE WORKERS, PASTORA L 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 PROVID ES FREE AND/OR REDUCED FEE BREAST IMAGING SERVICES SPECIFICALLY TARGETING OUR UN/UNDERINSU RED POPULATION. EXTENSIVE TELEPHONE EDUCATION/COUN

Form and Line Reference	Explanation
PART VI, LINE 5:	SELING SERVICES ARE PROVIDED TO NEWLY DIAGNOSED PATIENTS THROUGH OUR NAVIGATION PROGRAM AT NO CHARGE TO THE PATIENT.9. A COMMUNITY HEALTH AND WELLNESS DEPARTMENT THAT IS FUNDED USI NG HOSPITAL RESOURCES. THE DEPARTMENT INITIATES AND ORGANIZES PREVENTION, WELLNESS AND HEA LTH EDUCATION LECTURES, EVENTS AND ACTIVITIES DEVELOPED FOR THE SOLE PURPOSE OF IMPROVING THE HEALTH OF THOSE IN OUR REGION. THE COMMUNITY HEALTH AND WELLNESS TEAM OFFERS: HEALTH S CREENINGS, HEALTH FAIRS, LECTURES, SUPPORT GROUPS, FLU SHOTS, AND CHILD SAFETY SEAT INSPEC TIONS. IN FY20, THE COMMUNITY HEALTH AND WELLNESS STAFF PROVIDED OVER 250 FLU VACCINATIONS TO AREA BUSINESSES AND CERTIFIED MORE THAN 2280 IN FIRST AID AND CPR, INCLUDING 36 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 PROVIDES 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2 CONTINUED:	ACTION ITEM 4: WORK TO IMPROVE AND INCREASE ACCESS TO OPIOID AWARENESS AND EDUCATION MATERIALS AND REFERRALS TO TREATMENT. EVANGELICAL SECURED $653,200 IN US DEPARTMENT OF LABOR NATIONAL HEALTH EMERGENCY DISLOCATED WORKER DEMONSTRATION GRANT FUNDING FOR A MULTI-LEVEL APPROACH TO EDUCATE ITS ENTIRE PROFESSIONAL STAFF ABOUT BEST TREATMENT PRACTICES AND ELIMINATING STIGMA RELATED TO OPIOID USE DISORDER. AS PART OF THE GRANT FUNDING, MORE THAN HALF OF THE EVANGELICAL WORKFORCE WAS TRAINED IN REDUCING STIGMA AND BIAS, AND SIX CLINICIANS AND NURSES COMPLETED THE CHEMICAL DEPENDENCY CERTIFICATION PROGRAM THROUGH THE PENNSYLVANIA COLLEGE OF TECHNOLOGY. IN FY2019, A CERTIFIED RECOVERY SPECIALIST WAS EMBEDDED IN THE HOSPITAL EMERGENCY DEPARTMENT TO ASSIST WITH TREATMENT REFERRALS AND WARM HANDOFFS. AS OF NOVEMBER 2020, 112 REFERRALS HAVE BEEN MADE.3. CHRONIC DISEASE PREVENTION AND MANAGEMENTACTION ITEM 1: DEVELOP PROGRAMS AND EVENTS FOCUSED ON DIABETES EDUCATION AND PREVENTION EVANGELICAL OFFERS A FREE DIABETES RESOURCE PROGRAM ACCREDITED THROUGH THE DIABETES EDUCATION ACCREDITATION PROGRAM (DEAP) OF THE AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE). PROGRAM CLASSES ARE TAUGHT BY A REGISTERED NURSE/CERTIFIED DIABETES EDUCATOR. COVERED TOPICS INCLUDE INTRODUCTION TO DIABETES; DIETARY MANAGEMENT; COMPLICATION PREVENTION; HOME BLOOD GLUCOSE MONITORING; AND MEDICATION OPTIONS. THE EVANGELICAL COMMUNITY HEALTH AND WELLNESS TEAM ALSO DEVELOPED A PROGRAM TO ADDRESS PRE-DIABETES EDUCATION. ACTION ITEM 2: CONTINUE TO PROMOTE AND EDUCATE THE COMMUNITY ABOUT A VARIETY OF HEALTH SCREENINGS.THROUGH VARIOUS SCREENING EVENTS AND GRANT FUNDS EVANGELICAL OFFERED 88 LOW DOSE CT SCANS AND SCHEDULED 75 APPOINTMENTS, 133 MAMMOGRAMS AND 77 IFOB SCREENING KITS IN FY2020. ACTION ITEM 3: OFFER A VARIETY OF ADULT AND SCHOOL AGED WELLNESS PROGRAMS TO AIMED TO PROMOTE A HEALTHY LIFESTYLE AND REDUCE THE RISK FOR CHRONIC HEALTH CONDITIONS.EVANGELICAL'S HEALTH AND WELLNESS PROGRAMS REACHED NEARLY 22,000 YOUTH AND ADULTS IN THE COMMUNITY IN FY2020 YOUTH EDUCATIONAL PROGRAMS 20,559ADULT/COMMUNITY EDUCATIONAL PROGRAMS 792WORKSITE SITE WELLNESS HEALTH PROMOTION PROGRAMS 636(FY2020 PROGRAMMING WAS SIGNIFICANTLY REDUCED DUE TO THE COVID-19 PANDEMIC)EVANGELICAL KNOWS THAT STAYING FIT, DISEASE PREVENTION, AND NECESSARY INTERVENTION ARE ESSENTIAL TOOLS IN HELPING INDIVIDUALS ACHIEVE THEIR HEALTH AND WELLNESS GOALS. THE HOSPITAL OFFERED A WIDE RANGE OF PROGRAMS IN FY2020, INCLUDING THE FOLLOWING:- FREEDOM FROM SMOKING: A SEVEN-WEEK SESSION TO LEARN TO OVERCOME TOBACCO ADDICTION WITH THE HELP OF A CERTIFIED EDUCATOR.- SAFE SITTER: A ONE-DAY COMPREHENSIVE BABYSITTING COURSE FOR CHILDREN AGES 11 AND OLDER.- SAFE AT HOME: A 90-MINUTE PROGRAM FOR STUDENTS IN GRADES 4 THROUGH 6 THAT ENCOURAGES THEIR FIRST STEPS TO BECOMING INDEPENDENT BY TEACHING THEM HOW TO PRACTICE SAFE HABITS AND PREVENT UNSAFE SITUATIONS- EDUCATIONAL PROGRAMS FOR CHILDREN: FREE PROGRAMS WITH TOPICS THAT COVER NUTRITION, HOW TO HAVE A HEALTHY HEART, HANDS ONLY CPR, THE DANGERS OF TOBACCO PRODUCTS, SUMMER SAFETY, STRESS MANAGEMENT, PERSONAL HYGIENE, BIKE HELMET SAFETY, AND ONLINE SAFETY.- SENIOR STRONG: DESIGNED TO HELP INDIVIDUALS AGE 55 OR OLDER LIVE AN ACTIVE, HEALTHY LIFESTYLE, THE PROGRAM INCLUDES HEALTH SCREENINGS, EXERCISE CLASSES, LECTURES ON A VARIETY OF HEALTH TOPICS, BROWN BAG MEDICINE CHECKS, AND OTHER SPECIAL EVENTS AND COURSES DESIGNED ESPECIALLY FOR SENIORS.- CHILDBIRTH EDUCATION CLASSES: FREE OR REDUCED-FEE PROGRAMS WITH TOPICS THAT COVER PREPARED CHILDBIRTH, NEWBORN CARE, PRENATAL BREASTFEEDING, AND CHILD SAFETY SEAT INSPECTIONS.- TALK WITH THE DOC AND SPEAKERS BUREAU: SEMINARS ON A VARIETY OF HEALTH TOPICS.- THE PLAIN COMMUNITY PROGRAM CONTINUES TO BE A HIGHLY UTILIZED PROGRAMFY20 UTILIZATION OF PLAIN COMMUNITY PROGRAM:ECH - ENCOUNTERS - CHARGESFY2018 - 2,268 - $8,309,429FY2019 - 2,638 - $9,843,948FY2020 - 2,483 - $9,626,525 EMSO - ENCOUNTERS - CHARGESFY2018 - 2,662 - $1,351,370FY2019 - 3,359 - $1,690,042FY2020 - 1,662 - $1,662,014

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** Name, address, primary website address, and state license number		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: COMMUNITY ENGAGEMENT WAS AN INTEGRAL PART OF THE 2018 CHNA. WEBINARS WERE HELD IN OCTOBER AND NOVEMBER 2017 TO ANNOUNCE THE ONSET OF THE CHNA AND ENCOURAGE BROAD PARTICIPATION ACROSS THE REGION. THROUGHOUT OCTOBER AND NOVEMBER 2017, A KEY INFORMANT SURVEY WAS SENT TO APPROXIMATELY 1,000 REPRESENTATIVES OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, RELIGIOUS INSTITUTIONS, CIVIC ASSOCIATIONS, BUSINESSES, ELECTED OFFICIALS AND OTHER COMMUNITY REPRESENTATIVES. PARTNER FORUMS WERE HELD THROUGHOUT THE REGION IN JANUARY 2018 TO BRING TOGETHER THESE PARTNERS TO REVIEW RESEARCH FINDINGS AND PROVIDE FEEDBACK ON THE MOST PRESSING COMMUNITY HEALTH NEEDS. IN MARCH AND APRIL 2018, FOCUS GROUPS WITH SENIORS WERE HELD TO BETTER UNDERSTAND CHALLENGES AND OPPORTUNITIES TO IMPROVING HEALTH AMONG HIGH RISK POPULATIONS. COMMUNITY FORUMS ARE PLANNED FOR FALL 2018 TO PRESENT CHNA FINDINGS ANDIMPLEMENTATION PLANS TO COMMUNITY RESIDENTS AND PROVIDE A FORUM FOR DIALOGUE ABOUT ADDRESSING COMMUNITY HEALTH NEEDS.

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: THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED IN PARTNERSHIP WITH EVANGELICAL COMMUNITY HOSPITAL, ALLIED SERVICES INTEGRATED HEALTH SYSTEM, AND GEISINGER. THE STUDY AREA INCLUDED 19 COUNTIES ACROSS CENTRAL, NORTHEASTERN, AND SOUTH CENTRAL PENNSYLVANIA WHICH REPRESENT THE COLLECTIVE SERVICE AREAS OF THE COLLABORATING HOSPITALS. TO DISTINGUISH UNIQUE SERVICE AREAS AMONG HOSPITALS AND FOSTER COOPERATION WITH LOCAL COMMUNITY PARTNERS TO IMPACT HEALTH NEEDS, REGIONAL RESEARCH AND LOCAL REPORTING WAS DEVELOPED.

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: ALLIED SERVICES INTEGRATED HEALTH SYSTEM

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: ACCORDING TO THIS MOST RECENT ASSESSMENT THE KEY IDENTIFIED NE EDS ARE AS FOLLOWED: 1. ADDRESSING NEEDS RELATED TO BEHAVIORAL HEALTH AND SUBSTANCE ABUSEW E CONTINUE TO MONITOR OUR TELE-PSYCH SERVICE UTILIZATION. DURING THIS FISCAL YEAR THESE SE RVICES WERE UTILIZED AN AVERAGE OF 29 TIMES PER QUARTER FOR THE ED AND APPROXIMATELY 16 TI MES A QUARTER FOR INPATIENT. RESPONSE TIMES CONTINUE TO BE WITHIN THE EXPECTED RANGE (WITH IN 2 HOURS).OPIOID REVERSAL KITS (NALOXONE) AND EDUCATION CONTINUES TO BE OFFERED TO VARIO US ORGANIZATIONS AND INDIVIDUALS THROUGHOUT OUR THREE-COUNTY SERVICE AREA. THE COMMUNITY H EALTH AND WELLNESS DEPARTMENT DEVELOPED AND HAD APPROVED AN EDUCATIONAL PRESENTATION TO IN CREASE RESPONSE TIMES FOR GETTING REQUESTED KITS IN HAND. EVANGELICAL MEDICAL SERVICES ORG ANIZATION (EMSO) CONTINUES TO OFFER DEPRESSION SCREENING AND MAKE RECOMMENDATIONS REGARDIN G THE FINDINGS. WITH OUR CURRENT EHR THERE ARE LIMITATIONS TO TRACKING THE DATA THEY CAN E XTRACT RELATED SPECIFICALLY TO REFERRALS. THE COMMUNITY THAT CARES (CTC) IN THE SHIKELLAMY SCHOOL DISTRICT TRANSITIONED TO A UNITED WAY SUPPORTED PROGRAM. COMMUNITY HEALTH AND WELL NESS (CHW) ATTENDS MONTHLY MEETINGS AND PROVIDES SUPPORT THROUGH PROGRAMMING. DURING THIS FISCAL YEAR TWO CHW STAFF ATTENDED A STRENGTHENING FAMILIES TRAINING PROGRAM AND WILL ASSI ST WITH PROGRAMMING IN THE FALL.HOSPITAL STAFF PARTICIPATED IN BOTH THE NORTHUMBERLAND COU NTY OPIOID COALITION AND THE SNYDER/UNION COUNTY OPIOID COALITION. COMMUNITY HEALTH AND WE LLNESS PROVIDES NALOXONE TRAINING AND FREE NALOXONE KITS. 220 KITS WERE DISTRIBUTED IN FY1 9 AND OVER 250 EXPIRED KITS WERE REPLACED.ECH IS RESPONDING TO FOOD INSECURITY BY ASKING D IRECT FOOD AVAILABILITY QUESTIONS AND IF PATIENTS ARE IDENTIFIED AS FOOD INSECURE WE ARE O FFERING THEM A ONE TIME FOOD BOX ALONG WITH LITERATURE FOR THE LOCAL FOOD BANK.2. REDUCING THE IMPACT OF HEALTH CONCERNS RELATED TO LIFESTYLENEW WORKSITE WELLNESS CLIENTS HAVE INCR EASED BY NINE WITH TWO HAVING COMMITTED TO YEAR-ROUND PROGRAMMING.ENDOCRINOLOGY OF EVANGEL ICAL WAS ESTABLISHED IN MARCH 2018. DURING THIS FISCAL YEAR WE HAVE SEEN 4050 PATIENTS.ECH PROVIDED FOUR FREE SKIN CANCER SCREENINGS. WE HAD 61 PARTICIPANTS TAKE PART IN THE SCREEN INGS. OUT OF THE 61 SCREENED 36 WERE BROUGHT BACK IN FOR BIOPSY. FROM THE BIOPSIES 18 WERE DIAGNOSED PRECANCEROUS; 2 BASAL CELL; 2 SQUAMOUS AND 13 DYSPLASTIC NEVI. THE CANCER COMMI TTEE WILL BE USING SKIN CANCER SCREENINGS TO ADDRESS STANDARD 4.2, "SCREENING PROGRAMS".EC H CONTINUES TO OFFER THE LOW DOSE CT LUNG SCREENING PROGRAM. DURING THIS FISCAL YEAR, THER E WERE 95 REFERRALS WITH 76 QUALIFYING.3. INCREASING ACCESS TO HEALTHCAREMOBILE HEALTH OF EVANGELICAL CONTINUES TO FOCUS RURAL AREAS AND OFFERING LOST COST OR FREE HEALTH SCREENS S UCH AS BLOOD SCREENS, BLOOD PRESSURE SCREENINGS, GLUCOSE SCREENING AND HEEL BONE DENSITY S CREENINGS. A TOTAL OF 54 VISITS WERE MADE REACHING 610 SCREENING PARTICIPANTS. SOME OF THE AREAS OF SERVICE WERE; BERWIC

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	K, SELINSGROVE, SPRING MILLS, LOGANTON, BEAVER SPRINGS, PORT TREVORTON AND MONTGOMERY.THE PLAIN COMMUNITY PROGRAM HAS SEEN AN APPROXIMATE 22% INCREASE IN UTILIZATION OF THE PROGRAM AND ABOUT A 19% INCREASE IN GROSS REVENUE FROM LAST FISCAL YEAR TO THIS FISCAL YEAR TO DA TE.FY19 UTILIZATION OF PLAIN COMMUNITY PROGRAM:ECH ENCOUNTERS CHARGESFY2017 2,266 $6,855,4 03FY2018 2,268 $8,309,429FY2019 2,638 $9,843,948 EMSO ENCOUNTERS CHARGESFY2017 2,221 $799, 977FY2018 2,662 $1,351,370FY2019 3,359 $1,690,0424. THE IMPACT OF SOCIO-ECONOMIC STATUS ON HEALTH OUTCOMESIN COLLABORATION WITH THE GREATER SUSQUEHANNA VALLEY UNITED WAY WE OFFERED A PROGRAM TITLED EVERY BABY NEEDS A LAPTOP. THIS FREE PROGRAM IS DESIGNED TO ASSIST AND E DUCATE PARENTS ON THE IMPORTANCE OF READING, TALKING AND SINGING TO YOUR BABY TO ASSIST WI TH LEARNING AND BRAIN DEVELOPMENT. CH&W OFFERED OVER 3,000 PREVENTATIVE SCREENINGS TO THE COMMUNITY, PROVIDED SCHOOL BASED EDUCATIONAL PROGRAMMING TO OVER 23,000 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 HOSPI TAL TO HOME PROGRAM. DURING FY19 39 FOOD BOXES WERE DISTRIBUTED TO PATIENTS IDENTIFYING AS FOOD INSECURE.

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.

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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) NURSING SCHOLARSHIPS	34	72,164	0	N/A	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.

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**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 on 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.			
	☑ 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:			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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.

(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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 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 SUPPLMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED THE FOLLOWING DISTRIBUTIONS IN CALENDAR YEAR 2019: KENDRA AUCKER - NO DISTRIBUTION JAMES A. STOPPER - $115,674 WILLIAM P. ANDERSON - NO DISTRIBUTION JOHN F. DEVINE - $145,370 TAMARA F. PERSING - NO DISTRIBUTION DALE E. MOYER - $73,747 TAMARA PERSING - NO DISTRIBUTION RACHEL SMITH - NO DISTRIBUTION PAUL TARVES - $190,353
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				
1MATTHEW W REISH MD DIRECTOR	(i)	533,461	356,032	0	10,862	14,836	915,191	0
	(ii)	0	0	0	0	0	0	0
1KENDRA A AUCKER PRESIDENT/CHIEF EXECUTIVE OFFICER	(i)	578,427	141,428	15,000	132,463	20,111	887,429	0
	(ii)	0	0	0	0	0	0	0
2 SHAWN P MCGLAUGHLIN MD DIRECTOR	(i)	723,132	0	0	14,735	15,284	753,151	0
	(ii)	0	0	0	0	0	0	0
3JOHN F DEVINE VP MEDICAL AFFAIRS	(i)	497,147	49,991	145,370	57,092	2,226	751,826	145,370
	(ii)	0	0	0	0	0	0	0
4JAMES A STOPPER CPA TREASURER/CHIEF FINANCIAL OFFICER	(i)	357,686	79,625	115,674	48,954	16,510	618,449	115,674
	(ii)	0	0	0	0	0	0	0
5CHRISTOPHER J MOTTO MD DIRECTOR	(i)	447,389	27,750	0	8,993	8,042	492,174	0
	(ii)	0	0	0	0	0	0	0
6BRADLEY MUDGE SURGEON	(i)	392,757	49,156	0	7,908	14,856	464,677	0
	(ii)	0	0	0	0	0	0	0
7WILLIAM P ANDERSON SECRETARY/CHIEF OPERATING OFFICER	(i)	274,288	62,790	0	48,694	16,010	401,782	0
	(ii)	0	0	0	0	0	0	0
8JULIA E REDCAY DO DIRECTOR	(i)	370,816	5,000	0	7,309	15,135	398,260	0
	(ii)	0	0	0	0	0	0	0
9DALE E MOYER VP OF INFORMATION SYSTEM	(i)	215,582	39,856	73,747	32,181	19,173	380,539	73,747
	(ii)	0	0	0	0	0	0	0
10TAMARA F PERSING VP OF NURSING ADMINISTRATION	(i)	225,673	39,480	0	34,269	19,545	318,967	0
	(ii)	0	0	0	0	0	0	0
11KATHRYN M GIORGINI HOSPITALIST/PALLIATIVE CARE	(i)	247,851	10,000	0	5,205	28,180	291,236	0
	(ii)	0	0	0	0	0	0	0
12DAVID M ZELECHOSKI MD DIRECTOR	(i)	232,795	0	0	4,809	15,875	253,479	0
	(ii)	0	0	0	0	0	0	0
13RACHEL V SMITH VP PEOPLE & CULTURE	(i)	199,504	20,010	0	26,919	1,665	248,098	0
	(ii)	0	0	0	0	0	0	0
14ANGELA K LAHR AVP CLINICAL OPERATIONS	(i)	156,819	15,089	0	14,434	18,790	205,132	0
	(ii)	0	0	0	0	0	0	0
15PAUL E TARVES FORMER VP OF NURSING ADMINISTRATION	(i)	0	0	190,353	0	0	190,353	190,353
	(ii)	0	0	0	0	0	0	0
16RANDALL STRAUSSER DIRECTOR OF PHARMACY SERVICES	(i)	165,375	0	0	6,920	15,804	188,099	0
	(ii)	0	0	0	0	0	0	0
17WILLIAM FRANQUET AVP REVENUE CYCLE	(i)	138,607	13,652	0	5,802	15,266	173,327	0
	(ii)	0	0	0	0	0	0	0
18JOSHUA TITUS PHARMACIST	(i)	154,314	0	0	6,054	7,725	168,093	0
	(ii)	0	0	0	0	0	0	0
19RUTH SPROUT ASST DIRECTOR OF PHARMACY	(i)	145,283	0	0	6,059	15,611	166,953	0
	(ii)	0	0	0	0	0	0	0

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				
21JOSHUA MILLER PHARMACIST	(i)	152,409	0	0	5,841	7,725	165,975	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	UNION COUNTY HOSPITAL AUTHORITY - SERIES 2018A	23-2739624		06-21-2018	17,371,471	SEE PART VI		X		X		X
B	UNION COUNTY HOSPITAL AUTHORITY - SERIES 2018B	23-2739624	906460DK3	06-21-2018	55,541,980	SEE PART VI		X		X		X
C	UNION COUNTY HOSPITAL AUTHORITY - SERIES 2018C	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	1,724,419	115,000	500,000	
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		48,585,432		
11	Other spent proceeds	17,275,718	308,084	19,271,922	
12	Other unspent proceeds		6,435,030		
13	Year of substantial completion	2018		2018	

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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 Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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.

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

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 section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN D GRIFFITH	SEE PART V	338,145	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.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AUCTION ITEMS)	X	4	11,871	AT COST
26	Other ▶ (PPE AND MASKS)	X	2	9,229	AT COST
27	Other ▶ (STUFFED ANIMALS)	X	1	6,900	AT COST
28	Other ▶ (FOOD)	X	1	350	AT COST

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER IN COLUMN B REPRESENTS THE NUMBER OF DONORS.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2019

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Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

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 AN AUD IT COMMITTEE MEETING PRIOR TO FILING. THEY HAVE THE OPPORTUNUITY TO ASK QUESTIONS AND CHAN GES CAN BE MADE AS A RESULT IF NECESSARY BEFORE THE RETURN IS FILED. A FULL COPY OF THE 99 0 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 MEM BERS, UPPER MANAGEMENT, AND KEY EMPLOYEES. THE HUMAN RESOURCES (HR) DEPARTMENT MONITORS CO MPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY VERIFYING ALL FORMS ARE COMPLETED AND SIG NED. HR MAINTAINS COPIES OF ALL COMPLETED CONFLICT OF INTEREST STATEMENTS. MEMBERS WITH CO NFLICTS ARE REQUIRED TO ABSTAIN FROM VOTING OR BEING A PART OF ACTIVE DISCUSSIONS WHERE TH EY 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 MEMB ERS OF THE BOARD, HAS ADOPTED AND FOLLOWS A PROCESS FOR REVIEWING AND DETERMINING THE COMP ENSATION OF THE CEO AND THE EXECUTIVE MANAGEMENT TEAM. THE EXECUTIVE MANAGEMENT TEAM CONSI STS OF THE FOLLOWING POSITIONS: CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER, VICE PRE SIDENT OF MEDICAL AFFAIRS, VICE PRESIDENT - NURSING, ASSOCIATED VICE PRESIDENT - DEVELOPME NT, 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, PROVIDIN G INDEPENDENT COMPENSATION COMPARABILITY DATA FOR FUNCTIONALLY COMPARABLE POSITIONS IN SIM ILARLY 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. T HE 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 R ESOLVED OR A REPLACEMENT MEMBER IS APPOINTED TO THE COMMITTEE. THE COMMITTEE'S DELIBERATIO NS AND DECISIONS ARE GUIDED BY A WRITTEN COMPENSATION PHILOSOPHY AND DOCUMENTED THROUGH WR ITTEN MINUTES TAKEN DURING EACH MEETING. THE MINUTES INCLUDE, AMONG OTHER THINGS, THE WRIT TEN 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 COMMI TTEE, AND THE PRESIDENT OF THE MEDICAL STAFF. NO PERSON IS ELIGIBLE TO SERVE ON THE EXECUT IVE 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 ANOT HER BOARD MEMBER TO SERVE ON THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL INCLUD E 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 SU CH ACTION IS REQUIRED FOR THE TIMELY CONDUCT OF ECH BUSINESS, EXCEPT THE FOLLOWING: 1) SUC H POWERS AS MAY BY LAW OR THESE BYLAWS BE REQUIRED TO BE EXERCISED BY THE BOARD; 2) SUCH P OWERS 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:	EQUITY TRANSFER WITH AFFILIATES -33,609,974. POSTRETIREMENT BENEFIT LIABILITY ADJUSTMENT 1 39,382. NET ASSETS RELEASED FROM RESTRICTIONS -76,863. VALUATION LOSS -87,837. CHANGE IN V ALUE OF SPLIT-INTEREST AGREEMENT -14,048. CONTRIBUTIONS FROM ACQUISITION 1,743,579.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EVANGELICAL COMMUNITY HOSPITAL

Employer identification number
24-0795411

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PLAZA 15 REALTY LLC 1 HOSPITAL DRIVE LEWISBURG, PA 17837 83-4309247	REAL ESTATE	PA	1,889,017	21,335,160	EVANGELICAL COMMUNITY HOSPITAL
(2) EVANGELICAL REGIONAL MOBILE MEDICAL SERVICES 1 HOSPITAL DRIVE LEWISBURG, PA 17837 84-1973047	MOBILE MEDICAL SERVICES	PA	2,273,241	4,120,248	EVANGELICAL COMMUNITY HOSPITAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)THE MILLER CENTER FOR RECREATION AND WELLNESS 120 HARDWOOD DRIVE LEWISBURG, PA 17837 47-3104877	RECREATION AND WELLNESS CENTER	PA	501(C)(3)	PF	EVANGELICAL COMMUNITY HOSPITAL	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) EVANGELICAL-GEISINGER HEALTH LLC 100 N ACADEMY AVENUE DANVILLE, PA 178224031 46-0567687	HEALTHCARE	PA	N/A	RELATED	117,052	1,195,754		No			No	50.000 %
(2) KEYSTONE ACCOUNTABLE CARE ORG LLC 100 N ACADEMY AVENUE DANVILLE, PA 17822 45-5484165	HEALTHCARE	PA	N/A	RELATED	-729,661	101,052		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	(i) No
(1)EVANGELICAL MEDICAL SERVICE ORGANIZATION ONE HOSPITAL DRIVE LEWISBURG, PA 17837 23-2809429	MEDICAL SERVICES	PA	EVANGELICAL COMMUNITY HOSPITAL	C	49,251,726	38,007,597	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.

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, 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	J	818,130	CASH
(2)EVANGELICAL MEDICAL SERVICES ORGANIZATION	O	1,723,066	HOURS SPENT WORKING FOR AFFILIATE
(3)EVANGELICAL MEDICAL SERVICES ORGANIZATION	P	2,266,183	CASH
(4)EVANGELICAL MEDICAL SERVICES ORGANIZATION	R	33,609,974	CASH

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation