

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 **01-01-2019**, and ending **12-31-2019**

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

C Name of organization: Episcopal Health Services Inc
 % EPISCOPAL HEALTH SERVICES
 Doing business as

D Employer identification number: 11-1665825

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 377 Oak Street Suite 300

E Telephone number: (718) 869-8525

City or town, state or province, country, and ZIP or foreign postal code
 Garden City, NY 11530

G Gross receipts \$ 260,280,633

F Name and address of principal officer:
 GERARD WALSH
 377 OAK STREET SUITE 300
 Garden City, NY 11530

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.EHS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1852 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 to provide exceptional healthcare and educational programs in an academic setting across the continuum of care and deliver high quality, value based services (see schedule O)

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	11
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	1,936
6 Total number of volunteers (estimate if necessary)	6	108
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,190,674	3,559,605
9 Program service revenue (Part VIII, line 2g)	176,455,007	173,055,186
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-47,508	1,920,765
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65,332,369	81,506,966
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	245,930,542	260,042,522

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
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)	168,864,822	180,295,114
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	80,536,567	88,654,996
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	249,401,389	268,950,110
19 Revenue less expenses. Subtract line 18 from line 12	-3,470,847	-8,907,588

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	144,379,919	148,483,460
21 Total liabilities (Part X, line 26)	144,526,166	151,406,864
22 Net assets or fund balances. Subtract line 21 from line 20	-146,247	-2,923,404

Part II Signature Block

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

Sign Here

 Signature of officer
 Date: 2020-11-12

STEVEN GUIDO CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P00446022

Firm's name ▶ BDO USA LLP Firm's EIN ▶

Firm's address ▶ 100 PARK AVENUE
 NEW YORK, NY 100175001 Phone no. (212) 885-8000

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:

ST. JOHNS EPISCOPAL HOSPITAL IN PARTNERSHIP WITH OUR COMMUNITY PROVIDES EXCEPTIONAL HEALTHCARE AND EDUCATION PROGRAMS IN AN ACADEMIC SETTING ACROSS THE CONTINUUM OF CARE. WE DELIVER HIGH QUALITY, VALUE BASED SERVICES WITH CULTURAL SENSITIVITY TO THE FAITHS AND TRADITIONS OF THOSE WE SERVE.

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 \$ 237,680,923 including grants of \$) (Revenue \$ 254,001,361)
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 ▶ 237,680,923

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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	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		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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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.	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		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		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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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	Yes	
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		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		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)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 1,936			
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		No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b		
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		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
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?				
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? <i>If "No," provide an explanation in Schedule O</i> . . .		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? Note. 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? . . .		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

Table with 3 columns: Question, Yes, No. Rows include: 1a (11), 1b (8), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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.
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:

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	▶		
1c Total from continuation sheets to Part VII, Section A	▶		
1d Total (add lines 1b and 1c)	▶	8,431,238	0 1,379,591

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 ▶ 343

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
THE SHANNON GROUP, 120 Seventh Street GARDEN CITY, NY 11530	General Contractor	4,172,450
NORTHWELL HEALTH LABORATORIES, PO BOX 417855 BOSTON, MA 02241	LABORATORY SERVICES	2,449,980
IN COMPASS HEALTH INC, 318 MAXWELL ROAD SUITE 500 ALPHRETTA, GA 30009	PHYSICIAN FEES	2,022,758
QUEENS COUNTY MEDICAL SERVICES LLC, 5665 NEW NORTHSIDE DRIVE SUITE 320 ATLANTA, GA 30328	ANESTHESIA SERVICES	1,756,000
ST FRANCIS HOSPITAL, 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570	PHYSICIAN FEES	1,146,664

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 ▶ 83

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Federated campaigns, membership dues, fundraising events, related organizations, government grants, and other contributions.

Table for Program Service Revenue with columns for Business Code, Total revenue, and Related or exempt function revenue. Rows include 2a-2f for NET PATIENT SERVICE REV, PHYSICIAN BILLING REVENUE, PROVISION FOR BAD DEBTS, and CAPITATION REVENUE.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax under sections 512 - 514. Rows include 3-12 for investment income, royalties, rental income, gain from sales of assets, fundraising events, gaming activities, and sales of inventory.

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	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,168,417		7,168,417	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	315,000		315,000	0
7 Other salaries and wages	129,693,267	121,489,444	8,203,823	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,457,219	8,873,209	584,010	
9 Other employee benefits	23,982,156	21,742,188	2,239,968	
10 Payroll taxes	9,679,055	8,566,488	1,112,567	
11 Fees for services (non-employees):				
a Management	0			
b Legal	941,308	33,233	908,075	
c Accounting	182,000		182,000	
d Lobbying	47,780		47,780	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	28,617,746	23,613,126	5,004,620	
12 Advertising and promotion	204,680		204,680	
13 Office expenses	4,024,412	2,934,474	1,089,938	
14 Information technology	5,976,710	5,289,712	686,998	
15 Royalties	0			
16 Occupancy	4,009,469	2,999,405	1,010,064	
17 Travel	48,004	18,096	29,908	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	240,882	199,417	41,465	
20 Interest	1,215,868	1,215,656	212	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,124,380	4,535,354	589,026	
23 Insurance	10,293,402	9,734,442	558,960	
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 MEDICAL SUPPLIES	12,071,653	12,070,814	839	0
b OTHER MATERIALS & EXPENSES	8,652,516	7,361,679	1,290,837	
c DRUGS	7,004,186	7,004,186		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	268,950,110	237,680,923	31,269,187	0
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 <input type="checkbox"/> 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	7,218,251	1	8,254,651
	2 Savings and temporary cash investments	5,733,502	2	0
	3 Pledges and grants receivable, net	3,145	3	5,354
	4 Accounts receivable, net	12,904,211	4	11,203,899
	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	0	5	0
	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)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	2,191,631	8	2,016,315
	9 Prepaid expenses and deferred charges	11,401,213	9	6,802,503
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 207,140,355		
	b Less: accumulated depreciation	10b 151,260,571	47,018,999	10c 55,879,784
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	57,908,967	15	64,320,954
16 Total assets. Add lines 1 through 15 (must equal line 34)	144,379,919	16	148,483,460	
Liabilities	17 Accounts payable and accrued expenses	49,812,410	17	62,522,776
	18 Grants payable	0	18	0
	19 Deferred revenue	5,338,387	19	5,338,387
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	22,802,775	23	23,492,930
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	66,572,594	25	60,052,771
	26 Total liabilities. Add lines 17 through 25	144,526,166	26	151,406,864
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-2,521,052	27	-5,816,327
	28 Net assets with donor restrictions	2,374,805	28	2,892,923
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	-146,247	32	-2,923,404	
33 Total liabilities and net assets/fund balances	144,379,919	33	148,483,460	

Part XI Reconciliation 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	260,042,522
2	Total expenses (must equal Part IX, column (A), line 25)	2	268,950,110
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,907,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-146,247
5	Net unrealized gains (losses) on investments	5	-10,880
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	5,162,924
9	Other changes in net assets or fund balances (explain in Schedule O)	9	978,387
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-2,923,404

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 11-1665825

Name: Episcopal Health Services Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

ST.JOHN'S EPISCOPAL HOSPITAL PROVIDED THE FOLLOWING SERVICES TO RESIDENTS OF ITS LOCAL COMMUNITY IN 2019: 8,263 DISCHARGES. 41,177 ADULT AND PEDIATRIC MEDICAL AND SURGICAL DAYS OF CARE TO 6,508 PATIENTS. 10,963 DAYS OF BEHAVIORAL HEALTHCARE DAYS TO 730 PATIENTS. 583 BABIES WERE DELIVERED. 36,981 PATIENTS WERE TREATED AND RELEASED FROM THE 24 HR EMERGENCY ROOM. 15,128 TO THE CHRONIC DIALYSIS SERVICE. 60,825 VISITS TO THE AMBULATORY AND BEHAVIORAL HEALTH CLINICS.

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			
GERARD WALSH CHIEF EXECUTIVE OFFICER	34.5 3.0	X		X				738,270	0	91,883
DONALD MORRISH MD Chief Medical Officer	40.0 0.0				X			576,330	0	85,694
NEYSA VALENTIN MD chair, Dept of Surgery	37.5 0.0				X			582,775	0	65,966
CHRISTOPHER PARKER CHIEF OPERATING OFFICER	37.5 0.0			X				505,711	0	110,533
STEVEN GUIDO CHIEF FINANCIAL OFFICER	34.5 3.0			X				485,101	0	121,734
JACKIE BATTISTA MD PHYSICIAN	40.0 0.0					X		487,200	0	25,098
SHELDON GENACK physician	40.0 0.0					X		384,584	0	81,365
PIOTR SLOWIK Physician	20.0 0.0					X		389,007	0	72,609
ROBERT STEVENSON PHYSICIAN	40.0 0.0					X		389,221	0	69,355
JERRY WATMAN PHYSICIAN	48.0 0.0					X		389,615	0	39,358

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			
JAMES HENRY CHIEF OF ORTHOPEDICS	30.0 0.0				X			364,828	0	32,834
NATALIE SCHWARTZ VP, REGULATORY AFFAIRS	40.0 0.0				X			295,506	0	75,007
THOMAS LUBESKI medical director	40.0 0.0				X			310,709	0	59,625
DR ALBERT STROJAN Board Member	38.0 2.0	X						354,500	0	0
SHELDON MARKOWITZ CHAIR - DEPT OF MEDICINE	70.0 0.0				X			254,652	0	73,828
GWENDOLYN SEYMORE-PINC CHIEF NURSING OFFICER	37.5 0.0				X			254,214	0	66,033
RAYMOND PASTORE Former CMO/Physician	28.0 0.0						X	307,400	0	7,600
JOHN ROCCO VP, OPERATIONS	37.5 0.0				X			234,303	0	68,935
DELBURT JOINER CHIEF QUALITY OFFICER	37.5 0.0				X			262,750	0	33,773
ROSE BONILLA VP, Medical Group	37.5 0.0				X			189,056	0	75,571

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			
SHARIKA GORDON VP, HUMAN RESOURCES	37.5 0.0				X			198,054	0	44,251
ANDREW CHAN CIO (THRU 6/19)/DIRECTOR	37.5 0.0				X			176,011	0	41,353
WILLIAM FEDORICH LLM Chief Corp Gen Coun(thru 6/19)	37.5 0.0				X			179,540	0	15,586
REV LAURENCE C PROVE PRESIDENT & CHAIRMAN	10.0 1.0	X		X				121,901	0	21,600
MARGARET O CARPENTER SECOND VP	1.0 1.0	X		X				0	0	0
PATRICK GUY SECRETARY	1.0 0.0	X		X				0	0	0
DANIEL A KASLE Treasurer	1.0 0.0	X		X				0	0	0
REV SARAH KOOPERKAMP BOARD MEMBER	1.0 0.0	X						0	0	0
REV DR ALLEN ROBINSO BOARD MEMBER	1.0 0.0	X						0	0	0
REV ELISABETH TUNNEY BOARD MEMBER	1.0 0.0	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			
MAUREEN WALSH BOARD MEMBER (AS OF 1/19)	1.0 0.0	X						0	0	0
REV DR NORMAN WHITMI BOARD MEMBER	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Episcopal Health Services Inc

Employer identification number
11-1665825

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 ▶ <input type="checkbox"/>						

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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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: 11-1665825

Name: Episcopal Health Services Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶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 Episcopal Health Services Inc	Employer identification number 11-1665825
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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-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		37,938
j	Total. Add lines 1c through 1i			37,938
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?		No	

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
SCHEDULE C, PART II-B	EPISCOPAL HEALTH SERVICES INC. PAYS DUES TO THE GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA) AND HEALTHCARE EDUCATION PROJECTS (HEP). IN ACCORDANCE WITH SECTION 6033(E) OF THE INTERNAL REVENUE CODE, AND AS REPORTED BY GNYHA AND HEP, A PORTION OF THESE DUES PAYMENTS ARE ATTRIBUTABLE TO LOBBYING ACTIVITIES. THE LOBBYING ACTIVITY COSTS ATTRIBUTABLE IN 2019 TO GNYHA AND HEP PAYMENTS WERE \$2,284 AND \$35,654, RESPECTIVELY.

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

Name of the organization: Episcopal Health Services Inc Employer identification number: 11-1665825

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor/donor advisor notification.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for conservation details (2a-2d), and questions about monitoring and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

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

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

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	996,341	996,341	996,341	996,341	1,408,181
b Contributions					
c Net investment earnings, gains, and losses	29,021	26,000	24,464	21,443	34,265
d Grants or scholarships					446,105
e Other expenditures for facilities and programs	29,021	26,000	24,464	21,443	
f Administrative expenses					
g End of year balance	996,341	996,341	996,341	996,341	996,341

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		No
3a(ii)		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		929,366		929,366
b Buildings		61,304,887	42,925,607	18,379,280
c Leasehold improvements		4,250,151	240,471	4,009,680
d Equipment		120,553,445	105,303,234	15,250,211
e Other		20,102,506	2,791,259	17,311,247
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				55,879,784

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) INV IN & HLD BY CAPTIVE INS CO	24,722,598
(2) HEALTHFIRST INVESTMENT	13,220,530
(3) ASSETS WHOSE USE IS LIMITED	10,697,492
(4) DUE FROM THIRD-PARTY PAYORS	4,434,548
(5) OTHER RECEIVABLES	4,183,164
(6) INSURANCE RECOVERABLE	4,115,689
(7) DUE FROM RELATED ORGANIZATIONS	1,534,256
(8) OTHER ASSETS	1,412,677
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 64,320,954

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	0
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 60,052,771

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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: 11-1665825

Name: Episcopal Health Services Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
INV IN & HLD BY CAPTIVE INS CO	24,722,598
HEALTHFIRST INVESTMENT	13,220,530
ASSETS WHOSE USE IS LIMITED	10,697,492
DUE FROM THIRD-PARTY PAYORS	4,434,548
OTHER RECEIVABLES	4,183,164
INSURANCE RECOVERABLE	4,115,689
DUE FROM RELATED ORGANIZATIONS	1,534,256
OTHER ASSETS	1,412,677

Supplemental Information

Return Reference	Explanation
PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	Income from endowment funds are to be used to further support the mission of the Organization.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ 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
Episcopal Health Services Inc

Employer identification number
11-1665825

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
Central America and the Caribbean			Investments	CAPTIVE INSURANCE CO.	24,722,598
3a Sub-total					24,722,598
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					24,722,598

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN F	THE HOSPITAL IS A PARTIAL OWNER OF CAPTIVE FOREIGN INSURANCE COMPANIES. THE HOSPITAL'S INVESTMENTS IN THE FOREIGN INSURANCE COMPANIES ARE REPORTED AT FAIR MARKET VALUE OR COST.

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **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.**

Name of the organization
 Episcopal Health Services Inc

Employer identification number
 11-1665825

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	Yes	
1b If "Yes," was it a written policy?	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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> 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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	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)			6,784,885	3,606,454	3,178,431	1.190 %
b Medicaid (from Worksheet 3, column a)			155,698,085	118,081,329	37,616,756	14.080 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			162,482,970	121,687,783	40,795,187	15.270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,073,299	0	1,073,299	0.400 %
f Health professions education (from Worksheet 5)			34,923,904	22,858,352	12,065,552	4.520 %
g Subsidized health services (from Worksheet 6)			44,618,446	21,023,055	23,595,391	8.830 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			80,615,649	43,881,407	36,734,242	13.750 %
k Total. Add lines 7d and 7j			243,098,619	165,569,190	77,529,429	29.020 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			112,064	0	112,064	0.040 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			79,385	0	79,385	0.030 %
7 Community health improvement advocacy						
8 Workforce development			168,970	0	168,970	0.060 %
9 Other			15,307	0	15,307	0.010 %
10 Total			375,726	0	375,726	0.140 %

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	3,421,755
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	511,159
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	49,780,311
6	Enter Medicare allowable costs of care relating to payments on line 5	6	54,674,458
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-4,894,147
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

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

1

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

	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)
 St Johns Episcopal Hospital

Name of hospital facility or letter of facility reporting group _____

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

		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?		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.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	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		No
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.		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.EHS.org</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>www.EHS.org</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

St Johns Episcopal 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? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>see Part V Section C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>see Part V Section C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>see Part V Section C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

St Johns Episcopal 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 <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
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? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
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 <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
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Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

St Johns Episcopal Hospital

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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 7 - EXPLANATION OF COSTING METHODOLOGY	ST. JOHN'S EPISCOPAL HOSPITAL'S COSTING METHODOLOGY WAS BASED UPON THE 2019 NEW YORK STATE INSTITUTIONAL COST REPORT AND THE 2019 MEDICARE (FORM 2552) COST REPORT. THESE COST REPORTS ARE FILED WITH THE NEW YORK STATE DEPARTMENT OF HEALTH AND THE APPLICABLE CMS INTERMEDIARY, RESPECTIVELY. THE COST-TO-CHARGE RATIO DERIVED FROM WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGE, WAS USED FOR THE VARIOUS SUB-LINE ITEMS OF LINE #7.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2 - BAD DEBT EXPENSE	<p>THE AMOUNT REPORTED ON LINE 2 IS EQUAL TO THE PROVISION FOR BAD DEBTS SHOWN IN THE AUDITED FINANCIAL STATEMENTS ("AFS"). THE EXPLANATION OF THE METHODOLOGY USED TO ESTIMATE IS EXCERPTED BELOW: ACCOUNTS RECEIVABLE ARE ALSO REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE CORPORATION ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE CORPORATION ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL, THE CORPORATION RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN DISCOUNTED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3 - BAD DEBT EXPENSE	ST. JOHN'S HOSPITAL UTILIZES THE ESTIMATED PERCENTAGE OF PATIENTS LIVING AT OR BELOW THE FEDERAL POVERTY LEVEL 20.4% AND THE SELF PAY PERCENTAGE 73.2228% TO ARRIVE AT THE AMOUNT OF BAD DEBT THAT IS POTENTIALLY ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 5 - MEDICARE REVENUE	INCLUDED IN THE CALCULATION OF THE MEDICARE REVENUE OF \$49,780,311 IS \$5,745,262 OF DISPROPORTIONATE SHARE (DSH) PAYMENTS AND \$9,701,938 OF INDIRECT MEDICAL EDUCATION (IME) PAYMENTS WHICH TOTAL \$15,447,200 RESULTING IN TRUE PATIENT SERVICE REVENUE OF \$34,333,111.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 5 & 6 - MEDICARE REVENUE	PURSUANT TO THE INSTRUCTIONS INCLUDED IN MEDICARE REVENUE RECEIVED ON PART III SECTION B LINE 5 IS REIMBURSEMENT FOR INDIRECT MEDICAL EDUCATION (IME) OF \$9.7 MILLION. THERE ARE \$0 COST INCLUDED IN PART III LINE 6 MEDICARE ALLOWABLE COST RELATED TO IME.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 7 - MEDICARE SURPLUS/SHORTFALL	<p>THE MEDICARE SHORTFALL SHOWN OF \$4,894,147 INCLUDES THE ADDITIONAL ITEMS OF MEDICARE REVENUE DETAILED IN THE EXPLANATION FOR LINE 5 ABOVE WITHOUT INCLUSION OF ADDITIONAL COSTS RELATED TO THEM. HAD THESE AMOUNTS NOT BEEN RECEIVED, THE OPERATING MEDICARE SHORTFALL WOULD HAVE BEEN \$20,341,347. LOSSES ON TREATING MEDICARE BENEFICIARIES SHOULD BE INCLUDED AS A COMMUNITY BENEFIT IN THEIR ENTIRETY. ST. JOHN'S EPISCOPAL HOSPITAL INCURRED THIS OPERATING MEDICARE LOSS OF \$20.3 MILLION TO DELIVER CARE TO MEDICARE PATIENTS. THIS REPRESENTS THE AMOUNT BY WHICH COSTS TO DELIVER CARE TO MEDICARE RECIPIENTS EXCEEDS THE LEVEL OF PAYMENT. ST. JOHN'S EPISCOPAL HOSPITAL BEARS THE BURDEN OF NOT ONLY PROVIDING THE BEST AND MOST ADVANCED MEDICAL CARE POSSIBLE TO THE COMMUNITY, BUT ALSO DOING SO WITH NO RECOURSE TO OBTAIN PAYMENT FOR THE COST OF PROVIDING CARE IN EXCESS OF THE MEDICARE PAYMENT. AS MEDICARE REVENUE DECLINES AND THE COST TO PROVIDE CUTTING EDGE CARE TO THE COMMUNITY INCREASES, THE HOSPITAL WILL CARRY THE BURDEN AS A PARTICIPATING PROVIDER AND A CHARITABLE ORGANIZATION. LIKE ALL PATIENTS, THOSE ON MEDICARE, THE MAJORITY OF WHOM ARE ELDERLY OR DISABLED, ARE NOT TURNED AWAY, SO ST. JOHN'S EPISCOPAL HOSPITAL WILL CONTINUE TO BEAR THE LOSS IN PROVIDING THE BEST CARE POSSIBLE TO THE LOCAL COMMUNITY.</p>

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Form and Line Reference	Explanation
PART III, LINE 8 - COSTING METHODOLOGY	THE MEDICARE REVENUE AND ALLOWABLE COSTS SHOWN IN PART III SECTION B LINES 5 AND 6, RESPECTIVELY, WERE DERIVED FROM THE AS-FILED 2019 CMS-2552 (MEDICARE COST REPORT). MEDICARE REVENUE IS BASED ON THE MEDICARE PROVIDER STATISTICAL AND REIMBURSEMENT REPORT AND MEDICARE COSTS WERE DEVELOPED UTILIZING A RATIO OF MEDICARE ALLOWABLE COSTS TO CHARGES METHODOLOGY.

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Form and Line Reference	Explanation
PART III, LINE 9B - COLLECTION PRACTICES TO BE FOLLOWED RELATIVE TO	PATIENTS THAT QUALIFY FOR THE CHARITY CARE AND FINANCIAL ASSISTANCE POLICIES OF ST. JOHN'S EPISCOPAL HOSPITAL (WHICH ARE FURTHER SUMMARIZED IN SCHEDULE H PART VI LINE 3) ENSURE THAT EVERY EFFORT IS MADE TO IDENTIFY PATIENTS THAT ARE ELIGIBLE FOR FINANCIAL ASSISTANCE AND/OR CHARITY CARE. INCLUDED BELOW IS A SUMMARY OF THE BILLING AND COLLECTION PROCEDURES FOLLOWED BY ST. JOHN'S EPISCOPAL HOSPITAL: - THE FORCED SALE OF OR FORECLOSURE ON THE PATIENT'S PRIMARY RESIDENCE IS PROHIBITED - SENDING AN ACCOUNT TO COLLECTION IF THE PATIENT HAS SUBMITTED A COMPLETED APPLICATION FOR FINANCIAL ASSISTANCE, INCLUDING ANY REQUIRED DOCUMENTATION, WHILE THE APPLICATION IS PENDING IS PROHIBITED - PROVIDE WRITTEN NOTIFICATION TO A PATIENT AT LEAST 30 DAYS BEFORE AN ACCOUNT IS SENT TO COLLECTION (WRITTEN NOTICE CAN BE INCLUDED ON A BILL). - REQUIRE THE COLLECTION AGENCY TO HAVE THE HOSPITAL'S WRITTEN CONSENT PRIOR TO STARTING A LEGAL ACTION FOR COLLECTION. - REQUIRE ALL HOSPITAL STAFF THAT INTERACTS WITH PATIENTS OR HAVE RESPONSIBILITY FOR BILLING AND COLLECTION TO BE TRAINED IN THE HOSPITAL'S POLICIES. - HAVE A WAY OF MEASURING THE HOSPITAL'S COMPLIANCE WITH ITS POLICIES. - REQUIRE ANY COLLECTION AGENCY UNDER CONTRACT WITH THE HOSPITAL TO FOLLOW THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY AND PROVIDE INFORMATION TO PATIENTS ON HOW TO APPLY, WHERE APPROPRIATE. - PROHIBIT COLLECTION ACTIVITY IF THE PATIENT IS DETERMINED ELIGIBLE FOR MEDICAID FOR THE SERVICES THAT WERE RENDERED AND THE HOSPITAL IS ABLE TO COLLECT MEDICAID PAYMENT.

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Form and Line Reference	Explanation
<p>PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>ST. JOHN'S EPISCOPAL HOSPITAL (THE "HOSPITAL"ST. JOHN'S") IS A 257 LICENSED BED ACUTE CARE HOSPITAL LOCATED IN FAR ROCKAWAY, NEW YORK. ST. JOHN'S MEDICAL, P.C. (FORMERLY ST. JOHN'S EMERGENCY SERVICES PC); ST. JOHN'S MEDICAL SERVICES PC, FORM THE PATIENT CARE SERVICES OF EPISCOPAL HEALTH SERVICES, INC., FALL UNDER THE AUSPICES OF THE EPISCOPAL DIOCESE OF LONG ISLAND. THIS DISCUSSION RELATES TO THE HOSPITAL ONLY AS REQUIRED IN FORM 990 SCHEDULE H. AS THE RESULT OF SEVERAL MEETINGS WITH COMMUNITY GROUPS, A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE HOSPITAL COMMUNITY WAS DEVELOPED. THE REPORT FULFILLS THE REQUIREMENTS OF THE NEW FEDERAL STATUTE ESTABLISHED WITHIN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA) THE CHNA PROCESS UNDERTAKEN BY THE HOSPITAL UTILIZED EXTENSIVE INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY. IN ADDITION, THIS DOCUMENT SATISFIES THE REQUIREMENTS SET FORTH BY THE NEW YORK STATE DEPARTMENT OF HEALTH (DOH) RELATIVE TO THE PREPARATION OF A COMMUNITY SERVICE PLAN (CSP). THE OVERLAPPING NATURE OF THESE REQUIREMENTS ENABLED THE HOSPITAL TO COMPLETE ONE COMPREHENSIVE DOCUMENT. NEW YORK'S RELEVANT STATUTE, SECTION 2803-1 OF THE PUBLIC HEALTH LAW, REQUIRES VOLUNTARY NON-PROFIT HOSPITALS TO SUBMIT A COMPREHENSIVE CSP TO THE STATE DEPARTMENT OF HEALTH (DOH) THAT INCLUDES A SOLICITATION OF THE VIEWS OF THE COMMUNITIES SERVED BY THE HOSPITAL ON SERVICE PRIORITIES; DEMONSTRATES THE HOSPITAL'S OPERATIONAL AND FINANCIAL COMMITMENT TO MEET COMMUNITY HEALTH NEEDS; PROVISION OF CHARITY CARE; AND IMPROVING ACCESS BY THE UNDERSERVED, AMONG OTHER ELEMENTS. IN SUBMITTING THEIR CSPPS, HOSPITALS ARE REQUIRED TO TAKE STEPS THAT INCLUDE: - REAFFIRMING ORGANIZATIONAL MISSION STATEMENTS; - DEFINING THE SERVICE AREA USED FOR COMMUNITY AND LOCAL HEALTH PLANNING AND DESCRIBING THE METHODS USED TO DETERMINE SUCH SERVICE AREA; - IDENTIFYING ALL PARTICIPANTS INVOLVED IN ASSESSING COMMUNITY HEALTH NEEDS AND DESCRIBING AND SUMMARIZING THE HOSPITAL'S PUBLIC INPUT SESSIONS; - DISCUSSING THE IDENTIFIED PUBLIC HEALTH PRIORITIES, INCLUDING THE CRITERIA USED TO SELECT PRIORITIES AND THE STATUS OF PRIORITIES; - ESTABLISHING AN EVOLVING PLAN OF ACTION; AND - DISSEMINATING A WRITTEN SUMMARY OF THE CSP TO THE PUBLIC THROUGH VARIOUS CHANNELS. THE STATUTORY CSP REQUIREMENTS WERE RECENTLY ENHANCED BY DOH'S PREVENTION AGENDA INITIATIVE, A PROCESS THAT ASKS HOSPITALS TO WORK WITH LOCAL PUBLIC HEALTH DEPARTMENTS AND COMMUNITY PARTNERS TO ASSESS COMMUNITY HEALTH NEEDS, JOINTLY DEVELOP PLANS TO ADDRESS TWO OR THREE OF THE IDENTIFIED NEEDS, AND INCLUDE THIS COLLABORATIVE WORK IN THE HOSPITAL'S CSP UPDATE SUBMITTED TO DOH. ST. JOHN'S HAS INCORPORATED THE PREVENTION AGENDA INTO ITS COMMUNITY SERVICE PLAN. TO ADVANCE THE GOALS OF THE NEW YORK STATE PREVENTION AGENDA 2020-2023 IN ITS SERVICE AREA, ST. JOHN'S REACHED OUT AND PARTNERED WITH NUMEROUS COMMUNITY-BASED ORGANIZATIONS AND OTHER STAKEHOLDERS TO IDENTIFY COMMUNITY HEALTH NEEDS AND DEVELOP PLANS TO ADDRESS THESE NEEDS.</p>

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Form and Line Reference	Explanation
PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	ST. JOHN'S HOSPITAL IS COMMITTED TO PROVIDING ACCESS TO QUALITY HEALTH CARE SERVICES WITH COMPASSION, DIGNITY AND RESPECT FOR ALL PATIENTS, PARTICULARLY THE POOR AND THE UNDERSERVED IN OUR COMMUNITY. ACCORDINGLY, ST. JOHN'S HOSPITAL HAS IMPLEMENTED A CHARITY CARE AND FINANCIAL ASSISTANCE PROCESS TO HELP FACILITATE THE PROVISION OF MUCH NEEDED CARE. THIS PROCESS INCLUDES: - PROVIDING PATIENT CARE REGARDLESS OF THE ABILITY TO PAY FOR SERVICES; - ASSISTING PATIENTS WHO CANNOT PAY FOR PART OR ALL OF THE CARE THEY RECEIVE; - FINANCIAL COUNSELORS WILL CONFIDENTIALLY REVIEW THE SITUATION TO SEE IF PATIENTS QUALIFY FOR SOME FORM OF GOVERNMENT OR OTHER FINANCIAL ASSISTANCE; - BALANCING NEEDED FINANCIAL ASSISTANCE FOR SOME PATIENTS WITH THE BROADER FISCAL RESPONSIBILITIES IN ORDER TO SUSTAIN VIABILITY AND PROVIDE THE QUALITY AND QUANTITY OF SERVICES RESIDENTS IN THE COMMUNITY NEED; AND - OFFER INSTALLMENT PLANS TO ALLOW PATIENTS TO PAY OVER TIME WITHOUT THE IMPOSITION OF INTEREST CHARGES.

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Form and Line Reference	Explanation
PART VI, LINE 4 - COMMUNITY INFORMATION	<p>THE ROCKAWAY PENINSULA IS A NARROW STRIP OF LAND BORDERED BY THE ATLANTIC OCEAN AND JAMAICA BAY AND IS A PART OF QUEENS COUNTY, NEW YORK CITY AND ALSO BORDERS NASSAU COUNTY ON LONG ISLAND. SUPERSTORM SANDY HAD A DEVASTATING IMPACT ON THE ROCKAWAY PENINSULA. MUCH OF THE COMMUNITY WAS WITHOUT GAS AND ELECTRIC FOR WEEKS FOLLOWING THE STORM. HOMES AND BUSINESSES WERE IN RUIN, SOME CLAIMED BY THE SEA, OTHERS BY FIRE, ENTIRE BLOCKS IN BELLE HARBOR AND ROCKAWAY PARK WERE ENGULFED IN FLAMES, A CONSIDERABLE PORTION OF BREEZY POINT LITERALLY BURNED TO THE GROUND. DEBRIS AND SAND WERE EVERYWHERE, INCLUDING THE INSIDE OF HOMES. CARS THAT HAD BEEN FLOODED WERE SCATTERED THROUGHOUT THE STREETS OF THE COMMUNITY. THE REBUILDING HAS BEEN EXTREMELY SLOW, AND IS AN ONGOING PROCESS, WITH MANY DISPLACED RESIDENTS HAVING STILL NOT RETURNED TO THEIR HOMES. MANY NURSING HOMES AND ADULT HOMES - SOURCES OF ADMISSIONS TO THE HOSPITAL, AS WELL AS OTHER LOCAL BUSINESSES NEVER REOPENED. TRANSPORTATION BETWEEN THE PENINSULA AND THE MAINLAND IS A LONG TIME COMMITMENT FOR RESIDENTS AS THE PENINSULA IS CONNECTED TO NEW YORK CITY BY TWO TOLL BRIDGES, THE MARINE PARK BRIDGE AND THE CROSS BAY BRIDGE, AND BY THE "A" SUBWAY LINE OF THE NEW YORK CITY METROPOLITAN TRANSIT AUTHORITY. ST. JOHN'S HAS SERVED THE COMMUNITY FOR MORE THAN 100 YEARS. AS A NOT-FOR-PROFIT FAITH-BASED INSTITUTION THAT IS DEEPLY AWARE OF THE COMMUNITY'S GEOGRAPHIC ISOLATION AND VULNERABILITIES, IT IS DEEPLY COMMITTED TO CONTINUING TO SERVE THE COMMUNITY WELL INTO THE FUTURE. IT IS ALSO COMMITTED TO IMPROVING THE HEALTH OF THE COMMUNITY AND CONTINUING TO OFFER AND INCREASE A WIDE RANGE OF SERVICES, AS WELL AS COMMUNITY OUTREACH AND HEALTH EDUCATION. WHILE "COMMUNITY CAN BE DEFINED IN MANY WAYS, THE HOSPITAL DEFINED ITS SERVICE AREA AS THE 5 ZIP CODES FROM WHICH APPROXIMATELY 70% DISCHARGES CAME. BY THIS DETERMINATION, THE HOSPITAL'S SERVICE AREA IS DEFINED AS; INWOOD; FAR ROCKAWAY; ARVERNE; ROCKAWAY BEACH, BELLE HARBOR. IN 2018 THE ROCKAWAYS HAD A POPULATION TOTALING OVER 134,000 WITH ALMOST 30% OF THE SERVICE AREA'S POPULATION UNDER THE AGE OF 18, AND ALMOST 20% OVER THE AGE OF 65. MORE THAN 20% LIVE UNDER THE FEDERAL POVERTY LEVEL, WHILE THE OVERALL QUEENS COUNTY RATE IS JUST BELOW 14%. THE PERCENTAGE OF THE SERVICE AREA POPULATION WHO ARE DEEMED TO BE MINORITIES IS 65.4%, WITH AFRICAN AMERICANS COMPRISING 35% OF THE POPULATION. A LARGE POPULATION OF HISPANICS RESIDE IN INWOOD, WHICH IS THE MOST NORTHEAST BOUNDARY OF THE SERVICE AREA.</p>

Form and Line Reference	Explanation
PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH	<p>IN 2019 ST. JOHN'S HELD ITS THIRD ANNUAL COMMUNITY AND BACK TO SCHOOL WELLNESS FAIR IN WHI CH OVER 2000 PEOPLE WERE IN ATTENDANCE. THIS EVENT HAD OVER 50 COMMUNITY VENDORS DISSEMINATING HEALTH AND WELLNESS INFORMATION AND 1000 BACK PACKS WERE GIVEN OUT TO THE CHILDREN IN ATTENDANCE. IN ADDITION, PARTICIPATION IS GIVEN TO OTHER COMMUNITY HEALTH FAIRS AND EVENT S ACROSS THE PENINSULA IN WHICH ST. JOHN'S MEDICAL STAFF AND RESIDENTS PROVIDE FREE BLOOD PRESSURE SCREENINGS, EDUCATION ON PRIMARY CARE AND OTHER HEALTH AREAS BROCHURES WERE HANDED OUT ON A VARIETY OF TOPICS, INCLUDING DIABETES CARE, HYPERTENSION AND HEART HEALTH, OBESITY, PREGNANCY, CHRONIC DISEASE MANAGEMENT BREASTFEEDING AND SMOKING PREVENTION. ST. JOHN'S CLINICAL NUTRITION STAFF PROVIDED NUTRITIONAL INFORMATION ON VARIOUS TOPICS INCLUDING: MY PLATE, HOW TO EAT HEALTHY, REDUCING SODIUM IN THE DIET, LOW CHOLESTEROL TIPS AND HOW TO MAKE MEALS MORE HEALTHY. IN ADDITION, ST. JOHN'S PROVIDED 100 FREE FLU SHOTS TO THE COMMUNITY. MENTAL HEALTH AND SUBSTANCE ABUSE SCREENINGS: ST. JOHN'S COMMUNITY MENTAL HEALTH CENTER SCREENED 324 PATIENTS AND 105 SCREENED POSITIVE FOR SUBSTANCE ABUSE. ALL OF THOSE PATIENTS WERE TREATED AT THE CMHC AND THE WELLNESS AND RECOVERY CENTER SCREENED 180 PATIENTS AND 85 SCREENED POSITIVE FOR SUBSTANCE USE. TREATMENT WAS PROVIDED TO ALL 85 OF THOSE PATIENTS. FRC SCREENED 231 INDIVIDUALS FOR SUBSTANCE USE AND 10 SCREENED POSITIVE- BECAUSE THIS PROGRAM IS NOT CLINICAL, ALL INDIVIDUALS WERE REFERRED TO OUTSIDE PROVIDER. HOMEBASED CRISIS INTERVENTION/ BLENDED CASE MANAGEMENT SCREENED 62 INDIVIDUALS AND 2 SCREENED POSITIVE. NEITHER OF THESE TWO WERE REFERRED OUT. IN ADDITION, THE OFFICE OF THE MISSION PARTICIPATED IN THE FOLLOWING 2019 CHARITABLE PROGRAMS: HOSPITAL VOLUNTEER & INTERN ST. JOHN'S EPISCOPAL HOSPITAL (SJEH) WELCOMES A DIVERSE GROUP OF PEOPLE THAT ARE GIVING OF THEIR TIME AND TALENTS. VOLUNTEERS AND INTERNS ARE IMPORTANT MEMBERS OF OUR TEAM WHOSE EFFORTS PROMOTE THE HEALTH AND ENGAGEMENT OF THE COMMUNITY. THE HOSPITAL UTILIZES VOLUNTEERS AND INTERNS IN MANY DEPARTMENTS AND MANY DIVERSE ROLES. VOLUNTEERS ARE VALUED BECAUSE THEY PROVIDE AN OPPORTUNITY FOR THE HOSPITAL TO GIVE BACK TO THE COMMUNITY AND FORM MEANINGFUL PARTNERSHIPS WITH INDIVIDUALS THAT ARE ABLE TO ACT AS MESSENGERS WITH FIRSTHAND KNOWLEDGE OF THE HOSPITAL'S SERVICES. MOST ARE STUDENTS AND ADULT RESIDENTS OF FAR ROCKAWAY, ARVERNE AND THE CONTINUOUS ROCKAWAY PENINSULA, WITH SOME SENIOR CITIZEN RESIDENTS FROM THE FIVE TOWNS. THROUGH ITS WORK WITH VOLUNTEERS AND INTERNS, THE HOSPITAL FOSTERS CAREERS IN HEALTH CARE AND HEALTH RELATED PROFESSIONS, WHILE IMPROVING EMPLOYMENT AND ECONOMIC OPPORTUNITIES IN FAR ROCKAWAY. THE TIME AND MONEY SPENT WITH VOLUNTEERS IS, THEREFORE, AN INVESTMENT IN THE LOCAL COMMUNITY AND IN THE HOSPITAL'S FUTURE WORK FORCE. FOR THESE REASONS, ST. JOHN'S EPISCOPAL HOSPITAL CONSIDERS VOLUNTEER SERVICES ESSENTIAL TO ITS MISSION. PEOPLE WHO PURSUE VOLUNTEER OR INTERN OPPORTUNITIES AT SJEH ARE LOOKING FOR A MEANINGFUL WAY TO SHARE THEIR TALENTS. THE MAJORITY ARE HIGH SCHOOL, COLLEGE, AND TRADE SCHOOL STUDENTS. THE NEXT LARGEST GROUP IS ADULTS PURSUING A CAREER CHANGE. THE SMALLEST NUMBER OF VOLUNTEERS IS COMPRISED OF RETIREES LOOKING TO KEEP ACTIVE. THERE ARE THREE CLASSIFICATIONS FOR VOLUNTEERS: ADULT VOLUNTEERS, INTERNS, AND YOUTH VOLUNTEERS. ALL ARE ASKED TO SERVE A MINIMUM OF 100 HOURS PER YEAR AND SERVE IN DEPARTMENTS THROUGHOUT THE HOSPITAL SUPPORTING OTHER STAFF. INTERNS ARE STUDENTS ENROLLED IN UNDERGRADUATE, GRADUATE AND PROFESSIONAL SCHOOLS CONTRACTED WITH THE HOSPITAL TO OFFER HANDS ON LEARNING IN NURSING, HEALTH INFORMATION MANAGEMENT, PHARMACY, IMAGING, ADMINISTRATION, SOCIAL WORK, OCCUPATIONAL AND PHYSICAL THERAPY, FOOD AND NUTRITION, AND OTHER SERVICES. THE HOSPITAL RECEIVES NO COMPENSATION OR EXPENSE REIMBURSEMENT FOR STAFF TIME, SPACE, EQUIPMENT OR SUPPLIES UTILIZED BY VOLUNTEERS AND INTERNS. THE HOSPITAL IS NOT REIMBURSED FOR THE MEALS SERVED TO VOLUNTEERS OR THE FREE PARKING MADE AVAILABLE TO VOLUNTEERS. IN 2019 ONE HUNDRED (100) PEOPLE SERVED A TOTAL OF 11,833 HOURS. ROUGHLY THE EQUIVALENT OF 6 FULL TIME EMPLOYEES. IN 2019 SJEH CELEBRATED ITS 11TH YEAR OF ITS SUMMER YOUTH PROGRAM. THIS PROGRAM ALLOWS THE HOSPITAL TO PARTNER WITH AGENCIES IN THE COMMUNITY THAT ARE FUNDED BY PUBLIC AND PRIVATE SOURCES TO EMPLOY YOUTH DURING THE SUMMER. THE AGENCIES REPRESENTED WERE KULANU, LADDER FOR LEADERS, THE ROCKAWAY DEVELOPMENT AND REVITALIZATION CORPORATION, CATHOLIC CHARITIES AND THE BROOKLYN QUEENS LONG ISLAND AREA HEALTH EDUCATION CENTER. THESE AGENCIES SEND VOLUNTEERS THROUGHOUT THE YEAR AND, DURING THE SUMMER, PAY YOUTH ENROLLED IN THEIR AGENCIES TO SERVE AT THE HOSPITAL. THESE AGENCIES SENT A TOTAL OF 40 YOUTH IN THE SUMMER OF 2019. THE AGENCIES THAT PLACE YOUTH IN THE SUMMER WERE FUNDED TO ADMINISTER THIS SERVICE, THE HOSPITAL WAS NOT. TO ENSURE THE SUCCESS OF THESE YOUTH THE HOSPITAL PROVIDED TRAINING IN CUSTOMER SERVICE AND JOB READI</p>

Form and Line Reference	Explanation
<p>PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p>	<p>NESS, HUDDLE SESSION AND MENTORS, IN ADDITION TO THE TRAINING AND SUPERVISION FROM THE DEPARTMENTS THEY SERVED. WE DO SO BECAUSE MOST OF THE YOUTH ARE GROWING UP IN HOUSEHOLDS IN THE CARE OF ADULTS WITH LIMITED EDUCATION AND PROFESSIONAL EXPERIENCE AND ARE LIKELY TO BE THE FIRST MEMBERS OF THEIR FAMILY TO ATTEND COLLEGE. HOSPITAL AUXILIARY THE HOSPITAL AUXILIARY, A GROUP OF 75 PEOPLE MET 10 TIMES (FOR GENERAL MEMBERSHIP AND WORKING GROUP MEETINGS) IN 2019. AUXILIARY MEMBERS ARE RESIDENTS OF THE COMMUNITIES SERVED BY THE HOSPITAL (FAR ROCKAWAY, THE FIVE TOWNS AND LONG BEACH), ACTIVE AND RETIRED HOSPITAL EMPLOYEES AND COMMUNITANTS OF THE EPISCOPAL DIOCESE OF LONG ISLAND. THEY ARE YOUNG AND OLD, MALE AND FEMALE, AND REPRESENT A VARIETY OF RACIAL ETHNIC GROUPS. THE AUXILIARY IDENTIFIES, PLANS, AND IMPLEMENTS INITIATIVES FOR PATIENTS AND PATIENT HOUSEHOLDS WHOSE SOCIAL LOCATIONS UNDERMINE THEIR ABILITY TO COMPLY WITH CARE PLANS ESTABLISHED BY SJEH PROVIDERS. HOSPITAL PATIENTS ARE REGULARLY FRUSTRATED AND HUMILIATED BY INSTITUTIONS THAT OVERSEE THEIR HOUSING, FOOD VOUCHERS AND CASH BENEFITS. THESE FRAUGHT RELATIONSHIPS MAKE IT HARD FOR PATIENTS TO TRUST THE INSTITUTIONS AND INDIVIDUALS WHO PROVIDE THEIR HEALTH CARE. AUXILIARY INITIATIVES ARE DESIGNED TO ADDRESS PATIENTS' MATERIAL NEEDS AND CREATE TRUST IN THE HOSPITAL AS A MEANS TO IMPROVE PATIENT COMPLIANCE AND HEALTH. THE AUXILIARY MADE IT POSSIBLE FOR THE HOSPITAL TO: - PROVIDE 107 PATIENT HOUSEHOLDS AND 40 INDIVIDUALS IN NEED WITH CHRISTMAS/CHANUKAH GIFTS VALUED AT APPROXIMATELY \$30,750 - DISTRIBUTE 700 BABY BAGS TO MOTHERS WHO DELIVER AT ST. JOHNS, VALUED AT APPROXIMATELY \$21,000, - HANDOUT BACKPACKS AND BOOKS TO PEDIATRIC BEHAVIORAL AND PHYSICAL MEDICINE PATIENTS VALUED AT APPROXIMATELY \$18,000 AND - DISTRIBUTE NEARLY 1,800 TOYS VALUED AT \$27,000 DURING ANNUAL HOLIDAY PARTIES. THE ITEMS DISTRIBUTED TO SJEH PATIENTS AND PATIENT HOUSEHOLDS ARE EITHER PURCHASED BY AUXILIARY MEMBERS OR COME FROM DONORS SOLICITED BY THE AUXILIARY. GENERAL MEMBERSHIP MEETINGS RAN ABOUT 2 HOURS AND INCLUDED A MEAL, UPDATES FROM HOSPITAL ADMINISTRATION, AND REPORTS FROM AUXILIARY WORK GROUPS, AS WELL AS DISCUSSIONS ABOUT NEW INITIATIVES. WORK GROUP MEETINGS RAN ABOUT 3 HOURS AND TOOK PLACE OFF-SITE AT THE MERCER SCHOOL OF THEOLOGY IN GARDEN CITY, ORGANIZATIONS IN FAR ROCKAWAY, OR CONGREGATIONS IN THE EPISCOPAL DIOCESE OF LONG ISLAND. THE LOGISTICS WORK GROUP MET AT THE HOSPITAL TO INVENTORY, STORE, AND PACK AND DISTRIBUTE DONATIONS. THE FOLLOWING IS A LIST OF THE INITIATIVES MANAGED BY THE AUXILIARY IN 2019: BABY BAGS; CHILDREN'S BOOKS; BACK-TO-SCHOOL SUPPLIES; ADOPT-A-FAMILY; BEHAVIORAL HEALTH IN-PATIENT UNIT HOLIDAY PARTY; AND CHILDREN'S HOLIDAY PARTY. AUXILIARY BABY BAGS INITIATIVE EACH MOTHER WHO DELIVERS A BABY AT THE HOSPITAL RECEIVES A BABY BAG. THE BAGS ARE FILLED WITH HANDMADE BABY ITEMS SUCH AS TOILETRIES, DIAPERS, WIPES, LINENS AND CLOTHING. THE HOSPITAL AUXILIARY MEMBERS SOLICIT DONATION OF NEW ITEMS FOR THE BAGS. THE OFFICE FOR THE VP OF MISSION INTEGRATION SENDS LETTERS, FLIERS AND VISITS DONORS AND THE ORGANIZATIONS THEY ARE AFFILIATED WITH TO SOLICIT DONATIONS AND THANK DONORS. THE SJEH STAFF PICKS-UP DONATIONS THAT CANNOT BE DELIVERED. THE HOSPITAL VOLUNTEERS AND AUXILIARY MEMBERS SORT THE DONATIONS AND PACK THE BABY BAGS. THE POSTPARTUM NURSING UNIT PURCHASES THE BAGS. PATIENTS RECEIVE THEIR BAGS FROM NURSING STAFF ON THE DAY OF DISCHARGE. SCHOOL BACK-PACKS THE PEDIATRIC OFFICE, THE FAMILY RESOURCE CENTER AND COMMUNITY MENTAL HEALTH PROGRAM DISTRIBUTED 300 BACK-PACKS FILLED WITH SCHOOL SUPPLIES PROVIDED BY THE HOSPITAL AUXILIARY MEMBERS TO THEIR CLIENTS IN 2019. THE AUXILIARY MEMBERS AND THE CONGREGATIONS THEY ARE AFFILIATED WITH DONATED COMPOSITION NOTEBOOKS, THREE RING BINDERS, PENS, PENCILS, CRAYONS, MARKERS, RULERS, PROTRACTORS, POST-IT NOTES, TAPE, GLUE, MEMORY STICKS AND MORE. CHILDREN'S BOOKS CHILDREN WHO ARE PATIENTS OF THE PEDIATRIC OFFICE OR CLIENTS OF FAMILY RESOURCE CENTER</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM ROLES AND PROMOTION	NOT APPLICABLE

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Form and Line Reference	Explanation
PART VI, LINE 7 -STATES WHERE COMMUNITY BENEFIT REPORT IS FILED	NEW YORK.

Additional Data**Software ID:****Software Version:****EIN:** 11-1665825**Name:** Episcopal Health Services Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	St John's Episcopal Hospital 327 Beach 19th Street Far Rockaway, NY 11691 www.ehs.org 7001024h	X	X		X			X			

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
<p>SCHEDULE H, PART V SEC B, LINE 5</p>	<p>PUBLIC PARTICIPATION TO ADVANCE THE GOALS OF THE NEW YORK STATE PREVENTION AGENDA 2013-2017 AND HEALTHY PEOPLE 2020 IN ITS SERVICE AREA, ST. JOHN'S EPISCOPAL HOSPITAL REACHED OUT AND PARTNERED WITH NUMEROUS COMMUNITY-BASED ORGANIZATIONS AND OTHER STAKEHOLDERS TO CONTINUE TO DEVELOP PLANS TO ADDRESS THESE NEEDS. THE PARTICIPATING ORGANIZATIONS INCLUDED: -ST. JOHN'S EPISCOPAL HOSPITAL COMMUNITY PARTNERSHIP ASSOCIATION -COMMUNITY ADVISORY COMMITTEE -FAITHBASED ADVISORY COMMITTEE -PATIENT AND FAMILY ADVISORY COUNCIL -JOSEPH P. ADDABBO FAMILY HEALTH CENTER -YMCA OF ARVERNE -NAACP OF ROCKAWAY -COMMUNITY BOARD 14 -DEERFIELD AREA CIVIC ASSOCIATION -ROCKAWAY DEVELOPMENT AND REVITALIZATION CORP. -COALITION FOR CONCERNED MEDICAL PROFESSIONALS -FAR ROCKAWAY SKILLED NURSING FACILITIES COLLABORATIVE -QUEENS PUBLIC LIBRARY -QUEENS DEFENDER -LUCILLE ROSE DAY CARE -ROCKAWAY BEACH CIVIC ASSOCIATION -INWOOD CIVIC ASSOCIATION -BELLE HARBOR CIVIC ASSOCIATION -ACHIEZER -BLACK NURSES ROCK -BAYSWATER CIVIC ASSOCIATION -BREEZYPOINT HOME OWNERS ASSOCIATION -QUEENS HIGH SCHOOL FOR INFOMRATION RESEARCH AND TECHNOLOGY -FAR ROCKAWAY ARVERNE NON PROFIT COALITION -NYC DEPARTMENT OF YOUTH DEVELOPMENT -PS 104Q -ROCKAWAY WALKS -JCCRP -ROCKAWAY YOUTH TASK FORCE -FIRST PRESBYTERIAN CHURCH -REDFERN COMMUNITY CENTER -NYS SENATOR JOSEPH ADDABBO JR -NYS SENATOR JAMES SANDERS JR -NYS ASSEMBLYWOMAN MICHELE TITUS -NYS ASSEMBLYWOMAN STACEY PHEFFER AMATO -NYC COUNCILMAN DONOVAN RICHARDS JR -NYC QUEENS BOROUGH PRESIDENT MELINDA KATZ -FRIENDS OF THE 59TH STREET PLAYGROUND -101ST PRECINCT COMMUNITY AFFAIRS -100TH PRECINCT COMMUNITY AFFAIRS -HATZALAH COMMUNITY MEETINGS: SAMPLING PUBLIC OPINION FIVE INITIAL COMMUNITY MEETINGS WERE HELD TO GATHER INPUT FROM THE PUBLIC ON THE HEALTH CONCERNS OF THE COMMUNITY. THE MEETINGS WERE HELD ON: -JANUARY 9, 2019 AT 7PM AT ST. JOHN'S EPISCOPAL HOSPITAL - 29 ATTENDEES -MARCH 13, 2019 AT 7PM AT ST. JOHN'S EPISCOPAL HOSPITAL -APRIL 17, 2019 AT 7PM AT ST. JOHN'S EPISCOPAL HOSPITAL -JULY 10, 2019 AT 7PM AT ST. JOHN'S EPISCOPAL HOSPITAL -OCTOBER 30, 2019 AT 7PM AT ST. JOHN'S EPISCOPAL HOSPITAL THE MEETINGS WERE PUBLICIZED THROUGH A COMMUNITY EMAIL LIST SERV AND MAILED TO COMMITTEE MEMBERS HOMES. DISCUSSION AT THESE MEETINGS ALSO INCLUDED: THE NEED FOR ADDITIONAL MENTAL HEALTH SERVICES WITH MORE OF A PERSONAL TOUCH; THE HOSPITAL'S EMERGENCY ROOM; COORDINATION OF SERVICES; EDUCATION AND THE NEED FOR MORE EDUCATION ON DIABETES; CANCER TREATMENT SERVICES ON THE ROCKAWAYS; NEED FOR NUTRITION EDUCATION; NEED FOR TRAUMA SERVICES ON THE ROCKAWAYS.</p>
<p>SCHEDULE H, PART V SEC B, LINE 11</p>	<p>THE HOSPITAL RECOGNIZES THERE IS A NEED TO ADDRESS ALL IDENTIFIED HEALTH CONCERNS. DUE TO LIMITATIONS IN STAFFING AND RESOURCES, THE HOSPITAL FOCUSED ITS EFFORTS ON THOSE PRIORITIES THAT APPEARED TO BE OF THE MOST NEED AND HAD THE STAFFING AND RESOURCES TO COMMIT TO A THREE-YEAR PLAN OF IMPLEMENTATION. THE COMMUNITY HEALTH PRIORITIES THAT THE HOSPITAL IDENTIFIED IN ITS HEALTH NEEDS ASSESSMENT BUT DOES NOT INTEND TO MEET ARE: CANCER; HIV AND AIDS; MATERNAL CHILD HEALTH.</p>

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
SCHEDULE H, PART V SEC B, LINE 16A, LINE 16B AND LINE 16C	THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND PLAIN LANGUAGE SUMMARY CAN BE FOUND AT THE FOLLOWING WEBSITE: https://ehs.org/patients-visitors/financial-assistance
SCHEDULE H, PART V SEC B, LINE 22D	DURING 2019, THE HOSPITAL DETERMINED THAT THE MAXIMUM AMOUNT THAT CAN BE CHARGED TO FAP-ELIGIBLE INDIVIDUALS WAS A FLAT FEE PLUS THE FOLLOWING, BASED ON THE FEDERAL POVERTY LEVEL THE INDIVIDUAL QUALIFIED FOR: -PERCENTAGE OF THE APR-DRG RATE (MEDICAID INPATIENT RATE) -PERCENTAGE OF THE APG RATE (MEDICAID OUTPATIENT RATE OR AMBULATORY FEE SCHEDULE RATE) -PERCENTAGE OF THE ANCILLARY CHARGES

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Episcopal Health Services Inc

Employer identification number
11-1665825

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> 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	
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	
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.		
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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
SCHEDULE J, PART II:	DR. STROJAN WAS PAID AS AN ADMINISTRATOR AT THE HOSPITAL AND NOT AS A MEMBER OF THE BOARD. DR. STROJEN DEVOTES 2.5 HOURS PER WEEK ON AVERAGE TO THE BOARD AND 37.5 HOURS PER WEEK AS A PHYSICIAN AT THE 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				
21 ROSE BONILLA VP, Medical Group	(i)	186,734	0	2,322	27,162	48,409	264,627	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
1 JERRY WATMAN PHYSICIAN	(i)	126,507	0	263,108	0	39,358	428,973	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
2 RAYMOND PASTORE Former CMO/Physician	(i)	307,400	0	0	7,000	600	315,000	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury

Name of the organization
Episcopal Health Services Inc

Employer identification number

11-1665825

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 8B	THERE ARE NO SEPARATE COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	THE FORM 990 AND APPROPRIATE SCHEDULES, AS REQUIRED (FORM 990), IS COMPLETED BY THE ACCOUNTING AND FINANCE STAFF OF THE ORGANIZATION AND REVIEWED INTERNALLY BY MANAGEMENT. IT IS THEN REVIEWED BY OUTSIDE TAX ADVISORS AND ANY NECESSARY ADJUSTMENTS ARE MADE, AFTER WHICH TIME IT IS CONSIDERED AN initial DRAFT. THE DRAFT OF THE FORM 990 IS THEN PRESENTED TO THE EPISCOPAL HEALTH SERVICES AUDIT COMMITTEE (THE COMMITTEE) OF THE BOARD OF TRUSTEES(THE BOARD), WHICH HAS BEEN DELEGATED THE DETAILED REVIEW FUNCTION BY THE BOARD. ONCE THE Committee'S REVIEW IS COMPLETE THE FORM 990 IS THEN PROVIDED TO ALL VOTING MEMBERS OF THE BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>The Corporate Compliance and Privacy Office distributes, gathers and reviews all annual conflict of interest questionnaires. Where positive responses are indicated additional information is gathered to determine if a conflict exists. If a conflict exists, appropriate action is taken to eliminate the conflict, including such steps as notifying the board, reassignment of responsibilities or establishment of protective agreements. If a matter involves a board member or officer, appropriate action, including recusal and additional disclosures, will be determined by the board.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	THE COMPENSATION REVIEW & APPROVAL PROCESS INCLUDES A COMPARISON OF COMPENSATION RATES PAID for Executive level positions that are compared to COMPARABLE POSITIONS IN THE Northeast and Greater New York Region. The Human Resources Department reviews each position and uses published external salary surveys to recommend fair and equitable salaries. Positions are evaluated against Hospitals with similar Bed Size, Full-time equivalents and revenue size. COMPENSATION WAS REVIEWED AND APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS. BOARD DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN BOARD MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED AND/OR APPROVED AFTER COMPARISON TO CURRENT COMPENSATION RATES PAID FOR COMPARABLE POSITIONS IN THE ORGANIZATION'S REGION. BOARD DECISIONS ARE CONTEMPORANEOUSLY DOCUMENTED IN BOARD MINUTES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	UPON REQUEST, THE ORGANIZATION WILL MAKE AVAILABLE ONLY THOSE DOCUMENTS REQUIRED TO BE DISCLOSED UNDER THE PUBLIC INSPECTION LAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A	DR. ALBERT STROJEN IS COMPENSATED FOR SERVICES RENDERED AS A PHYSICIAN OF THE HOSPITAL AND NOT AS A MEMBER OF THE BOARD. DR. STROJEN DEVOTES 2.5 HOURS PER WEEK ON AVERAGE TO THE BOARD AND 37.5 HOURS PER WEEK AS A PHYSICIAN AT THE HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	CHANGE IN PENSION LIABILITY978,387

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION: PURCHASED SERVICES TOTAL FEES: 6192451

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN FEES TOTAL FEES:14569331

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:CONSULTANTS TOTAL FEES:2167487

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:TEMPORARY HELP TOTAL FEES:3092756

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER FEES TOTAL FEES:2595721

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Episcopal Health Services Inc

Employer identification number

11-1665825

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BISHOP HENRY B HUCLES NURSING HOME 377 OAK STREET SUITE 300 garden city, NY 11530 11-3277961	Nursing/Rehab	NY	501(C)(3)	LINE 10	EHS inc	Yes	
(2) St John's Medical PC 377 OAK STREET SUITE 300 garden city, NY 11530 26-2884115	ER SERVICES	NY	501(C)(3)	LINE 12A	EHS inc	Yes	
(3) ST JOHN'S MEDICAL SERVICE PC 377 OAK STREET SUITE 300 garden city, NY 11530 54-2164621	MEDICAL SVCS	NY	501(C)(3)	LINE 12A	EHS inc	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) church charity corporation and sub 377 OAK STREET SUITE 300 garden city, NY 11530 11-2797706	charity	NY	na	c corp	0	0			No

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 organization 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	No
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	Yes
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	Yes

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) ST JOHN'S MEDICAL SERVICES	P	78,323	COST
(2) ST JOHN'S MEDICAL PC	Q	86,444	COST
(3) Bishop Henry B Hucles Nursing Home Inc	Q	69,900	COST
(4) ST JOHN'S MEDICAL SERVICES	R	2,671,607	COST
(5) ST JOHN'S MEDICAL PC	R	107,783	COST
(6) ST JOHN'S MEDICAL SERVICES	S	3,199,533	COST

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 11-1665825
Name: Episcopal Health Services Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
ST JOHN'S MEDICAL SERVICES	P	78,323	COST
ST JOHN'S MEDICAL PC	Q	86,444	COST
Bishop Henry B Hucles Nursing Home Inc	Q	69,900	COST
ST JOHN'S MEDICAL SERVICES	R	2,671,607	COST
ST JOHN'S MEDICAL PC	R	107,783	COST
ST JOHN'S MEDICAL SERVICES	S	3,199,533	COST