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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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
CALVARY HOSPITAL INC

% ANDREW GRECO
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1740 EASTCHESTER ROAD

City or town, state or province, country, and ZIP or foreign postal code
BRONX, NY 104612392

D Employer identification number

13-1740274

E Telephone number

(718) 518-2069

G Gross receipts \$ 145,443,100

F Name and address of principal officer:
FRANK CALAMARI
1740 EASTCHESTER ROAD
BRONX, NY 104612392

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 ▶ 0928

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

J Website: ▶ WWW.CALVARYHOSPITAL.ORG

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

L Year of formation: 1899

M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
CALVARY HOSPITAL IS A FULLY ACCREDITED EXTENDED NEOPLASTIC DISEASE CARE HOSPITAL PROVIDING PALLIATIVE CARE FOR TERMINALLY ILL CANCER PATIENTS IN THE UNITED STATES.

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 16

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,228

6 Total number of volunteers (estimate if necessary) 6 111

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 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 5,753,800 8,858,100

9 Program service revenue (Part VIII, line 2g) 113,396,200 119,818,700

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,940,700 1,921,600

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 800,900 742,800

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 121,891,600 131,341,200

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 5,100 5,800

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) 88,834,701 92,955,802

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 33,677,399 38,901,098

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 122,517,200 131,862,700

19 Revenue less expenses. Subtract line 18 from line 12 -625,600 -521,500

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 100,681,800 102,670,200

21 Total liabilities (Part X, line 26) 71,929,700 71,636,800

22 Net assets or fund balances. Subtract line 21 from line 20 28,752,100 31,033,400

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
2020-10-26
Date
ANDREW V GRECO 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 P00741490
Firm's name ▶ GRANT THORNTON LLP
Firm's EIN ▶
Firm's address ▶ 757 THIRD AVENUE 3RD FLOOR
NEW YORK, NY 100172013
Phone no. (212) 599-0100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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:

CALVARY HOSPITAL IS A FULLY ACCREDITED ACUTE CARE SPECIALTY HOSPITAL PROVIDING PALLIATIVE CARE FOR TERMINALLY ILL CANCER PATIENTS IN THE UNITED STATES.

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 \$ 87,336,239 including grants of \$ 5,800) (Revenue \$ 88,765,400)
See Additional Data

4b (Code:) (Expenses \$ 26,718,864 including grants of \$) (Revenue \$ 31,011,100)
See Additional Data

4c (Code:) (Expenses \$ 972,897 including grants of \$) (Revenue \$ 42,200)
See Additional Data

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

4e Total program service expenses ► 115,028,000

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	130
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	16	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ANDREW GRECO 1740 EASTCHESTER ROAD BRONX, NY 104612069 (718) 518-2069

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 ☐

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.

[illegible]

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d	5,005,000									
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	3,853,100									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f										8,858,100		
Program Service Revenue	2a PATIENT SERVICE REVENUE		Business Code										
			900099	119,818,700		119,818,700							
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		119,818,700										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			429,200						429,200			
	4 Income from investment of tax-exempt bond proceeds			0									
	5 Royalties			0									
			(i) Real	(ii) Personal									
	6a Gross rents		6a	47,500									
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c	47,500	0								
	d Net rental income or (loss)			47,500									
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	15,587,400	6,900								
	b Less: cost or other basis and sales expenses		7b	14,101,900									
	c Gain or (loss)		7c	1,485,500	6,900								
	d Net gain or (loss)			1,492,400						1,492,400			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	0									
	b Less: direct expenses		8b	0									
	c Net income or (loss) from fundraising events			0									
	9a Gross income from gaming activities. See Part IV, line 19		9a	0									
	b Less: direct expenses		9b	0									
	c Net income or (loss) from gaming activities			0									
	10a Gross sales of inventory, less returns and allowances . . .		10a	0									
b Less: cost of goods sold . . .		10b	0										
c Net income or (loss) from sales of inventory			0										
Miscellaneous Revenue			Business Code										
11a PARKING LOT REVENUE			812930		249,400				249,400				
b CAFETERIA			900099		158,100				158,100				
c RELATED PARTY REIMBURSEMENTS			900099		144,200		144,200						
d All other revenue					143,600				143,600				
e Total. Add lines 11a-11d					695,300								
12 Total revenue. See instructions					131,341,200		119,962,900		2,472,700				

Form 990 (2019)

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	5,800	5,800		
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	3,212,489	1,354,296	1,858,193	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	65,812,869	62,661,336	3,151,533	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	3,251,313	3,019,612	231,701	
9 Other employee benefits	15,805,430	14,679,074	1,126,356	
10 Payroll taxes	4,873,701	4,526,382	347,319	
11 Fees for services (non-employees):				
a Management	1,894,718		1,894,718	
b Legal	480,362		480,362	
c Accounting	345,688		345,688	
d Lobbying	65,709		65,709	
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)	10,831,426	10,831,426		
12 Advertising and promotion	1,339,527	668,249	671,278	
13 Office expenses	2,460,693	1,227,564	1,233,129	
14 Information technology	294,173	146,754	147,419	
15 Royalties	0			
16 Occupancy	2,447,028	1,690,773	756,255	
17 Travel	271,111	135,249	135,862	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	70,764	35,287	35,477	
20 Interest	242,100	242,100		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,407,142	6,033,565	373,577	
23 Insurance	846,324		846,324	
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 PHARMACEUTICALS	4,793,825	4,793,825		
b MAINTENANCE AND REPAIRS	1,496,388	746,502	749,886	
c FOOD EXPENSE	1,048,056	522,843	525,213	
d LEASES	413,839	389,710	24,129	
e All other expenses	3,152,225	1,317,653	1,834,572	
25 Total functional expenses. Add lines 1 through 24e	131,862,700	115,028,000	16,834,700	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		21,600	1	5,600
	2	Savings and temporary cash investments		2,039,300	2	65,000
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		27,791,100	4	31,358,100
	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		201,100	8	578,238
	9	Prepaid expenses and deferred charges		664,000	9	773,262
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 113,260,400			
	b	Less: accumulated depreciation	10b 90,173,800	20,948,300	10c	23,086,600
	11	Investments—publicly traded securities		22,253,100	11	14,502,100
	12	Investments—other securities. See Part IV, line 11		10,679,500	12	7,570,400
	13	Investments—program-related. See Part IV, line 11		15,860,400	13	23,873,900
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		223,400	15	857,000
16	Total assets. Add lines 1 through 15 (must equal line 34)		100,681,800	16	102,670,200	
Liabilities	17	Accounts payable and accrued expenses		17,975,700	17	17,962,500
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		126,200	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		1,833,300	23	1,711,200
	24	Unsecured notes and loans payable to unrelated third parties		0	24	1,000,000
	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		51,994,500	25	50,963,100
	26	Total liabilities. Add lines 17 through 25		71,929,700	26	71,636,800
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		-531,800	27	-4,833,900
	28	Net assets with donor restrictions		29,283,900	28	35,867,300
	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		28,752,100	32	31,033,400
33	Total liabilities and net assets/fund balances		100,681,800	33	102,670,200	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	131,341,200
2	Total expenses (must equal Part IX, column (A), line 25)	2	131,862,700
3	Revenue less expenses. Subtract line 2 from line 1	3	-521,500
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,752,100
5	Net unrealized gains (losses) on investments	5	1,726,500
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,076,300
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	31,033,400

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

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

Additional Data

Software ID:
Software Version:
EIN: 13-1740274
Name: CALVARY HOSPITAL INC

Form 990 (2019)

Form 990, Part III, Line 4a:

Terminally ill CANCER CARE INPATIENT - CALVARY SERVES ABOUT 23.4% OF ALL INDIVIDUALS WHO DIE OF CANCER IN THE NEW YORK METROPOLITAN AREA EACH YEAR. PATIENTS ARE REFERRED TO CALVARY FROM EVERY MAJOR HOSPITAL AND MEDICAL CENTER IN NEW YORK CITY. IN 2019, CALVARY CARED FOR MORE THAN 5,826 PATIENTS AND FAMILIES AS INPATIENTS IN OUR 200-BED BRONX CAMPUS AND OUR 25-BED SATELLITE AT NYU LANGONE HOSPITAL IN BROOKLYN. THE AVERAGE LENGTH OF INPATIENT STAY IS 26.4 DAYS.

Form 990, Part III, Line 4b:

CALVARY HOSPITAL HOSPICE IS A MEDICARE-CERTIFIED HOSPICE PROGRAM, WHICH PROVIDES AN INTERDISCIPLINARY CARE TEAM FOR PATIENTS WITH A TERMINAL PROGNOSIS FOR ALL END-STAGE DISEASES. CALVARY HOSPITAL HOSPICE EMBRACES AND IMPLEMENTS THE BASIC ASSUMPTIONS OF THE HOSPICE CONCEPT, INCLUDING THE FOLLOWING: - HOSPICE PROVIDES PALLIATIVE MEDICAL CARE, TREATING THE PHYSICAL, EMOTIONAL AND SPIRITUAL PAIN OF THE PATIENT AND FAMILY. - HOSPICE TREATS THE PATIENT AND LOVED ONES TOGETHER AS A WHOLE UNIT OF CARE AND OFFERS BEREAVEMENT COUNSELING FOR SURVIVING CAREGIVERS AFTER THE PATIENT'S DEATH. - HOSPICE PATIENTS REMAIN IN THE FAMILIAR, COMFORTING SURROUNDINGS OF HOME, WHETHER IT'S A PRIVATE RESIDENCE, NURSING HOME, HOSPITAL OR AN ASSISTED LIVING FACILITY. - HOSPICE CARE PROVIDES THE FOLLOWING FOUR LEVELS OF CARE: ROUTINE CARE, GENERAL INPATIENT CARE (IF NEEDED), CONTINUOUS CARE (DURING A CRISIS), AND RESPITE CARE. HOSPICE SERVICES - NURSING CARE, AS NECESSARY TO MAINTAIN THE PATIENT AT HOME - 24 HOURS A DAY, 7 DAYS A WEEK ON-CALL NURSE PHYSICIAN SERVICES - MEDICAL SOCIAL SERVICES - PASTORAL CARE - COUNSELING SERVICES - NUTRITIONAL COUNSELING - SHORT-TERM INPATIENT AND RESPITE CARE - MEDICAL SUPPLIES RELATED TO TERMINALLY ILL - PERSONAL CARE PROVIDED BY CERTIFIED HOME HEALTH AIDES - THERAPIES (E.G., PHYSICAL, OCCUPATIONAL AND SPEECH) - MEDICATIONS FOR SYMPTOM MANAGEMENT AND PAIN CONTROL RELATED TO THE TERMINALLY ILL - BEREAVEMENT COUNSELING FOR FAMILY MEMBERS - VOLUNTEER SERVICES

Form 990, Part III, Line 4c:

CALVARY'S HOME HEALTH AGENCY SERVES PATIENTS IN THE BRONX, QUEENS, NORTHERN MANHATTAN, AND SOUTHERN WESTCHESTER COUNTY. CALVARY OFFERS HOME CARE TO PATIENTS WITH ALL DIAGNOSES. MOST PATIENTS RETURN TO PRE-ILLNESS FUNCTION AND ARE DISCHARGED TO SELF-CARE WITHIN SIX TO EIGHT WEEKS. ALL OF OUR PATIENTS WHO WE CARE FOR AT HOME GET THE SAME LEVEL OF HIGH-QUALITY AND UNIQUE "CALVARY CARE" AS ALL OF OUR INPATIENTS. THE FOLLOWING SERVICES ARE AVAILABLE TO PATIENTS AND THEIR FAMILIES THROUGH CALVARY'S CERTIFIED HOME HEALTH AGENCY: NURSING SERVICES - OUR COMMUNITY HEALTH NURSES PROVIDE NURSING VISITS TO PATIENTS IN THEIR HOMES. - SPECIALIZED NURSING IS AVAILABLE SUCH AS ENTEROSTOMAL THERAPY. - 24-HOUR TELEPHONE ACCESS TO RN (REGISTERED NURSE) ON-CALL. HOME HEALTH AIDE - PROVIDES ASSISTANCE WITH PERSONAL CARE AND OTHER ACTIVITIES RELATED TO HEALTH CARE. NUTRITIONAL SERVICES - CALVARY'S DIETITIANS ARE AVAILABLE BY PHONE TO HELP IN PLANNING THERAPEUTIC NUTRITIONAL MANAGEMENT. THERAPY SERVICES - PHYSICAL THERAPY- OCCUPATIONAL THERAPY - SPEECH THERAPY MEDICAL CARE - CALVARY HOME CARE STAFF WILL WORK CLOSELY WITH THE PATIENT'S OWN PHYSICIAN TO MEET HOME HEALTH NEEDS. - OUR STAFF HAS EXTENSIVE KNOWLEDGE OF PAIN MANAGEMENT. MEDICAL SOCIAL WORK A FULL RANGE OF SOCIAL WORK SERVICES ARE AVAILABLE TO HELP PATIENTS AND FAMILIES COPE WITH THE PROBLEMS OF ILLNESS. - ASSISTANCE IN MEDICAID APPLICATION - ASSISTANCE IN LONG-TERM PLANNING REFERRING PATIENTS - REFERRALS MAY BE MADE BY PATIENTS FAMILY MEMBERS, FRIENDS, HOSPITALS, CLINICS, PHYSICIANS, OTHER HEALTH CARE PROFESSIONALS AND COMMUNITY AGENCIES. - PART OF THE CALVARY CONTINUUM FACILITATE ADMISSION TO INPATIENT CARE FOR SYMPTOM MANAGEMENT - REFERRAL TO OUTPATIENT AND WOUND CARE CLINICS - PROVIDE INFORMATION ON CALVARY PROGRAMS INCLUDING BEREAVEMENT SUPPORT

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			
Scott P La rue PRESIDENT/CEO of archcare	1.0 37.0	X						0	1,246,121	338,444
Frank A Calamari President/Executive Director	37.0 0.0			X				767,223	0	39,083
DEVMANI JAITLEY MD ATTENDING PHYSICIAN	37.0 0.0					X		649,861	0	43,358
Michael J Brescia MD Executive Medical Director	37.0 0.0			X				567,891	0	35,560
Andrew V Greco VICE PRESIDENT & cfo	37.0 0.0			X				490,902	0	59,043
Christoper Comfort MD COO (AS OF 07/2019)	37.0 0.0			X				455,883	0	46,058
SREENIVASA PATIBANDLA STAFF PHYSICIAN	37.0 0.0					X		407,552	0	28,000
ROBERT BRESCIA MD DIR., PALLIATIVE CARE INST.	37.0 0.0					X		396,809	0	35,560
GAIL CHRZANOWSKI MD ATTENDING PHYSICIAN	37.0 0.0					X		341,868	0	38,488
RACHELLE PARKER MD DIRECTPR INPATIENT SERVICES	37.0 0.0					X		317,912	0	38,488

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			
Joseph L Demarzo Director	1.0 0.0	X						0	0	0
Joseph A Tarantino Director	1.0 0.5	X						0	0	0
CARLOS HERNANDEZ DIRECTOR	0.5 1.0	X						0	0	0
MARYANN JULIA POPIEL DIRECTOR	1.0 0.5	X						0	0	0
Thomas G Ferrara Director	0.5 0.0	X						0	0	0
dr marc prager Director	0.5 0.0	X						0	0	0
james harden director	0.5 0.0	X						0	0	0
john p bertsch Director Emeritus (Non-Voting)	0.5 0.0	X						0	0	0
Steven J Golub Director emeritus (non-voting)	0.5 1.0	X						0	0	0
Manfred Altstadt Director Emeritus (Non-Voting)	0.5 0.5	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			
Terence Gallagher Director Emeritus (Non-Voting)	0.5 0.5	X						0	0	0
DANIEL S GURRELL MD DIRECTOR (AS OF 7/2019)	1.0 0.0	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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
CALVARY HOSPITAL INC

Employer identification number
13-1740274

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. <input type="checkbox"/>						

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>		
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		<input type="checkbox"/> 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: 13-1740274
Name: CALVARY HOSPITAL 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

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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 CALVARY HOSPITAL INC	Employer identification number 13-1740274
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(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?	Yes		22,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		43,709
j	Total. Add lines 1c through 1i			65,709
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, PART II-B, LINE 1i, LOBBYING ACTIVITIES	Calvary Hospital engages two individuals to directly lobby congress and other governmental agencies on its behalf. The total amount paid to these external consultants in calendar year 2019 is \$22,000. Calvary Hospital incurs indirect lobbying expenditures from its membership in various healthcare associations. The \$43,709 reported on Schedule C, Part II-B, Line 1(i) includes the portion of its membership dues attributable to lobbying endeavors that the hospital pays to the following membership associations: - The Hospital Association of New York State (HANYS) - The Greater New York Hospital Association (GNYHA)

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CALVARY HOSPITAL INC

Employer identification number
13-1740274

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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	29,283,900	30,643,900	26,805,300	25,378,200	27,742,000
b Contributions	3,309,900	1,807,200	1,725,600	1,723,700	2,037,500
c Net investment earnings, gains, and losses	5,215,300	-1,112,700	4,295,000	1,787,400	-1,396,800
d Grants or scholarships					
e Other expenditures for facilities and programs	1,941,800	2,054,500	2,182,000	2,084,000	3,004,500
f Administrative expenses					
g End of year balance	35,867,300	29,283,900	30,643,900	26,805,300	25,378,200

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 ▶ 5.000 %

c

Temporarily restricted endowment ▶ 95.000 %

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		538,000		538,000
b Buildings		37,763,200	29,941,939	7,821,261
c Leasehold improvements				
d Equipment		70,557,000	56,382,052	14,174,948
e Other		4,402,200	3,849,809	552,391
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				23,086,600

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.) ▶	0	

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) ASSETS OF CALVARY FUND	23,873,900	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	23,873,900	

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	50,963,100

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	134,138,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,726,500
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,070,500
e	Add lines 2a through 2d	2e	2,797,000
3	Subtract line 2e from line 1	3	131,341,200
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	131,341,200

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	131,862,700
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	131,862,700
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	131,862,700

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: 13-1740274
Name: CALVARY HOSPITAL INC

Supplemental Information

Return Reference	Explanation
Schedule D, Part X - FIN 48:	<p>The hospital follows guidance that clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This guidance provides that the tax effects from an uncertain tax position can only be recognized in the financial statements if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. The hospital is exempt from federal income tax under IRC section 501(c)(3), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the IRS. The hospital has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it has nexus; and to identify and evaluate other matters that may be considered tax positions. The Hospital has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements.</p> <p>Schedule D, Part IV - Escrow and Custodial Arrangements: The Hospital maintains custodial accounts for its patients and various auxiliary groups.</p> <p>PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN BENEFICIAL INTEREST IN NET PENSION RELATED ADJUSTMENT(\$3,828,100) ASSETS OF CALVARY FUND, INC.\$4,904,400 RECLASS OF GRANT TO AFFILIATE.....(\$5,800) TOTAL TO SCHEDULE D, P ART XI, LINE 2D\$1,070,500</p>

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CALVARY HOSPITAL INC

Employer identification number
13-1740274

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 0 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input 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"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 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? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	No
		5c	
		6a	Yes
		6b	Yes

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)			429,753		429,753	0 %
b Medicaid (from Worksheet 3, column a)			9,246,734	10,593,810	0	
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			9,676,487	10,593,810	0	0 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			9,676,487	10,593,810	0	0 %

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	15		1,027,978			0.950 %
4 Environmental improvements						
5 Leadership development and training for community members	1		2,000			0.010 %
6 Coalition building						
7 Community health improvement advocacy	5		18,293			0.020 %
8 Workforce development						
9 Other	2		18,380			0.020 %
10 Total	23		1,066,651			1.000 %

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	3,386,578	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	42,028,200	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	51,622,206	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-9,594,006	
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?

2

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)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
See Additional Data Table									

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <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 checked="" 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 checked="" 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	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	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.	6b	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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>CALVARYHOSPITAL.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.	8	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>CALVARYHOSPITAL.ORG</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

CALVARY HOSPITAL INC

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 type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0. _____ % and FPG family income limit for eligibility for discounted care of 300. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input 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>CALVARYHOSPITAL.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>CALVARYHOSPITAL.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>CALVARYHOSPITAL.ORG</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 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**

CALVARY HOSPITAL INC

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 checked="" type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input 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?	19	No
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)		
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 checked="" 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 checked="" 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?	21	No
If "No," indicate why:		
a <input checked="" 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)		

Part V Facility Information *(continued)*

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

CALVARY HOSPITAL INC

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

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.

[illegible]

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 3C:	CALVARY HOSPITAL INC. USES THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR DISCOUNTED CARE TO LOW-INCOME PATIENTS. Form 990, Schedule H, part I, Line 6a & 6b Calvary Hospital completed its most recent full Community Benefit Report/Community Health Needs Assessment in December of 2019. This Report is posted on Calvary hospital's website. Calvary routinely receives input from all hospitals and health systems in its catchment area; through its Palliative Care Institute, Calvary works directly with the Medical Schools in the New York area, NYC EMS services and the National Cancer Institute. The totality of this input enables Calvary to produce a thorough and targeted community service plan each year.

Form and Line Reference	Explanation
PART I, LINE 7:	<p>Calvary Hospital is unique in the healthcare environment in that it provides services to a very specific set of patients: the terminally ill. Patients in-hospital care at Calvary if they have been diagnosed with advanced cancer and other terminal illnesses, which have not responded to curative treatments and require continuous supervision by a medical team. They have severe symptoms related to their illness, such as infections, complex wound care needs, nausea, severe weight loss, pain, or confusion, or due to the severity of their symptoms, care at home is not possible. FROM ITS INCEPTION IN 1899, CALVARY HOSPITAL HAS BEEN FAITHFULLY DEVOTED TO PROVIDING PALLIATIVE CARE TO ADULT PATIENTS IN THE ADVANCED STAGES OF CANCER, AND OTHER LIFE-LIMITING ILLNESSES ADDRESSING THE SYMPTOMS OF THE DISEASE, NOT ITS CURE. A VOLUNTARY, NOT-FOR-PROFIT HOSPITAL, OPERATED IN CONNECTION WITH THE ARCHDIOCESE OF NEW YORK, CALVARY CONTINUES TO EMBODY THIS TRADITION OF CARING THROUGH THE SERVICES AND PROGRAMS OFFERED BY AND THROUGH THE DEDICATION AND CONCERN SHOWN BY ITS STAFF MEMBERS. THE HOSPITAL WILL CONTINUE TO BE FAITHFUL TO THIS TRADITION THROUGH A TWOFOLD COMMITMENT. CALVARY WILL STRIVE PRIMARILY TO EXPAND ITS PROGRAMS AND SERVICES TO MEET THE EMERGING PHYSICAL, PSYCHOSOCIAL, AND SPIRITUAL NEEDS OF BOTH PATIENTS AND FAMILIES THROUGH THE PROVISION OF ACUTE INPATIENT, CALVARY @ HOME (HomeCare, HOSPICE @ HOME), AND A BROOKLYN CAMPUS. IN ADDITION, THROUGH THE PALLIATIVE CARE INSTITUTE, THE HOSPITAL ENDEAVORS TO TRANSMIT TO OTHER HEALTH CARE PROFESSIONALS, THROUGH RESEARCH AND EDUCATION, THE KNOWLEDGE AND COMPETENCE WHICH IT HAS DEVELOPED IN THE CARE OF ADULT PATIENTS WITH ADVANCED CANCER AND OTHER LIFE LIMITING ILLNESSES. THROUGH THIS TWOFOLD COMMITMENT, CALVARY HOSPITAL WILL DEEPEN AND STRENGTHEN THE PHILOSOPHY OF COMPASSIONATE CARE WHICH HAS BEEN THE CORNERSTONE OF ITS PROGRAM OF SERVICE, AND WILL OFFER TO THOSE IN OUR EXPANDED COMMUNITY AND OTHERS, A TRADITION OF SUCCESSFUL EXPERIENCE IN THE CARE OF THE ADVANCED CANCER PATIENT. CALVARY HOSPITAL IS THE ONLY FULLY ACCREDITED EXTENDED NEOPLASTIC DISEASE CARE HOSPITAL PROVIDING PALLIATIVE CARE FOR ADVANCED CANCER PATIENTS IN THE UNITED STATES. WITH 225 BEDS IN THE BRONX AND BROOKLYN AND 1,228 EMPLOYEES, CALVARY SERVES MORE THAN 5,399 PATIENTS ANNUALLY AT HOME. CALVARY PROVIDES PALLIATIVE CARE, WHICH IS THE ACTIVE TREATMENT OF THE SYMPTOMS, NOT THE CURE OF THE DISEASE, IN ORDER TO MAKE OUR PATIENTS AS COMFORTABLE AS POSSIBLE. CALVARY'S PROGRAMS INCLUDE INPATIENT CARE CASE MANAGEMENT, CALVARY @ HOME, AND SUPPORT PROGRAMS FOR FAMILIES AND FRIENDS. AS CALVARY APPROACHES THE FUTURE WITH A SENSE OF HOPE AND PROMISE, CALVARY IS EVER MINDFUL OF THE LEGACY OF OUR FOUNDERS, THE WOMEN OF CALVARY, TO PROVIDE COMPREHENSIVE CARE WHILE RECOGNIZING THE INDIVIDUALITY AND DIGNITY OF EVERY PATIENT. AT THE SAME TIME, CALVARY WILL CONTINUE TO DEVELOP NEW PROGRAMS AND SERVICES TO MEET THE NEEDS OF TODAY'S WORLD. Accordingly, Calvary Hospital is not suited to providing the type of community benefits that other traditional hospitals provide. Calvary reports in Part VII the value of any Medicaid services it provides as well as financial assistance costs. TO arrive at the charity care amounts reported in Part VII, CALVARY UTILIZES NET REALIZABLE VALUE OF THE SERVICES RENDERED. This reporting is consistent to what is presented in Calvary's Cost report with the New York State Department of Health. Form 990, Schedule H, PART II, COMMUNITY BUILDING ACTIVITIES: CALVARY HOSPITAL MAKES A NUMBER OF DIFFERENT SUPPORT GROUPS AVAILABLE TO THE COMMUNITY. THESE SUPPORT GROUPS ARE ADVERTISED ON CALVARY HOSPITAL'S WEBSITE, WWW.CALVARYHOSPITAL.ORG, ON ITS CALENDAR OF EVENTS. In addition, the Hospital publishes "CALVARY IN TOUCH", A BI-MONTHLY NEWSLETTER ABOUT BEREAVEMENT ISSUES that is AVAILABLE THROUGH THE HOSPITAL'S WEBSITE AND IS CIRCULATED IN HARD COPY BY MAIL. CALVARY HOSPITAL PROVIDES BEREAVEMENT SUPPORT FOR ADULTS WHO HAVE LOST LOVED ONES AT CALVARY HOSPITAL OR CALVARY@HOME, AND THOSE FROM THE COMMUNITY AT LARGE WHO HAVE LOST SOMEONE BECAUSE OF ILLNESS, ACCIDENTS VIOLENCE, OR ANY OTHER CAUSE. GROUPS ARE OFFERED IN THE BRONX, BROOKLYN and Manhattan. THE HOSPITAL ALSO OFFERS AGE-APPROPRIATE SUPPORT GROUPS FOR CHILDREN, AGES 6 THROUGH 11, AND FOR ADOLESCENTS, AGES 12 TO 18, AND FOR YOUNG ADULTS, AGES 18 TO 25. THESE COMMUNITY SUPPORT GROUPS INCLUDE BUT ARE NOT LIMITED TO: - SUPPORT GROUPS FOR BEREAVED PARENTS - MINDFULNESS AND MOVEMENT THROUGH GRIEF GROUP - PRECIOUS MOMENTS SUPPORT GROUP FOR CHILDREN AGES 6 TO 9 - TWEEN BEREAVEMENT GROUPS FOR TWEENS AGES 10 TO 12 -TEEN BEREAVEMENT GROUPS FOR TEENS AGES 13-17 - Young adults ages 18-25 - DEATH OF A SPOUSE/PARTNER BEREAVEMENT GROUPS - DEATH OF A PARENT BEREAVEMENT GROUPS - MEN ONLY GROUP - PSYCHOTHERAPY GROUP - CAMP COMPASS DAY CAMP FOR BEREAVED CHILDREN OPEN TO ALL CHILDREN WHO HAVE ATTENDED OTHER GROUPS ARE FREE OF CHARGE, AND ARE LED BY CALVARY HOSPITAL STAFF AND ST</p>

Form and Line Reference	Explanation
PART I, LINE 7:	<p>AFF HIRED JUST FOR THIS WEEK LONG EVENT. CALVARY HOSPITAL ALSO MAKES AVAILABLE A NUMBER OF DIFFERENT WELLNESS ACTIVITIES TO THE COMMUNITY. THESE WELLNESS ACTIVITIES INCLUDE BUT ARE NOT LIMITED TO YOGA, zumba, MASSAGE THERAPY, staff drumming CLASSES, RECREATIONAL THERAPY AND PET THERAPY AND A FACILITY DOG ON STAFF. CALVARY HOSPITAL'S THERAPEUTIC RECREATION AND "MUSIC THERAPY PROGRAMS WERE CREATED TO GIVE PATIENTS A SENSE OF ACCOMPLISHMENT AND TO RELIEVE THE SUFFERING OF OUR PATIENTS AND THEIR FAMILIES. THERAPEUTIC RECREATION ACTIVITIES INCLUDES DRAWING, SCULPTURE, AND CERAMICS PROJECTS; HORTICULTURE; A GAMES AND DISCUSSION HOUR; AND HOLIDAY PARTIES. MUSIC THERAPY OFTEN HELPS SOOTHE PATIENTS AND HELPS THEM FOCUS ON LIFE. OUR BOARD CERTIFIED MUSIC THERAPISTS USE MUSIC THERAPY INTERVENTIONS TO SOOTHE PATIENTS, RELIEVE ANXIETY, REMINISCE, AND EASE PAIN AND SUFFERING. MUSIC THERAPY INTERVENTIONS MAY ALSO PROVIDE RELEASE IN THE LAST HOURS OR MOMENTS OF LIFE. PATIENTS RECEIVING MUSIC THERAPY SOMETIMES WRITE SONGS ASSISTED BY THE MUSIC THERAPISTS TO LEAVE FOR LOVED ONES, OR FIND OTHER WAYS TO OPEN THEIR HEARTS THROUGH MUSIC. OUR CLINICIANS REPORT THAT IN SOME CASES, THE ONLY TIME A PATIENT LAUGHS OR SMILES IS DURING A MUSIC THERAPY SESSION. WE ALSO FIND THAT MUSIC THERAPY IS AVAILABLE AT BOTH INPATIENT LOCATIONS AND IS ALSO ONE OF THE SERVICES WE OFFER THROUGH CALVARY@HOME. IN KEEPING WITH OUR MISSION TO SHARE OUR KNOWLEDGE AND EXPERIENCE WITH OTHERS, CALVARY OFFERS INTERNSHIP PROGRAMS IN THE FOLLOWING AREAS: SOCIAL WORK, bereavement, PALLIATIVE CARE AND MUSIC THERAPY, WHICH IS RECOGNIZED AS A NATIONAL CLINICAL TRAINING SITE BY THE AMERICAN MUSIC THERAPY ASSOCIATION. THROUGH ITS EDDIE HIGGINS SCHOLARSHIP PROGRAM, CALVARY HOSPITAL PROVIDES LEADERSHIP DEVELOPMENT AND TRAINING. THE EDDIE HIGGINS SCHOLARSHIP IS NAMED AFTER A CHERISHED MEMBER OF THE CALVARY FAMILY WHO CAME TO THE HOSPITAL AS A YOUNG BOY. EDDIE WAS HOSPITALIZED INTERMITTENTLY FOR 15 YEARS AT CALVARY UNTIL HIS DEATH IN 1982 AT THE AGE OF 29. EDDIE IS REMEMBERED FOR HIS LOVE OF GOD AND HIS REMARKABLE COURAGE DESPITE HIS ILLNESS. CALVARY HAS GIVEN THE ANNUAL SCHOLARSHIP SINCE 1985. CALVARY ALSO HOSTS AN ANNUAL MENTORS THROUGH MOURNING WORKSHOP, FREE OF CHARGE, FOR SCHOOL PROFESSIONALS TO EDUCATE THEM ON THE GRIEF PROCESS OF CHILDREN. ALSO OFFERED IS A 11 WEEK ANNUAL COURSE THAT WE CHARGE \$50/SESSION, which is offered in the Bronx and Brooklyn. Form 990, Part III, Line 4 - Bad Debt Footnote The Hospital's bad debt footnote is reported thusly in its audited financial statements: The Hospital recognizes patient service revenue associated with services provided to patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided (or on the basis of discounted rates, if negotiated or provided by policy). On the basis of historical experience, a significant portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Hospital records a significant provision for uncollectible accounts receivable related to uninsured patients in the period the services are provided. The Hospital also records a provision for uncollectible accounts to cover the estimated write-offs resulting from insured patients whose benefits are subsequently determined to have been exhausted during their hospitalization or whose coverage is denied by the insurer. insurer.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	<p>The methodology that Calvary Hospital employs to estimate its bad debt expense is captured in its audited financial statements. The footnote is reproduced below: Accounts receivable are reduced by an allowance for uncollectible accounts receivable. In evaluating the collectability of accounts receivable, the Hospital analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for uncollectible accounts receivable and provision for uncollectible accounts receivable. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for uncollectible accounts receivable. For receivables associated with services provided to patients who have third-party coverage, the Hospital analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for uncollectible accounts receivable, if necessary. For receivables associated with self-pay patients, the Hospital 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 the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for uncollectible accounts receivable. Part III, Line 5: Calvary Hospital does not traditionally treat the shortfall on its Medicare reimbursement as charity care and does not report it as such in its audited financial statements.</p> <p>PART III, LINE 7: CALVARY HOSPITAL INC. HAS REPORTED A SHORTFALL IN PART III SECTION B LINE 7. THE EXPENSES, REVENUES AND SHORTFALL REPORTED IN PART III LINES 5-7 WERE DEVELOPED FROM THE 2019 CALVARY HOSPITAL, INC. COST REPORTS FILED WITH THE NYS DOH AND NATIONAL GOVERNMENT SERVICES (MEDICARE INTERMEDIARY).</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>CALVARY HOSPITAL, INC.'S FINANCIAL ASSISTANCE POLICY CONTAINS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR FINANCIAL ASSISTANCE. CALVARY HOSPITAL'S COLLECTION POLICY IS THAT ALL REASONABLE EFFORTS WILL BE MADE BY PATIENT ACCOUNTS REPRESENTATIVES TO OBTAIN PAYMENT AND TO SETTLE PATIENT ACCOUNTS RECEIVABLE ON A CONSISTENT BASIS. THE PATIENT ACCOUNTING SYSTEM WILL BEAR ENTRIES OF SUCH ATTEMPTS, INCLUDING THE DATE AND THE REPRESENTATIVE'S INITIALS. ACCOUNTS RESISTING SETTLEMENT MAY BE REFERRED TO A COLLECTION AGENCY. Form 990, Schedule H, Part V, SECTION B, LINE 11: Calvary Hospital assessed the needs of the community through the lenses of the specialized services it is equipped to provide. The Joint Commissions Steering Committee and Quality Committees of the Board of Directors are responsible for evaluating the data and prioritizing the needs. Calvary Hospital used secondary and qualitative data to determine three top health issues based on capacity, resources, competencies, and needs specific to the populations it serves. All needs are a priority with palliative care services being the most significant need. These issues are within the hospitals scope, competency and resources to impact in a meaningful manner. Calvary Hospitals end of life palliative care is the worlds most comprehensive. For more than a century, it has been treating not only the physical pain, but has also been providing enormous emotional relief, to both the patient and the family. Calvary eliminates the stress and anxiety at a time when people are most vulnerable. The hospital identified three primary significant needs within its Community Needs Assessment: 1. Palliative Care Services 2. Bereavement Services 3. Palliative Care Provider Education The Hospitals Community Needs Assessment provides tremendous detail as to how the Hospital addresses these needs. Please refer to the Hospitals website at https://www.calvaryhospital.org/wp-content/uploads/2019/11/CH_CHNA_Brochure_FINAL-11-12-19-1.pdf</p> <p>Form 990, Schedule H, PART V, SECTION B, LINE 22D: The maximum amount that Calvary Hospital will charge FAP-eligible patients is 15% OF GROSS CHARGES; this reflects an amount that is BELOW OUR LOWEST PAYOR.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>CALVARY HOSPITAL IS THE ONLY FULLY ACCREDITED EXTENDED NEOPLASTIC DISEASE CARE HOSPITAL PROVIDING PALLIATIVE CARE FOR ADULT PATIENTS with advanced cancer and other life-limiting illnesses IN THE UNITED STATES. CalvaryCare may be obtained at our 200-bed Bronx campus or 25-bed Brooklyn campus. Through Calvary@Home, our care is also provided each day in hundreds of private homes, nursing and assisted living facilities in New York City, Westchester, Nassau, and Rockland counties. When home hospice patients are in need of short-term inpatient care, we can seamlessly transfer them to the Dawn Greene Hospice at Mary Manning Walsh Home in Manhattan and the Ozanam Hall of Queens Nursing Home. Calvary treats patients both inpatient and at-home through the Calvary @ home program. CALVARY HOSPITAL USES A VARIETY OF METHODS AND SERVICES TO GATHER COMMUNITY INPUT TO ASSESS THE NEEDS OF THE COMMUNITY, AND TO ASSURE INPUT IN THE COMMUNITY SERVICE PLAN. SOME OF THESE METHODS ARE: A. COMMUNITY OUTREACH SERVICES: COMMUNITY OUTREACH SERVICES FUNCTIONS AS A LIAISON WITH THE COMMUNITY, REFERRERS, PHYSICIANS, PATIENTS, AND FAMILIES AND FACILITATES ADMISSION TO CALVARY. THE DEPARTMENT OUTREACHES THROUGH THE TRI-STATE REGION AND EDUCATES THE HEALTH CARE AND PATIENT COMMUNITIES AS TO THE CONTINUUM OF SERVICES CALVARY PROVIDES (INPATIENT, Calvary @ Home). THROUGH ON-SITE VISITS, PUBLIC PRESENTATIONS AND PARTICIPATION IN COMMUNITY AND PROVIDER ACTIVITIES, THE OUTREACH STAFF CONTINUALLY ASSESSES THE NEEDS OF THE COMMUNITY. the bereavement department also facilitates a community outreach to educate mental health agencies and schools about grief and bereavement as well as provide support to agencies that are experiencing a death in their community B. PROFESSIONAL ADVISORY BOARD: THE PROFESSIONAL ADVISORY BOARD WAS ESTABLISHED IN 1992 TO OBTAIN INPUT FROM THE COMMUNITY. THE ADVISORY BOARD MEETS AT LEAST ANNUALLY AND IS COMPRISED OF PHYSICIANS, NURSES, AND SOCIAL WORKERS, REPRESENTING HOSPITALS, AND HOME CARE AGENCIES, AS WELL AS THE COMMUNITY. THIS GROUP HAS CONTRIBUTED A VARIETY OF IDEAS FOR ENHANCING SERVICES TO THE COMMUNITY. C. COMMUNITY PLANNING BOARD: EACH YEAR THE HOSPITAL INVITES THE HEALTH COMMITTEE OF COMMUNITY PLANNING BOARD *11 TO VISIT THE HOSPITAL. D. OUTREACH REPRESENTATION (OPEN HOUSE) FOR HEALTH CARE PROFESSIONALS: COMMUNITY OUTREACH HOSTS OPEN HOUSES AT BOTH THE BRONX AND BROOKLYN LOCATIONS TO PROVIDE INFORMATION TO AND RECEIVE INFORMATION FROM ITS REFERRERS. CALVARY HOSPITAL, INC. ALSO HAS PUBLIC PARTICIPATION IN THE EXTENDED. COMMUNITY THROUGH PARTICIPATION IN: - GREATER NEW YORK HOSPITAL ASSOCIATION - HOSPITAL ASSOCIATION OF NEW YORK STATE - AMERICAN HOSPITAL ASSOCIATION - NEW YORK CITY DEPARTMENT OF HEALTH - NEW YORK STATE DEPARTMENT OF HEALTH - CATHOLIC HEALTHCARE ASSOCIATION - CMS THROUGH ONGOING PARTICIPATION IN THE GROUPS ABOVE, CALVARY HOSPITAL CONTINUALLY MONITORS THE TRENDS IN THE HEALTHCARE NEEDS OF THE LARGER COMMUNITY. ALTHOUGH THE NATURE OF ITS SERVICES IS LIMITED BY ITS SPECIALIZED MISSION, CALVARY HAS IDENTIFIED A VARIETY OF ACTIVITIES TO PARTICIPATE IN IMPROVING THE HEALTH OF ITS EXTENDED COMMUNITY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3:	<p>EACH PERSON REQUESTING CALVARY'S SERVICES MUST BE MADE AWARE OF CALVARY'S UNCOMPENSATED (FREE) SERVICES OR DISCOUNTED SERVICES PROGRAM AS FOLLOWS: 1. DISTRIBUTE AN INDIVIDUAL NOTICE TO EACH PERSON WHO IS SEEKING SERVICES ON BEHALF OF HIMSELF OR ANOTHER. THIS NOTICE IS PASSED TO THE INDIVIDUAL USUALLY AT THE POINT OF ADMISSION OR REGISTRATION WHEN FINANCIAL ARRANGEMENTS ARE BEING DISCUSSED. THE "NOTICE OF AVAILABILITY OF UNCOMPENSATED (FREE) SERVICES OR DISCOUNTED SERVICES" IS UPDATED ANNUALLY. 2. POST SIGNS PROVIDED BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES CONSPICUOUSLY IN THE ADMITTING OFFICE, BUSINESS OFFICE, and Calvary @ Home AREAS. THE SIGNS ARE posted IN ENGLISH, SPANISH and russian. ADDITIONALLY, CALVARY HAS ACCESS TO A LANGUAGE TELEPHONE SERVICE and video service THAT ADDS over 240 ADDITIONAL LANGUAGES TO ENGLISH AND SPANISH.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>CALVARY HOSPITAL'S MAIN CAMPUS IS LOCATED IN THE BRONX, NY. THE BRONX IS CONSIDERED THE PRIMARY COMMUNITY FOR THE PURPOSES OF PUBLIC HEALTH PLANNING, AND 45% OF ITS EMPLOYEES RESIDE IN THE PRIMARY SERVICE AREA. IN ADDITION, AS A TERTIARY REFERRAL CENTER FOR ADVANCED DISEASE, CALVARY HOSPITAL SERVES THE ENTIRE TRI-STATE REGION. THE SECONDARY SERVICE IS DETERMINED BASED ON CURRENT REFERRAL PATTERNS. THE PRIMARY REFERRAL SOURCES FOR ADMISSIONS CONTINUE TO BE THE ACUTE CARE HOSPITALS. CURRENTLY 58.7% OF ADMISSIONS ARE REFERRED BY HOSPITALS LOCATED WITHIN THE BOROUGHES OF NEW YORK CITY, ROCKLAND, AND WESTCHESTER COUNTIES, LONG ISLAND, AND THE STATES OF NEW JERSEY AND CONNECTICUT. OTHER REFERRAL SOURCES ARE CALVARY @ Home AND OTHER HOME CARE AND HOSPICE AGENCIES, FAMILIES, PHYSICIANS, NURSING HOMES, AND COMMUNITY AGENCIES. IN 2001, CALVARY EXPANDED ITS SERVICES WITH THE OPENING OF CALVARY'S BROOKLYN CAMPUS, AT NYU LANGONE HOSPITAL - BROOKLYN. in 2014, Calvary @ Home established the Dawn Greene hospice at Mary Manning Walsh Home in Manhattan. In 2016, Calvary @ home began providing Calvary @ Home services to patients residing at the Ozanam Hall of Queens Nursing Home in Queens, New York.</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
PART VI, LINE 7	LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT: NY

Additional Data

Software ID:
Software Version:
EIN: 13-1740274
Name: CALVARY HOSPITAL INC

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

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>2</u>											
Name, address, primary website address, and state license number											
1	CALVARY HOSPITAL INC 1740 EASTCHESTER ROAD BRONX, NY 10461 CALVARYHOSPITAL.ORG	X								EXTENDED NEOPLASTIC DISEASE CARE	A
2	CALVARY HOSPITAL INC (BROOKLYN CAMP 1740 EASTCHESTER ROAD BRONX, NY 11220 CALVARYHOSPITAL.ORG	X								EXTENDED NEOPLASTIC DISEASE CARE	A

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CALVARY HOSPITAL INC

Employer identification number
13-1740274

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CALVARY HOLDING COMPANY INC 1740 EASTCHESTER ROAD BRONX, NY 10461	06-1531426	501(C)(3)	5,800				GENERAL SUPPORT

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

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

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

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

Return Reference	Explanation
PART II	Calvary Hospital does not typically make grants to other organizations; however, in 2019, the Hospital made a grant of \$5,800 to its parent organization, Calvary Holding Company, Inc. to reimburse it for expenses incurred on behalf of the hospital. The Hospital does not monitor the use of these grant funds as the issuance of the grant is solely to reimburse expenses already incurred.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization CALVARY HOSPITAL INC		Employer identification number 13-1740274

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"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<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	No
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	Yes
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 checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<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	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	EFFECTIVE JUNE 1, 1998, THE HOSPITAL ESTABLISHED THE CALVARY HOSPITAL SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) TO PROVIDE PENSION BENEFITS FOR WAGES EARNED BY CERTAIN PHYSICIANS AND SENIOR EXECUTIVE STAFF WITH COMPENSATION IN EXCESS OF THE IRS LIMITS AND ALSO ESTABLISHED THE CALVARY HOSPITAL KEY EMPLOYEE SHARE OPTION PLAN(KEYSOP) TO PROVIDE ADDITIONAL AND ALTERNATIVE FORMS OF COMPENSATION TO KEY EMPLOYEES. PRIOR TO 2002, THE HOSPITAL UTILIZED THE KEYSOP TO FUND THE SERP. AS A RESULT OF THE IRS 457 REGULATIONS WHICH WERE ISSUED DURING 2002, THE UTILIZATION OF THE KEYSOP TO FUND THE SERP BECAME UNFEASIBLE. AFTER CONSIDERATION OF VARIOUS REPLACEMENT OPTIONS, IN 2003, CALVARY HOSPITAL CHOSE THE TAX GROSS-UP OPTION, WHEREBY, INDIVIDUAL PARTICIPANTS' DEFERRALS WOULD BE GROSSED-UP TO DUPLICATE THE BENEFITS HE WOULD RECEIVE IN A TAX-DEFERRED ARRANGEMENT AND PAID THEM OUT DIRECTLY TO THE PARTICIPANTS. THE FOLLOWING EXECUTIVES RECEIVED TAX GROSS-UP PAYMENTS IN 2019 IN ORDER TO DUPLICATE A TAX DEFERRED VEHICLE: (THE AMOUNTS WERE CALCULATED BY FRANK J. WALTERS ASSOCIATES, INC. UTILIZING EXPECTED TAX RATES TO CALCULATE THE NET AMOUNTS.) Andrew Greco, chief financial officer, received a gross-up for taxes on his SERP distribution and for dependent tuition reimbursement. The tax gross-up is reported in Schedule J, Part II, column (b)(iii). THE ORGANIZATION PROVIDED SOCIAL CLUB DUES IN 2019 FOR FRANK CALAMARI AND THE DUES WERE INCLUDED AS TAXABLE COMPENSATION.
PART I, LINE 4B	THE FOLLOWING CALVARY HOSPITAL OFFICERS PARTICIPATE IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AND RECEIVED THE FOLLOWING DISTRIBUTIONS(WHICH ARE INCLUDED IN COLUMN (B)(III) OTHER REPORTABLE COMPENSATION: FRANK CALAMARI - \$73,198.00 MICHAEL BRESCIA - 23,445.00 Andrew Greco- \$15,886.00 Scott P. La Rue participated in a supplemental nonqualified retirement plan. Catholic Health Care System D/B/A Archcare distributed \$121,792 to Scott in his 2019 W-2.
PART I, LINE 7	Calvary Hospital engaged the services of an independent compensation consulting firm that specializes in healthcare executive compensation to design its executive incentive compensation plan. As part of the Plan, the Calvary Executive Team develops a number of strategic goals that executives must meet to participate in the incentive program; these goals are then reviewed and approved annually by the Compensation Committee of the Board. At year end, Calvarys CEO presents the results from the previous year in terms of which goals were achieved by the Executive Team. The Compensation Committee of the Board then convenes with independent compensation consulting firm to determine and approve the bonuses that are distributed to each executive.

Additional Data

Software ID:
Software Version:
EIN: 13-1740274
Name: CALVARY HOSPITAL INC

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				
1Michael J Brescia MD Executive Medical Director	(i)	422,987	54,272	90,632	28,000	7,560	603,451	23,445
	(ii)	0	0	0	0	0	0	0
1Frank A Calamari President/Executive Director	(i)	512,689	67,673	186,861	28,000	11,083	806,306	73,198
	(ii)	0	0	0	0	0	0	0
2Andrew V Greco VICE PRESIDENT & cfo	(i)	303,651	39,367	147,884	28,000	31,043	549,945	15,886
	(ii)	0	0	0	0	0	0	0
3Scott P La rue PRESIDENT/CEO of archcare	(i)	0	0	0	0	0	0	0
	(ii)	868,515	255,814	121,792	312,660	25,784	1,584,565	255,814
4Christoper Comfort MD COO (AS OF 07/2019)	(i)	375,689	43,238	36,956	28,000	18,058	501,941	0
	(ii)	0	0	0	0	0	0	0
5Margaret pelkowski vp for patient care service	(i)	224,224	0	5,825	23,077	10,489	263,615	0
	(ii)	0	0	0	0	0	0	0
6NANCY D'AGOSTINO RN VP OF COMMUNITY PATIENT SVCS	(i)	254,342	0	14,256	27,462	21,468	317,528	0
	(ii)	0	0	0	0	0	0	0
7SREENIVASA PATIBANDLA MD STAFF PHYSICIAN	(i)	208,045	0	199,507	28,000	0	435,552	0
	(ii)	0	0	0	0	0	0	0
8ROBERT BRESCIA MD DIR., PALLIATIVE CARE INST.	(i)	328,362	43,240	25,207	28,000	7,560	432,369	0
	(ii)	0	0	0	0	0	0	0
9DEVMANI JAITLEY MD ATTENDING PHYSICIAN	(i)	247,745	0	402,116	28,000	15,358	693,219	0
	(ii)	0	0	0	0	0	0	0
10GAIL CHRZANOWSKI MD ATTENDING PHYSICIAN	(i)	316,997	0	24,871	28,000	10,488	380,356	0
	(ii)	0	0	0	0	0	0	0
11ROBERT SIEGEL MD MEDICAL DIRECTOR(AS OF 7/2019)	(i)	132,692	0	5,795	0	31,042	169,529	0
	(ii)	0	0	0	0	0	0	0
12RACHELLE PARKER MD DIRECTPR INPATIENT SERVICES	(i)	279,724	0	38,188	28,000	10,488	356,400	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
CALVARY HOSPITAL INC

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-1740274

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6:	Pursuant to Calvary Hospitals bylaws, Catholic Health Care System ("archcare") is its sole corporate member.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A:	Calvary Hospital is a full participating member of Catholic Health Care System ("archcare"), a health care delivery system in New York State. The Calvary Hospital bylaws reserve certain rights to Catholic Health System as the sole member. One of those rights, in Article IV, is the power to appoint and remove board members (as well as the Chairman of the Board).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B:	<p>Providence Health Services is the sole member of Catholic Health Care System ("Archcare"), which is, in turn, sole member of Calvary Hospital. Providence is the sponsor of Calvary Hospital (and its related entities) and as such has been reserved certain powers in Calvary Hospitals bylaws, exercised in conjunction with recommendations made by Calvary Health Care System (as sole corporate member). These powers are as follows: 1. Right to amend bylaws; 2. Right to change Calvary Hospitals mission; 3. Right to approve any merger, joint venture, or dissolution of the Fund; 4. Approval with respect to certain real property transactions exceeding \$400,000; 5. Approval of any leases expected to exceed a period of 9 years; 6. Approval of the Fund entering into any debt instruments in an amount greater than \$400,000; 7. Approval on the disposition of any significant historical artifacts. As noted above, the sole member, Catholic Health Care System has been reserved the right to make recommendations to Providence about any of the above actions.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11:	THE 2019 FORM 990 OF CALVARY HOSPITAL WAS PREPARED BY Grant Thornton LLP WITH THE ASSISTANCE OF CALVARY ACCOUNTING PERSONNEL. THE DRAFT FORM 990 WAS REVIEWED BY Grant Thornton LLP, THE DIRECTOR OF FINANCE AND the CFO OF CALVARY HOSPITAL BEFORE DISTRIBUTION OF THE FULL VERSION OF THE FINAL DRAFT TO THE board. A COPY OF THE FORM 990 DRAFT WAS PROVIDED TO EACH MEMBER OF THE CALVARY HOSPITAL BOARD OF DIRECTORS ON OCTOBER 27, 2020 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE IN ELECTRONIC FORMAT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C:	EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE IS REQUIRED TO ANNUALLY DISCLOSE ANY CONFLICTS OF INTEREST THAT ARISE BY VIRTUE OF THEIR EMPLOYMENT AND POSITION WITH CALVARY HOSPITAL OR CALVARY FUND. CALVARY MONITORS COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY THROUGH AN ANNUAL QUESTIONNAIRE SUBMITTED TO THESE INDIVIDUALS. POTENTIAL CONFLICTS ARE INVESTIGATED IMMEDIATELY AND, IF ANY ARE UNCOVERED, THERE ARE POLICIES IN PLACE TO ENSURE THAT THOSE INDIVIDUALS RECUSE THEMSELVES FROM PARTICIPATING in any decision making related to such conflict.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15:	<p>CALVARY HOSPITAL, INC. UNDERTAKES A RIGOROUS PROCESS TO ENSURE THAT THE EXECUTIVE COMPENSATION IT PAYS TO ITS TOP MANAGEMENT OFFICIALS AND ALL OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS REASONABLE. IN RELEVANT PART, THE BOARD OF DIRECTORS HAS ESTABLISHED A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT PERSONS THAT HAVE NO PERSONAL INTEREST IN THE PROPOSED COMPENSATION ARRANGEMENT. THE BOARD OF DIRECTORS USES AN INDEPENDENT COMPENSATION CONSULTANT TO HELP ADVISE ON THE APPROPRIATE COMPENSATION LEVELS FOR THE AFOREMENTIONED INDIVIDUALS. THAT COMPENSATION CONSULTANT WILL USE COMPARABILITY OR BENCHMARKING DATA (BASED ON INDUSTRY SURVEYS) THAT DOCUMENTS THE COMPENSATION OF PERSONS HOLDING SIMILAR POSITIONS IN SIMILAR ORGANIZATIONS. The Hospital commissioned its most recent independent compensation study in February of 2020. ONCE THE COMPENSATION CONSULTANT HAS MADE ITS RECOMMENDATIONS, THE CALVARY COMPENSATION COMMITTEE MUST APPROVE THE COMPENSATION, WITHOUT INPUT OR VOTING PARTICIPATION BY THE PERSON WHOSE COMPENSATION IS BEING APPROVED OR BY ANY OTHER INDIVIDUAL WITH A CONFLICT OF INTEREST. THE FINAL DETERMINATION IS THEN DOCUMENTED IN COMMITTEE MINUTES. THOSE MINUTES WILL CONTAIN THE TERMS OF THE PROPOSED COMPENSATION, THE DECISIONS OF THOSE INDIVIDUALS WHO VOTED ON THE COMPENSATION, AND THE COMPARABILITY DATA THAT WAS RELIED UPON.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19:	CALVARY HOSPITAL MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY AT THE ADDRESS LISTED ON PAGE 1 OF THIS RETURN. ANY INDIVIDUAL REQUESTING A COPY OF THESE DOCUMENTS IS PROVIDED THAT COPY ON THE SAME BUSINESS DAY. THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF CALVARY FUND, INC.....\$4,904,400 Pen sion related adjustment.....\$(3,828,100) TOTAL TO FORM 990, PART XI, LINE 9\$ 1,076,300

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
CALVARY HOSPITAL INC

Employer identification number
13-1740274

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CALVARY PALLIATIVE CARE NETWORK LLC 1740 EASTCHESTER ROAD Bronx, NY 10461	HEALTHCARE	NY		0	CHC
(2) CALVARY NETWORK INDep PRACTICE ASSN 1740 EASTCHESTER ROAD Bronx, NY 10461	HEALTHCARE	NY		0	CPCN
(3) CALVARY NETWORK MANAGEMENT SERVICES LLC 1740 EASTCHESTER ROAD Bronx, NY 10461	HEALTHCARE	NY		0	CHC

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)CALVARY FUND INC 1740 EASTCHESTER ROAD Bronx, NY 10461 13-3259649	FUNDRAISING	NY	501(C)(3)	12A	CHC		No
(2)CALVARY HOLDING COMPANY 1740 EASTCHESTER ROAD Bronx, NY 10461 06-1531426	MANAGEMENT	NY	501(C)(3)	12A	archcare		No
(3)ARCHCARE 155 EAST 56TH STREET FLOOR 2 NEW YORK, NY 10022 13-3896624	management	NY	501(C)(3)	1	NA		No

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
Part I, Line 1 & 3, Column (f):	CHC - Calvary Holding Company Part I, Line 2, Column (f): CPCN - Calvary Palliative Care Network, Inc.

Return Reference	Explanation
Part II, Line 2, Column (f):	CHCS - Catholic Health Care System