

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization: **EPHRATA COMMUNITY HOSPITAL**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **PO BOX 2767**
 City or town, state or province, country, and ZIP or foreign postal code: **YORK, PA 17405**

D Employer identification number: **23-1370484**

E Telephone number: **(717) 851-3055**

F Name and address of principal officer:
Roxanna Gapstur
PO Box 2767
York, PA 174052767

G Gross receipts \$ **226,536,634**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

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

J Website: ▶ **WWW.WELLSPAN.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1940 **M** State of legal domicile: **PA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 The Ephrata Community Hospital is a tax exempt organization dedicated to providing preventive, primary, acute care, diagnostic and rehabilitative services.

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 | 9 |
| 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) | 5 | 1,381 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 165 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 397,997 |
| 7b Net unrelated business taxable income from Form 990-T, line 39 | 7b | 1,692 |

| | Prior Year | Current Year |
|---|-------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 962,694 | 5,492,886 |
| 9 Program service revenue (Part VIII, line 2g) | 227,289,219 | 218,144,990 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,499,971 | 1,409,255 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 376,912 | 327,921 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 230,128,796 | 225,375,052 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 14,632,000 | 15,647,750 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 78,716,811 | 84,792,491 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 361,239 | | |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 135,301,079 | 141,383,220 |
| 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 228,649,890 | 241,823,461 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,478,906 | -16,448,409 |

| | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 153,388,188 | 154,855,390 |
| 21 Total liabilities (Part X, line 26) | 92,079,198 | 110,821,578 |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 61,308,990 | 44,033,812 |

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: **2021-05-14**

Laura Buczkowski CFO
Type or print name and title

Paid Preparer Use Only

| | | | | |
|--|----------------------|------|---|----------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P01871563 |
| Firm's name ▶ WellSpan Health | | | Firm's EIN ▶ 13-5381590 | |
| Firm's address ▶ 3350 WHITEFORD ROAD YORK, PA 17402 | | | Phone no. (703) 893-0600 | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of the Ephrata Community Hospital: 1) To assure community access to health care services that are high in quality, compassionate and cost-effective. 2) To partner with employees, physicians, volunteers, and other health care organizations to meet the health care needs of the communities we serve. 3) To combine advanced medical technology with professional, personalized care.

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 \$ 188,144,106 including grants of \$ 15,647,750) (Revenue \$ 218,334,791)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 188,144,106

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 16 main rows (2a-16) and sub-rows (a, b, c, d, e, f, g, h). Columns include question text, a numeric column (2a-7d), and Yes/No columns. Row 2a contains the value 1,381. Row 7d contains the value 0.

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



Section A. Governing Body and Management

Table with 5 main rows (1a-9) and 3 columns (Description, Line Number, Yes, No). Row 1a: 16 voting members. Row 1b: 9 independent members. Rows 2-9: Various governance questions with Yes/No responses.

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

Table with 10 main rows (10a-16b) and 3 columns (Description, Line Number, Yes, No). Rows 10a-16b: Detailed policy questions regarding chapters, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: PA
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: DAVID P RIZZUTO 3350 WHITEFORD ROAD YORK, PA 174029081 (717) 851-3055

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

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

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

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

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

List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes a row for 'See Additional Data Table'.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
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|---|--|--|--|--|--|-----------|-----------|-----------|
| 1b Sub-Total | | | | | | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | | | | | | |
| 1d Total (add lines 1b and 1c) | | | | | | 2,007,530 | 7,396,069 | 3,329,808 |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **56**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| American HealthCare Svcs 10126 Cherry Bend Traverse City, MI 49684 OnSite NeonatalPC | Staffing services | 967,042 |
| 1000 Haddonfield-Berlin Rd Voorhees, NJ 08047 Quest Diagnostics | NICU Physicians | 704,000 |
| PO Box 912512 Pasadena, CA 911012512 ABM Healthcare | Lab Services | 525,226 |
| PO Box 74008829 Chicago, IL 606748829 TransTime Express | Valet services | 486,625 |
| 11820 Parklawn Drive Rockville, MD 20852 | Delivery Services | 502,299 |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **15**

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | 503,964 | | |
| | e Government grants (contributions) | 1e | 4,604,221 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 384,701 | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | | | |
| | h Total. Add lines 1a-1f | | 5,492,886 | | |

| Program Service Revenue | | | (A) | (B) | (C) | (D) |
|---|--|---------------|-------------|-------------|---------|-----|
| | | Business Code | | | | |
| 2a EHR Incentive Program(MU) | | 621500 | 271,330 | 271,330 | | |
| b Patient Services | | 621500 | 241,112,398 | 240,729,363 | 383,035 | |
| c W/O - Bad Debts | | 621990 | -18,238,738 | -18,238,738 | | |
| d W/O - Free Service | | 621990 | -5,000,000 | -5,000,000 | | |
| e | | | | | | |
| f All other program service revenue. | | | | | | |
| g Total. Add lines 2a-2f. | | | 218,144,990 | | | |

| | | | | | | | |
|--|--|---|----------------|-------------|---------|-----------|----------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 1,407,772 | | | 1,407,772 | |
| | 4 Income from investment of tax-exempt bond proceeds | | 0 | | | | |
| | 5 Royalties | | 0 | | | | |
| | 6a Gross rents | | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | 6a | 399,248 | | | | |
| | | b Less: rental expenses | 6b | 799,557 | | | |
| | c Rental income or (loss) | 6c | -400,309 | | | | |
| | d Net rental income or (loss) | | | -400,309 | | | -400,309 |
| | 7a Gross amount from sales of assets other than inventory | | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | 7a | 361,914 | 1,594 | | | |
| | | b Less: cost or other basis and sales expenses | 7b | 362,025 | | | |
| | c Gain or (loss) | 7c | -111 | 1,594 | | | |
| | d Net gain or (loss) | | | 1,483 | | | 1,483 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | |
| | b Less: direct expenses | 8b | | | | | |
| | c Net income or (loss) from fundraising events | | | 0 | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| c Net income or (loss) from gaming activities | | | 0 | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a Cafeteria/Cafe | | 722210 | 432,821 | | | 432,821 | |
| b Other Revenue | | 900099 | 108,089 | 108,089 | | | |
| c Work First | | 621300 | 40,570 | 40,570 | | | |
| d All other revenue | | | 146,750 | 41,142 | 14,962 | 90,646 | |
| e Total. Add lines 11a-11d | | | 728,230 | | | | |
| 12 Total revenue. See instructions | | | 225,375,052 | 217,951,756 | 397,997 | 1,532,413 | |

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 | 15,647,750 | 15,647,750 | | |
| 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 | 814,384 | 814,384 | | |
| 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 | 60,297,233 | 53,091,704 | 7,205,529 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 2,608,695 | 2,218,876 | 389,819 | |
| 9 Other employee benefits | 16,471,932 | 14,489,584 | 1,982,348 | |
| 10 Payroll taxes | 4,600,247 | 4,057,843 | 542,404 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 27,503,956 | | 27,503,956 | |
| b Legal | 42,935 | 42,935 | | |
| c Accounting | 55,578 | 55,578 | | |
| d Lobbying | 0 | | | |
| 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) | 40,218,757 | 39,230,171 | 988,586 | |
| 12 Advertising and promotion | 9,314 | 6,814 | 2,500 | |
| 13 Office expenses | 620,891 | 620,891 | | |
| 14 Information technology | 8,448,928 | | 8,448,928 | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 1,912,150 | 1,643,358 | 268,792 | |
| 17 Travel | 147,419 | 112,856 | 34,563 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 58,562 | 46,864 | 11,698 | |
| 20 Interest | 2,391,282 | 2,391,282 | | |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 8,937,249 | 8,937,249 | | |
| 23 Insurance | 1,434,429 | 7,861 | 1,426,568 | |
| 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 Supplies | 35,836,941 | 35,529,843 | 307,098 | |
| b Repair & Maintenance | 5,041,180 | 3,294,826 | 1,746,354 | |
| c Taxes & Licenses | 4,175,952 | 3,927,462 | 248,490 | |
| d Utilities | 2,342,441 | 644,711 | 1,697,730 | |
| e All other expenses | 2,205,256 | 1,331,264 | 512,753 | 361,239 |
| 25 Total functional expenses. Add lines 1 through 24e | 241,823,461 | 188,144,106 | 53,318,116 | 361,239 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|------------------------|
| Assets | 1 Cash—non-interest-bearing | 5,834 | 1 | 5,972 |
| | 2 Savings and temporary cash investments | 5,100,556 | 2 | 5,267,153 |
| | 3 Pledges and grants receivable, net | 133,900 | 3 | 205,650 |
| | 4 Accounts receivable, net | 30,062,873 | 4 | 23,845,733 |
| | 5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | 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) | | 6 | 0 |
| | 7 Notes and loans receivable, net | 932,583 | 7 | 793,703 |
| | 8 Inventories for sale or use | 3,133,218 | 8 | 3,336,203 |
| | 9 Prepaid expenses and deferred charges | 397,137 | 9 | 164,672 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 227,336,118 | | |
| | b Less: accumulated depreciation | 10b 118,107,789 | 101,793,807 | 10c 109,228,329 |
| | 11 Investments—publicly traded securities | 14,874 | 11 | 0 |
| | 12 Investments—other securities. See Part IV, line 11 | 41,151 | 12 | 0 |
| | 13 Investments—program-related. See Part IV, line 11 | | 13 | 0 |
| | 14 Intangible assets | | 14 | 5,103,164 |
| | 15 Other assets. See Part IV, line 11 | 11,772,255 | 15 | 6,904,811 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 153,388,188 | 16 | 154,855,390 | |
| Liabilities | 17 Accounts payable and accrued expenses | 4,747,633 | 17 | 5,099,748 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 3,589,370 | 19 | 22,771,374 |
| | 20 Tax-exempt bond liabilities | 67,103,739 | 20 | 64,776,423 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 246,660 | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D | 16,391,796 | 25 | 18,174,033 |
| | 26 Total liabilities. Add lines 17 through 25 | 92,079,198 | 26 | 110,821,578 |
| 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 | 55,772,179 | 27 | 38,317,754 |
| | 28 Net assets with donor restrictions | 5,536,811 | 28 | 5,716,058 |
| | 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 | 61,308,990 | 32 | 44,033,812 | |
| 33 Total liabilities and net assets/fund balances | 153,388,188 | 33 | 154,855,390 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 225,375,052 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 241,823,461 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -16,448,409 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 61,308,990 |
| 5 | Net unrealized gains (losses) on investments | 5 | -511,295 |
| 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 | -315,474 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 44,033,812 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | Yes | |
| 3b | Yes | |

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 23-1370484
Name: EPHRATA COMMUNITY HOSPITAL

Form 990 (2019)

Form 990, Part III, Line 4a:

Ephrata Community Hospital is an acute care hospital providing care for residents of northern Lancaster County and surrounding communities. For the fiscal year that ended June 30, 2016, program services included 7167 inpatient acute, sub-acute, behavioral health, acute rehab and newborn admissions, for a total of 27,788 patient bed days. Additionally, outpatient services included imaging studies (x-ray, ultrasound, MRI, CT, mammography), lab testing, physical, occupational and speech therapy, non-invasive cardiology procedures including echocardiograms and EKG's, behavioral health counseling, radiation and medical oncology, emergency department visits, prenatal care through our healthy beginnings plus. See WellSpan Health - 2020 Community Benefit Report located at <https://www.wellspan.org/about/wellspan-in-the-community/>

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 | | | |
| Kevin Mosser Former CEO WSH | 0.00 0.00 | | | | | | | 0 | 1,583,936 | 1,630,258 |
| John M Porter Jr Former President | 0.00 40.00 | | | | | | | 0 | 1,314,301 | 367,603 |
| Roxanna Gapstur Pres & CEO-WSH | 1.00 40.00 | X | | X | | | | 0 | 1,292,495 | 177,068 |
| Michael F O'Connor CFO-WellSpan | 1.00 40.00 | | | X | | | | 0 | 831,632 | 330,778 |
| Douglas Arbittier MD Director | 1.00 40.00 | X | | | | | | 0 | 958,001 | 170,129 |
| Carrie Willetts President | 40.00 0.00 | | | X | | | | 702,300 | 0 | 112,084 |
| Ill Chon VP-Med Affairs | 40.00 0.00 | | | | | | | 384,827 | 0 | 63,793 |
| Lloyd G Goldfarb MD Dir. end 10/19 | 1.00 40.00 | X | | | | | | 0 | 372,738 | 57,868 |
| Jeffrey Keyser DO Director | 1.00 40.00 | X | | | | | | 0 | 332,806 | 52,732 |
| Joseph Degenhard MD Director | 1.00 40.00 | X | | | | | | 0 | 300,906 | 60,508 |

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 | | | |
| Robert Ortmyer VP-Operations | 40.00 0.00 | | | | | | | 276,254 | 0 | 57,295 |
| Tina Citro VP-Patient Service | 40.00 0.00 | | | | | | | 248,545 | 0 | 52,050 |
| Bashirat Giwa MD Dir. beg. 11/19 | 1.00 40.00 | X | | | | | | 0 | 238,228 | 57,163 |
| Steven Thomas Direct.-Pharm Care | 40.00 0.00 | | | | | | | 199,311 | 0 | 54,583 |
| Lauren Fund Manager-Pharm | 40.00 0.00 | | | | | | | 196,293 | 0 | 35,468 |
| David Kreider Treasurer | 1.00 40.00 | X | | X | | | | 0 | 171,026 | 50,428 |
| R Fred Groff III Dir. end 10/19 | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| William C Funk DMD Chair end 10/19 | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| Leon Ray Burkholder Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Carrie Evans Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| P Joshua Gluck Vice Chair | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| Aaron L Groff Jr Tres end 10/19 | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| Jeffrey Musser DO Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Reyna Britton Secretary | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| Richard Broadbent Director | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Meredith Dahl Dir.beg 11/19 | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Linda H Weaver Chair beg 11/19 | 1.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| Patrick Glavce Dir beg 11/19 | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| Jeffrey Stauffer Dir. beg 11/19 | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

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
EPHRATA COMMUNITY HOSPITAL

Employer identification number
23-1370484

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . . | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge.. | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4. . . | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on. . . | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|------------|---|-----------|--|
| 14 | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2018 Schedule A, Part II, line 14 | 15 | |
| 16a | 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a | 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| b | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c | Add lines 7a and 7b. | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6. | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c | Add lines 10a and 10b. | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|--------------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|--|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
|--|---|---|--|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 23-1370484

Name: EPHRATA COMMUNITY HOSPITAL

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶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 EPHRATA COMMUNITY HOSPITAL | Employer identification number 23-1370484 |
|--|--|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals (b) Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

| | |
|--|--|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 12,915 |
| j Total. Add lines 1c through 1i | | | 12,915 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | No | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Part II-B, Line 1i - Other Activities Description | A portion of the dues paid to the Hospital Association of Pennsylvania and the American Hospital Association include lobbying (\$6,842 and \$6,073). |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
EPHRATA COMMUNITY HOSPITAL

Employer identification number
23-1370484

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- 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 | 5,536,811 | 5,279,246 | 5,380,692 | 4,133,170 | 4,116,977 |
| b Contributions | 572,485 | 886,687 | 774,279 | 1,506,873 | 401,491 |
| c Net investment earnings, gains, and losses | -23,658 | -8,761 | 328 | 21,321 | -34,125 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 369,580 | 620,361 | 876,053 | 280,672 | 351,173 |
| f Administrative expenses | | | | | |
| g End of year balance | 5,716,058 | 5,536,811 | 5,279,246 | 5,380,692 | 4,133,170 |

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 ▶ 11.480 %
- c** Temporarily restricted endowment ▶ 88.520 %

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) | Yes | |
| 3b | Yes | |

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 | | 1,528,030 | | 1,528,030 |
| b Buildings | | 135,518,939 | 56,783,132 | 78,735,807 |
| c Leasehold improvements | | 9,221,294 | 7,469,158 | 1,752,136 |
| d Equipment | | 77,132,029 | 53,855,499 | 23,276,530 |
| e Other | | 3,935,826 | | 3,935,826 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 109,228,329 |

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|-------------------|
| (1) Federal income taxes | |
| (2) Accrd Payroll W/H | 274,600 |
| (3) Accrued Payroll | 1,834,628 |
| (4) Accrued Vacation | 3,623,562 |
| (5) Capital Lease Obligation | 5,051,960 |
| (6) Due to Affiliates | 5,974,034 |
| (7) Total Other Noncurrent Liabili | 1,415,249 |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 18,174,033 |

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 | 225,318,818 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | | -487,637 |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | -487,637 |
| 3 | Subtract line 2e from line 1 | | 3 | 225,806,455 |
| 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 | | -431,403 |
| c | Add lines 4a and 4b | | 4c | -431,403 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 225,375,052 |

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 | 227,378,778 |
| 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 | 227,378,778 |
| 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 | | 14,444,683 |
| c | Add lines 4a and 4b | | 4c | 14,444,683 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 241,823,461 |

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 | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 23-1370484

Name: EPHRATA COMMUNITY HOSPITAL

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Part V, Line 4: Intended uses of the endowment fund. | The funds are to be used to improve the health and welfare of the patients of Ephrata Community Hospital. |

Supplemental Information

| Return Reference | Explanation |
|-------------------------|--|
| Part X : FIN48 Footnote | <p>In June 2006, the Financial Accounting Standards Board (FASB) issued Interpretation No. 48, Accounting for Uncertainty in Income Taxes-an interpretation of FASB Statement No. 109, Accounting for Income Taxes (FIN 48), which creates a single model to address uncertainty in tax positions and clarifies the accounting for income taxes by prescribing the minimum recognition threshold a tax position is required to meet before being recognized in the financial statements. Under the requirements of FIN 48, tax-exempt organizations could now be required to record an obligation as a result of a tax position they have historically taken or various tax exposure items. Prior to FIN 48, the determination of when to record a liability for tax exposure was based on whether a liability was considered probable and reasonably estimable in accordance with SFAS No. 5, Accounting for Contingencies. On July 1, 2007, the parent company, WellSpan Health, adopted FIN 48. WellSpan Health determined that it does not have any uncertain tax positions through June 30, 2020.</p> |

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Part XII, Line 4b: Other revenue amounts included on 990 but not included in F/S | Revenue netted against Expense \$-1055317 Grant-WellSpan Medical Group \$15500000 |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
EPHRATA COMMUNITY HOSPITAL

Employer identification number
23-1370484

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| Central America and Carriibbean | 0 | 0 | Investment | | 315,010 |
| | | | | | |
| | | | | | |
| | | | | | |
| 3a Sub-total | | | | | 315,010 |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 315,010 |

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

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

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|---|--|--|
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Part IV Foreign Forms

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

Part V Supplemental Information

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

| ReturnReference | Explanation |
|-----------------|-------------|
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 EPHRATA COMMUNITY HOSPITAL

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.**

Employer identification number
 23-1370484

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|---|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | Yes | |
| 1b If "Yes," was it a written policy? | Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>30000.0000000 %</u> | Yes | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | Yes | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | | No |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | | No |
| 6a Did the organization prepare a community benefit report during the tax year? | Yes | |
| b If "Yes," did the organization make it available to the public? | Yes | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | 1 | 1,298 | 1,453,201 | | 1,453,201 | 0.600 % |
| b Medicaid (from Worksheet 3, column a) | 1 | 24,020 | 30,128,166 | 16,679,460 | 13,448,706 | 5.560 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | 2 | 25,318 | 31,581,367 | 16,679,460 | 14,901,907 | 6.160 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 12 | 16,709 | 1,275,847 | 165,482 | 1,110,365 | 0.460 % |
| 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) | 5 | 129 | 213,829 | | 213,829 | 0.090 % |
| j Total. Other Benefits | 17 | 16,838 | 1,489,676 | 165,482 | 1,324,194 | 0.550 % |
| k Total. Add lines 7d and 7j | 19 | 42,156 | 33,071,043 | 16,844,942 | 16,226,101 | 6.710 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | 1 | | 128,500 | | 128,500 | 0.050 % |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | 1 | 4,220 | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | 1 | 81 | 208,792 | | 208,792 | 0.090 % |
| 9 Other | | | | | | |
| 10 Total | 3 | 4,301 | 337,292 | | 337,292 | 0.140 % |

Part III Bad Debt, Medicare, & Collection Practices

| | | Yes | No |
|---|---------------|--------|----|
| Section A. Bad Debt Expense | | | |
| 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 5,300,912 | | |
| 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 71,562 | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |
| Section B. Medicare | | | |
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 60,704,083 | | |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 77,229,423 | | |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 -16,525,340 | | |
| 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 | | | | |
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| 12 | | | | |
| 13 | | | | |

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

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

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

1

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

| | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

| | | Yes | No |
|--|--|-----|----|
| Community Health Needs Assessment | | | |
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | No |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | | No |
| 3 | During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u> | | |
| 5 | In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | Yes | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | Yes | |
| b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C. | Yes | |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | Yes | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.wellspan.org</u> | | |
| b | <input type="checkbox"/> Other website (list url): _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | Yes | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>18</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>http://www.wellspan.org</u> | Yes | |
| 10b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | Yes | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a | Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | | No |
| 12b | If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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: | 13 | Yes |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300.0000</u> % and FPG family income limit for eligibility for discounted care of <u>350.0000</u> % | | |
| b | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input checked="" type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 | Yes |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 | Yes |
| a | <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 checked="" 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): | 16 | Yes |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://www.wellspan.org</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>http://www.wellspan.org</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>http://www.wellspan.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 checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input checked="" type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|-----------|---|-----|-----|
| 17 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | 17 | Yes |
| 18 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |
| 19 | Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) | 19 | No |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply): a <input 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? If "No," indicate why: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C) | 21 | Yes |
|-----------|---|----|-----|

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 23 | | No |
| 24 | | No |

Part V Facility Information *(continued)*

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

| Form and Line Reference | Explanation |
|-------------------------|-------------|
| See Add'l Data | |
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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 See Additional Data Table | |
| 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 - Charity Care Eligibility Criteria (FPG Is Not Used) | Patients 401% of poverty level and greater do not qualify for financial assistance. Patients/guarantors who complete an application for Financial Assistance whose gross income falls between 351-400% of the FPL level and meet all other Financial Assistance qualifications (MAP 118) will be eligible for a 40% discount of self-pay balances. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Part I, Line 6a - Related Organization Community Benefit Report | Community Benefit Information is included in the Community Benefit Report for WellSpan Health. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Part III, Line 2 - Methodology Used To Estimate Bad Debt Expense | The number was calculated using the cost to charge ratio factor applied against actual patient bad debt write-offs. These numbers are included after all efforts have been exhausted to determine if the patient meets our charity care write-off policy based on federal poverty levels. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part III, Line 3 - Methodology of Estimated Amount & Rationale for Including in Community Benefit | The estimate of bad debt attributable to charity care policy was calculated by dividing the bad debt amount that was originally coded bad debt but later found to qualify as charity care by the amount coded to the charity care write-off codes. This ratio is applied to the bad debt cost factor expense. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------------------|--|
| Part III, Line 4 - Bad Debt Expense | Ephrata Community Hospital provides an allowance for doubtful accounts for estimated losses resulting from the unwillingness or inability of patients to make payments for services. The allowance is determined by analyzing specific accounts and historical data and trends. Patient accounts receivable are charged off against the allowance for doubtful accounts, when management determines that recovery is unlikely, and ECH ceases collection efforts. Losses have been consistent with management's expectations in all material respects. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Part III, Line 8 - Explanation Of Shortfall As Community Benefit | Ephrata Community Hospital maintains records to identify and monitor the level of charity care and community service it provides. These records include the amount of charges forgone based on established rates for services and supplies furnished under its charity care and community service policies and the estimated cost of these services. Payments from Medicare are generally less than Ephrata Community Hospital's costs of providing the service. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Part III, Line 9b - Provisions On Collection Practices For Qualified Patients | <p>Guidelines for suggested minimum number of phone attempts and letters to be sent before the account is turned over to an outside collection agency are included in the Patient Administrative Services Policy. Upon final PARO (Payment Assistance Rank Ordering) scoring, if a patient qualifies for presumptive charity, their account would not be forwarded to any third party collections. It shall be the policy of Patient Administrative Services to recommend accounts to Bad Debt on a timely basis. Inpatient/Outpatient accounts will go to bad debt automatically after the account has been in the financial class Pending Bad Debt for 30 days. All accounts must follow the approved limits for refunds and write offs, as established in Policy PF-102, before being transferred. The primary agencies will work the accounts for 6 months or until they feel it is uncollectable and return the account. The accounts are forwarded to secondary agencies from the primary agencies Closed and Return Reports. The financial class is changed to Bad Debt Other after the Closed and Return Reports are received from the Secondary Agency. The agencies must get written approval from the manager in the relatively rare instance of legal action being taken to collect the debt.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|------------------------------------|---|
| Part VI, Line 2 - Needs Assessment | <p>As noted, WellSpan-Ephrata Community Hospital participated in the completion of two Community Health Needs Assessments (CHNA) in the 2018 tax year. The first, a county-wide CHNA, was conducted in partnership with Live Well Lancaster and its partner organizations using the Conduent-Healthy Communities Initiative (HCI) model. These entities regularly collect available secondary data on diverse topics including: community demographics; health behaviors and conditions; vital statistics, and; community conditions (i.e., air and water quality), and share it with community members through its organizational websites. The current county-wide CHNA may be found on the WellSpan Health website (www.wellspan.org). In addition, results are annually shared at the Lancaster Health Summit, a partnership between Live Well Lancaster and the Lancaster County Business Group of Health. After its affiliation with WellSpan Health, a regional health care system, WellSpan-Ephrata Community Hospital (WECH) also adopted a second, parallel CHNA process to better understand the health needs of its service market specifically. The CHNA marks the second CHNA conducted in this manner. The methodology, analysis and priority setting processes mirror the other WellSpan Health entities regionally. Information collected through the CHNA was then shared with diverse community stakeholders to educate about current needs, identify areas of focus, and garner collective support for future strategy development and implementation. Community organizations represented included: Ephrata Area School District; the Northern Lancaster County Chamber of Commerce; Ephrata Community Hospital Foundation; Good Samaritan Shelter; WellSpan Philhaven; WellSpan Medical Group; Cocalico School District; the Northern Lancaster County Hub including Ephrata Area Social Services and Real Life Community Services; the Ephrata Public Library and; Welsh Mountain Federally Qualified Health Center (FQHC). Through the consulting support of the Floyd Institute for Public Policy at Franklin and Marshall College, a representative sample of 500 adults residents in the greater Ephrata (Northern Lancaster County) area were interviewed between March 26 and May 13, 2018 using survey questions derived from the Behavioral Risk Factor Surveillance System (BRFSS), a validated survey tool utilized by the Centers for Disease Control and Prevention (CDC), and organized into four categories: healthcare access, behavioral risk, health conditions, and prevention behaviors and context. Supplemental secondary data from the Robert Wood Johnson Foundation (RWJF) annual County Health Rankings and from the Pennsylvania Department of Health was compiled and integrated into the 2018 CHNA. Data collected and analyzed by the Floyd Institute for Public Policy included breakdowns by age, gender, geographic area, race/ethnicity, and income level, and enabled the development of charts/graphs focused on: quantity of residents affected; health risks and disability-adjusted life years; correlates of obesity and depression (two significant health priorities); health disparities, and; social determinants of health impact. This information is included in the 2018 Community Health Needs Assessment Summary Report available at www.wellspan.org. CHNA results and related priorities identified by WellSpan- Ephrata Community Hospital and its community partners were shared with the system-wide Planning Committee at WellSpan Health, a Committee comprised of community members and leaders that represent each of WellSpans primary entities and service areas, in addition to corporate leadership. Planning Committee members reviewed the CHNA data, and designated system-wide priorities as: Care for all, including a focus on access to care and health equity; Behavioral health and lifelong wellness, which would incorporate behavioral health, substance use and addiction and lifelong wellness, and; healthy communities and social determinants of health, which provide a deeper dive into community engagement, social determinants of health and violence prevention. The identified priorities and associated data were subsequently presented to the WellSpan- Ephrata Community Hospital Board for their adoption. Board members discussed the data and identified priorities within the context of existing staffing and financial resources, current and future entity initiatives, and community partnership opportunities to address systemic community change. The final CHNA report, along with the WellSpan Community Health Improvement Plan (CHIP) was presented in June 2019 to the Planning Committee, at which time correlations were observed between the CHNA, CHIP and the WellSpan 2025 Strategic Plan.</p> |

| Form and Line Reference | Explanation |
|--|--|
| <p>Part VI, Line 5 - Promotion of Community Health</p> | <p>As a charitable, community-based healthcare organization, our commitment to improving the lives and well-being of the people and communities we serve is evident in our mission statement: working as one to improve health through exceptional care for all, lifelong wellness, and healthier communities. Employees live out this mission statement every day by engaging in community benefit activities that address community needs, especially the health priorities identified in the 2018 CHNA - access to care and health equity; behavioral health, substance use and addiction, and lifelong wellness, and community engagement, social determinants of health and violence prevention. Through its various locations in the greater Ephrata community, WellSpan-Ephrata Community Hospital provides a range of wellness and health education programs designed to address key CHNA findings and to promote healthy lifestyles and disease prevention. These programs include health screenings; diabetes education; nutrition and weight management counseling; tobacco cessation; CPR and first aid instruction; support groups; community health fair participation, and; health education programs. Many of these programs are offered for free or at a minimal cost to the participant. In addition to the educational and health promoting programs offered by WellSpan-Ephrata Community Hospital, the hospital has an evident commitment to building and strengthening community partnerships, enhancing access to healthcare services for community members, and supporting the lifelong wellness of northern Lancaster County. One of many exemplary community partnerships in the northern Lancaster county region includes WellSpan Ephrata Community Hospital's relationship with the Ephrata Public Library. This partnership continues to grow and expand and is a catalyst for change in the community. One example of a unique community-based partnership between WellSpan-Ephrata Community Hospital and Ephrata Public Library includes the implementation of the GO Lancaster! summer physical activity program. The Ephrata Public Library and its Summer Reading Club, along with WellSpan-Ephrata Community Hospital, annually encourage children and their families to be physically active during the summer months by participating in an adaptation of letterboxing, which engages children and their families in an adaptation of letterboxing, where participants use written clues to find hidden posts in county parks. This program expanded to include the Adamstown Library in 2019. Additionally, WellSpan-Ephrata Community Hospital has been an active participant with the Ephrata Public Library and other community partners to develop the Northern Lancaster County Hub. This hub serves as a resource center for residents desiring connections with community and social service organizations, many of which are located in Lancaster County, approximately 16 miles away. The Hub provides a wide array of services including food assistance, health care, career help, literacy services, counseling, housing support and other services to residents of Ephrata, Denver, and nearby communities. This initiative has been supported financially by WellSpan Health Community Partnership Grant funds. Opioid use, as in other communities across the United States, has become a crisis in the Ephrata area. WellSpan-Ephrata Community Hospital staff participate with a regional Opioid Awareness coalition, a multi-sector collaborative seeking to create coordinated messaging, outreach and management of opioid users in southcentral Pennsylvania. The program aims to reduce opioid use and overdoses. Regionally, WellSpan has also developed and expanded its Medication Assisted Treatment (MAT) program, by serving 520 patients in 2020. The program combines the use of medication and behavioral therapy. Access to high quality healthcare remains a regional focus for WellSpan, as observed in Lancaster County by the organizations support of the Welsh Mountain Medical and Dental Center, an FQHC that met patient needs in Lancaster and Lebanon counties by providing over 17,500 medical visits and over 19,000 dental visits. Regionally, WellSpan also supports thousands of uninsured and underinsured community members with its Healthy Community Network program and provides financial assistance for prescriptions so that those facing financial hardship will not need to avoid medications because of cost. Additionally, WellSpan-Ephrata Community Hospital participated in system-wide initiatives to address the shared community health priorities for the entire WellSpan footprint. These efforts included behavioral health specific efforts, advanced care planning and adult overweight/obesity, for example. WellSpan-Ephrata Community Hospital supported the education of greater Ephrata area residents about end-of-life planning and care, or Horizon Planning as it is termed locally and continues to offer both the Early Bird Walkers and Healthy Moves programs for older adults. We</p> |

| Form and Line Reference | Explanation |
|---|---|
| Part VI, Line 5 - Promotion of Community Health | <p>WellSpan- Ephrata Community Hospital employees and community members engaged in the 8th annual 10 Pound Throwdown in 2020. The 10 Pound Throwdown is a 10-week community challenge that encourages participants to lose or maintain a healthy weight through healthier eating and increased physical activity. Developed in 2013 to address the growing issue of adult overweight/obesity, the initiative utilizes a core website (www.10poundthrowdown.com). In 2020, the 10 Pound Throwdown engaged 7,200 community members to lose 14,000 pounds across four southcentral Pennsylvania counties -Adams, Lancaster, Lebanon, and York. WellSpan- Ephrata Community Hospital primary care practices in northern Lancaster County participated in the Market Bucks program to address food insecurity and increase the consumption of fruits and vegetables. This program reaches those with an elevated Body Mass Index (BMI) who also experience a comorbidity associated with diet. The program provides fruit and vegetable vouchers to be redeemed at local farmers markets and encourages healthy eating. Market Bucks boasts an astounding 86% redemption rate and contributed \$31,620 to the regional economy in addition to demonstrating increased fruit and vegetable consumption for the 310 participants in 2020. Additional examples of how WellSpan-Ephrata Community Hospital fulfilled its community mission in the greater Ephrata (Northern Lancaster County) area may be found in the 2019 WellSpan Community Benefit Report- available online at www.wellspan.org. CHNA results were also made available to the public on the WellSpan Health (www.wellspan.org) website, and may also be obtained upon request.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Part VI, Line 6 - Affiliated Health Care System | <p>WellSpan Health is an integrated health system serving the communities of southcentral Pennsylvania and northern Maryland. As a community-based, not-for-profit organization, WellSpan is dedicated to improving the health and well-being of the people it serves. WellSpan will assume a leadership role and develop partnerships with other organizations to: improve access to coordinated, high-quality, cost-effective health care services, educate the health care providers of tomorrow, promote healthy lifestyles and lifelong wellness, and make its local communities healthier, more desirable places to live, work, and play. WellSpan Ephrata Community Hospital works with other parts of the system to provide a comprehensive approach to meeting community needs. WellSpan Health includes: WellSpan Gettysburg Hospital, WellSpan York Hospital, WellSpan Surgery and Rehabilitation Hospital, WellSpan Ephrata Community Hospital, WellSpan Good Samaritan Hospital, WellSpan Philhaven, Chambersburg Hospital, Waynesboro Hospital, Apple Hill Surgical Center, Summit Surgery Center, WellSpan VNA Home Health, WellSpan Medical Group, Northern Lancaster County Medical Group, Physician Specialists of Northern Lancaster County Medical Group, Good Samaritan Physician Services, Summit Physician Services, Chambersburg Health Services, WellSpan Population Health Services, WellSpan Pharmacy, Gettysburg Hospital Foundation, York Health Foundation, Ephrata Community Health Foundation, Good Samaritan Health Services Foundation, Summit Health Foundation, WellSpan Summit Health, WellSpan Provider Network, GSH Services, and WellSpan Medical Equipment. Ephrata Community Hospital's community benefit report is contained in a report prepared by their parent organization, WellSpan Health. See Attached Federal Supplemental Information: WellSpan Health - 2019 Community Benefit Report</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|-------------|
| Part VI, Line 7 - States Filing of Community Benefit Report | PA |

Additional Data**Software ID:** 19009920**Software Version:** 2019v5.0**EIN:** 23-1370484**Name:** EPHRATA COMMUNITY HOSPITAL**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? 1 | | | | | | | | | | | |
| Name, address, primary website address, and state license number | | | | | | | | | | | |
| 1 | Ephrata Community Hospital 169 Martin Avenue Ephrata, PA 17522 http://www.wellspan.org 747105 | X | X | | | | | X | | | |

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

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

| Form and Line Reference | Explanation |
|--|---|
| Facility: - Part V, Section B, Line 5 | <p>The healthcare environment in Lancaster County and its associated historical partnerships has resulted in WellSpan-Ephrata Community Hospital participating in two separate Community Health Needs Assessment (CHNA) processes in Lancaster County. First, WellSpan-Ephrata Community Hospital maintained its partnership with Live Well Lancaster and its partner organizations to conduct an ongoing CHNA across the county. Using the Conduent-Healthy Communities Initiative model (HCI), these entities regularly collect available secondary data on diverse topics including: community demographics; health behaviors and conditions; vital statistics, and; community conditions (i.e., air and water quality). Public health experts and various community stakeholders review this data and provide comments and recommendations based on county data and the clients they represent. The individuals consulted with represent diverse sectors of the Lancaster County community including: mental health; city and county government; health care organizations; the state health department; nursing homes; public health entities; homeless facilities; pregnancy services; faith-based; low-income service agencies; the local chamber of commerce; chronic disease and health-related organizations (HIV prevention; cancer prevention; immunization), and; racial/ethnic community-based organizations. In addition, to better understand the health needs of its service market, WellSpan-Ephrata Community Hospital conducted a CHNA with other WellSpan Health entities across its region, with a focus on the primary market served by WellSpan-Ephrata Community Hospital. Information collected through the CHNA was then shared with diverse community stakeholders to educate about current needs, identify areas of focus, and garner collective support for future strategy development and implementation. Community organizations represented included: Ephrata Area School District; the Northern Lancaster County Chamber of Commerce; Ephrata Community Hospital Foundation; Good Samaritan Shelter; WellSpan Philhaven; WellSpan Medical Group; Cocalico School District; the Northern Lancaster County Hub including Ephrata Area Social Services and Real Life Community Services; the Ephrata Public Library and; Welsh Mountain Federally Qualified Health Center (FQHC).</p> |
| Facility: - Part V, Section B, Line 6a | <p>County-wide CHNA Lancaster Behavioral Health Hospital, Lancaster General Hospital, Lancaster Rehabilitation Hospital, UPMC Lititz, WellSpan Ephrata Community Hospital. Ephrata market-specific CHNA: Gettysburg Hospital (Adams); Good Samaritan Hospital (Lebanon); WellSpan Surgery and Rehabilitation Hospital; and York Hospital (York).</p> |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Facility: - Part V, Section B, Line 11 | See attached 2019 WellSpan Health Community Health Improvement Plan, also available online at www.wellspan.org in Community Benefits section. |
| Facility: - Part V, Section B, Line 13h | WellSpan Health is committed to caring for all the members of its communities, regardless of their ability to pay. In recent years, overall charity care has decreased slightly as more people have obtained health insurance coverage through the Affordable Care Act and the expansion of Pennsylvanias Medical Assistance (Medicaid) program. WellSpan is proud to be a leading partner in the Healthy Community Network, which works to address the needs of uninsured and underinsured individuals in our community. In addition, the health system recently enhanced its financial assistance policy and the discounts that it provides on services. For example, if a patients income is less than 300 percent of the federal poverty level, that patient would be eligible for a 100 percent discount on the services provided. Additionally, significant discounts are available for patients whose income is between 300 percent and 350 percent of the federal poverty level. For more information on WellSpans Financial Assistance program, visit www.WellSpan.org/FinancialAssistance . |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Facility: - Part V, Section B, Line 16j | <p>In an effort to make patients, families and others in our communities aware of the newly expanded Financial Assistance Policy, WellSpan broadly publicized its policy via promotional signage and the distribution of easy-to-read informational materials at registration sites throughout our communities. WellSpan provided information on the Financial Assistance Policy on its billing statements and included information in patient discharge materials. In addition, the materials and information are easily accessible via WellSpans website at www.WellSpan.org/FinancialAssistance. The site reflects WellSpans newly enhanced policy, as well as informational and application materials. It was also publicized via WellSpans on-hold phone messaging system and in its direct-to-consumer community newsletter/magazine, which is distributed by mail, email and Web. In addition, WellSpan placed posters and signage at its various sites of care to publicize its Financial Assistance Policy. Printed copies of WellSpan Healths entire financial assistance policy and the plain language summary of the policy, both of which are available in English and Spanish, may be obtained at no cost by visiting or calling one of the WellSpan patient financial services offices. The Financial Assistance Policy, Financial Assistance Application and Financial Assistance Policy Plain Language Summary are all available in Spanish.</p> |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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 Ephrata Cancer Center 460 North Reading Road Ephrata, PA 17522 | Medical & Radiology Oncology/Pet Scanning |
| 1 WellSpan Reading Road Health Center 446 North Reading Road Ephrata, PA 17522 | Imaging/Lab/Occupational Medicine |
| 2 WellSpan Garden Spot Health Center 435 South Kinzer Avenue New Holland, PA 17557 | Cardiology/Lab/Imaging/Quick Care/Therapy/Occupational Medicine |
| 3 Ephrata Health Pavilion 175 Martin Avenue Ephrata, PA 17522 | Wound care & Hyperbaric/Women's Center |
| 4 WellSpan Adamstown Health Center 30 West Swartzville Road Reinholds, PA 17569 | Imaging/Lab |
| 5 WellSpan Crossroads Health Center 4131 Oregon Pike Ephrata, PA 17522 | Lab/Imaging/Therapy |
| 6 WellSpan Meadowbrook Health Center 337 West Main Street Leola, PA 17540 | Lab/Imaging/Therapy |
| 7 WellSpan Brossman Health Center 136 Lake Street Ephrata, PA 17522 | Cardiology/Therapy |
| 8 Pain Management Center-Ephrata WellSpan Health 4150 Barrett Boulevard Ephrata, PA 17522 | Pain Management & Radiology |
| 9 WellSpan Rothsville Health Center 2320 Rothsville Road Lititz, PA 17543 | Lab/Pulmonary Rehab |
| 10 Cornerstone Medical Center 6 West Newport Road Lititz, PA 17543 | Imaging/Lab/Therapy |
| 11 WellSpan Cocalico Health Center 63-71 West Church Street Stevens, PA 17578 | Therapy/sleep studies/Wellness/Weight Loss |
| 12 Medical Office Building 157-181 North Reading Road Ephrata, PA 17522 | Cardiology/Health Beginnings Plus |
| 13 Ephrata Medical Lab-Adamstown 2580 North Reading Road Adamstown, PA 19501 | Lab |
| 14 Sleep Centers-Lancaster Co - WellSpan Health 217 Granite Run Drive Lancaster, PA 17603 | Sleep Studies |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)

16 WellSpan Georgetown Road Health Services
1135 Georgetown Road
Christiana, PA 17509

Imaging and Lab

1 WellSpan Granite Run Health Center
268 Granite Run Drive
Lancaster, PA 17601

Lab/Imaging/Therapy

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

Schedule I (Form 990)

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

Department of the Treasury Internal Revenue Service

Name of the organization EPHRATA COMMUNITY HOSPITAL

Employer identification number

23-1370484

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 4
3 Enter total number of other organizations listed in the line 1 table 0

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 |
|---|--|
| Grantmaker's Description of How Grants are Used | All WellSpan entities follow WellSpan policies and procedures regarding grant projects to ensure that the use of grant funds are consistent with WellSpan's commitment to endeavor to improve the health status of the communities that we serve. The WellSpan foundations are supporting organizations and substantially all of the grants and other assistance they make furthers the exempt purposes of their "supported organizations", each of which are exempt affiliated organizations within the WellSpan Health system. Because the supported organizations identify the projects and exempt activities that will be funded by the foundations' grants and other assistance, and because there is a cross-over between the respective governing bodies and management of the foundations and their supported organizations, the foundations are able to effectively monitor that the grants they make are used for their intended purposes. |

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 23-1370484
Name: EPHRATA COMMUNITY HOSPITAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| Lincoln Fire Company 38 S Market St Ephrata, PA 17522 | 23-6283046 | 501(c)(3) | 10,000 | 0 | | | Community Support |
| Pioneer Steam Fire Engine 135 S State St Ephrata, PA 17522 | 22-3118533 | 501(c)(3) | 10,000 | 0 | | | Community Support |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WellSpan Medical Group 45 Monument Road York, PA 17103 | 23-2730785 | 501(c)(3) | 15,500,000 | 0 | | | Charitable Activities |
| Welsh Mountain Health Centers 584 Springville Rd New Holland, PA 17557 | 23-1909490 | 501(c)(3) | 125,000 | 0 | | | Charitable Activities |

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
EPHRATA COMMUNITY HOSPITAL

Employer identification number
23-1370484

Part I Questions Regarding Compensation

| | Yes | No | | | | | | | | |
|--|---|--|---|--|---|---|---|--|--|--|
| <p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <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 type="checkbox"/> Tax idemnification and gross-up payments | <input 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) | | |
| <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 type="checkbox"/> Tax idemnification and gross-up payments | <input 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) | | | | | | | | | |
| <p>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</p> | 1b | | | | | | | | | |
| <p>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?</p> | 2 | | | | | | | | | |
| <p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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 | | | | |
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" 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 | | | | | | | | | |
| <p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | No | | | | | | | | |
| | 4b | Yes | | | | | | | | |
| | 4c | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | No | | | | | | | | |
| | 5b | No | | | | | | | | |
| <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | No | | | | | | | | |
| | 6b | No | | | | | | | | |
| <p>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</p> | 7 | No | | | | | | | | |
| <p>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</p> | 8 | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | |

Part III **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
|-------------------------|--------------------|

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization EPHRATA COMMUNITY HOSPITAL

Employer identification number

23-1370484

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: See Schedule O.

Part II Proceeds

Table with columns A-D for rows 1-13. Rows 14-17 have Yes/No columns. Row 1: Amount of bonds retired. Row 2: Amount of bonds legally defeased. Row 3: Total proceeds of issue. Row 4: Gross proceeds in reserve funds. Row 5: Capitalized interest from proceeds. Row 6: Proceeds in refunding escrows. Row 7: Issuance costs from proceeds. Row 8: Credit enhancement from proceeds. Row 9: Working capital expenditures from proceeds. Row 10: Capital expenditures from proceeds. Row 11: Other spent proceeds. Row 12: Other unspent proceeds. Row 13: Year of substantial completion.

Part III Private Business Use

Table with columns A-D for rows 1-2. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

Part III Private Business Use (Continued)

| | A | | B | | C | | D | |
|---|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | | | | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | | | | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | | | | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶ | | | | | | | | |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶ | | | | | | | | |
| 6 Total of lines 4 and 5 | | | | | | | | |
| 7 Does the bond issue meet the private security or payment test? | | | | | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? | | | | | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. | | | | | | | | |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization EPHRATA COMMUNITY HOSPITAL

Employer identification number 23-1370484

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) Anesthesia & Pain Assoc | Partner Musser | 523,258 | Anesthesia Serv Contr | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
| | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

EPHRATA COMMUNITY HOSPITAL

Employer identification number

23-1370484

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| Client Note 1 | Client Note 1 - Paid Preparer Explanation Due to a software limitation, we wish to clarify that WellSpan Health is the ERO. The paid preparer is: BDO USA, LLP 13-53815908401 Greensboro Drive, Suite 800 McLean, VA 22102 (703) 893-0600. The preparer's name is Marc Berger, PTIN P01871563. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 2: Description of Business or Family Relationship of Officers, Directors, Et | Reyna Britton serves as a director on the Ephrata Community Hospital Board of Directors. Her husband, Duane Britton serves on the Philhaven Board. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 6: Explanation of Classes of Members or Shareholder | Effective 10/1/2013, WellSpan Health, a not for profit corporation, is the sole member. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 7a: How Members or Shareholders Elect Governing Body | The Board of Directors of the Corporation shall be elected as provided herein by the Board of Directors of the Member. The Member shall determine annually the number of Directors, which shall in no event be less than ten persons, nor more than twenty-five persons. Nominations for Directors other than the Designated Directors specified in Specified in Section 5.2 of the Bylaws shall be made by the Board of Directors to the Member's Nominating Committee for Directors. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| <p>Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders</p> | <p>The Member may, with respect to the Corporation, initiate and implement any of the following actions, and if any of the following actions are otherwise initiated by the Corporation, such action shall not become effective unless approved by the Member: (a) The adoption, amendment, or revocation of the Corporation's Articles of Incorporation or Bylaws (b) The termination, liquidation, reorganization, division, conversion, or dissolution of the Corporation, or the merger, consolidation, or combination of the Corporation with another person; provided however, that in accordance with Section 3.9(b) of the Affiliation Agreement, the Member shall not cause the Corporation to be merged with or into any other entity and it shall maintain the Corporation's status as a separate corporation for a period of at least three years after the effective date of the Affiliation, unless otherwise consented to by the Boards of the Member and the Corporation (c) Any change or transfer of the Member's membership interest in the Corporation, or the creation or issuance of any additional membership interests in the Corporation (d) The investment of the Corporation's assets other than in accordance with the Member's current investment policy, any investment other than in the ordinary course of business, which shall consist of federally-insured interest-bearing bank accounts, short-term direct U.S. obligations, short-term certificates of deposit of domestic banks, or highly-rated money market funds (e) The incurrence by the Corporation of indebtedness in excess of such amounts as may be reasonably designated by the Member from time to time, except pursuant to a budget approved by the Member. This is not meant to restrict the Corporation's ability to incur indebtedness in the ordinary course of the Corporation's day-to-day business, in amounts less than the amounts designated by the Member, such as routine trade and accounts payable obligations (f) The conveyance, transfer, lease, or sale of any of the Corporation's assets with a fair market value in excess of such aggregate amount as may be designated by the Member from time to time, except pursuant to a budget approved by the member, or the conveyance, transfer, lease or sale of any of the Corporation's assets to the Member or another System Affiliate; provided, however, that in accordance with Section 3.9(e) of the Affiliation Agreement, the member shall not cause the Corporation to sell all or substantially all of its assets for a period of ten years after the effective date of the Affiliation, unless it has received prior approval by the Board of Directors of the Corporation (g) The making of any capital expenditure or the incurrence of any capital obligations by or on behalf of the Corporation in excess of such annual aggregate amount as may be designated by the Member from time to time, except pursuant to a budget approved by the Member (h) The incurrence of any obligation (whether actual or contingent) by the Corporation to guarantee</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 7b: Describe Decisions of Governing Body Approval by Members or Shareholders | <p>e or be responsible for the debts or obligations of any person in excess of such amounts as may be designated by the Member from time to time, except pursuant to a budget approved by the Member. This is not meant to restrict the Corporation's ability to incur obligations in the ordinary course of the Corporation's day-to-day business, in amount less than the amounts designated by the Member. (i)The approval of the Corporation's operating and capital budgets, or any material changes thereto. (j)The voluntary granting of any lien or encumbrance (including a confession of judgment)with respect of the Corporation's assets, except in the ordinary course of business (k) The surrender of or material change to any permit, approval, or license of the Corporation; provided, however, that in accordance with Section 3.9 of the Affiliation Agreement, the Member shall maintain the Corporation's separate licensure and separate medical staff for a period of at least three after the effective date of the Affiliation (l)The selection of the Corporation's outside financial auditors, general legal counsel, or investment advisors (m)The requirement that the Member make any capital contribution to the Corporation (n)The appointment and reappointment of the individuals to serve on the Corporation's Board of Directors, and their removal as set forth in Section 5.3 of these Bylaws (o)The approval of the Corporation's strategic and operating plans, or any changes thereto. (p) The approval of the Corporation's statements of purpose, vision, or mission, or any changes thereto. (q) The creation by the Corporation of any new lines of business, sites of business, subsidiary corporations, or partnerships or other joint ventures, or any material changes in existing services, or participation in any key strategic relationship outside the System. This is not meant to restrict the Corporation's right to enhance and expand its current lines of business (r) All health care services contracting by the Corporation that could materially impact the System.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
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| Form 990, Part VI, Line 11b: Form 990 Review Process | Management provided an electronic copy of the form 990 to each voting member of the organization's governing body, prior to its filing with the IRS. The organization's finance management team provided a presentation to the Audit Committee on the organization's 990 return. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts | Officers, directors, and key employees fill out a WellSpan Health Conflict of Interest Disclosure Statement questionnaire annually. The questionnaire is administered by the Internal Audit Department of WellSpan Health, the Parent Company. There shall be full disclosure by any Director having a business or personal interest or relationship which may be in conflict with the interests of the Corporation. After such disclosure the Director shall abide by the determination of the Board of Directors as to whether a conflict exists, the extent to which, if at all, the Director will be permitted to be present during the Board of Directors' discussion of the matter in which the Director may be interested, and whether the Director will be permitted to participate in such discussion and cast a vote in such matter. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees | <p>The Compensation Committee of WellSpan Health is responsible for rewarding and reinforcing key executives for the achievement of annual and long-term performance objectives. The Compensation Committee shall consist of not more than six (6) persons, of whom two (2) shall be the Chairman and Vice Chairman of the Board of the Corporation, and the remaining members shall be such other persons as may be appointed by the Chairman of the Board of the Corporation, with the approval of the Board of Directors; provided, however, that the Compensation Committee shall not include any persons who are employed by the System. The Chairman of the Board of Gettysburg Hospital shall participate. The role of the Compensation Committee is to set the Executive Compensation Philosophy for the system and ensure adherence, evaluate performance and establish compensation for the WellSpan President, evaluate team performance of the executive team and establish awards, review and approve senior executive base salary ranges, and oversee employed physician compensation programs. The Committee will approve salary ranges for each executive position and review incumbent salaries annually. The Committee will be responsible for reviewing the President's salary each year, and if warranted, authorizing an adjustment to maintain competitiveness. The President will have the authority to make salary adjustments for subordinate positions. The Committee is responsible for approving and authorizing payment of the performance awards. The Committee will approve and authorize payment of the President's performance awards. Integrated Healthcare Strategies, Inc., based in Minneapolis Minnesota is the external consultant to the committee. This consultant focuses exclusively on executive and physician compensation in the health care industry. In summary, the executive and physician compensation review process consists of the following: 1) Cash compensation reviewed annually 2) Cash compensation reviewed by external consultant biennially 3) external total compensation (cash, incentives, benefits, perquisites) reviewed by external consultant periodically 4) Process is integrated with compensation analysis for other WellSpan positions 5) Committee decisions are documented in minutes maintained in Human Resources.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 19: Other Organization Documents Publicly Available | Governing documents, policies and financial statements are available upon request. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|-------------------------------------|
| Other Changes In Net Assets Or Fund Balances - Other Decreases | Equity Lease Adjustment = -\$315474 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| Schedule K -Tax-Exempt Bonds | <p>\$213,430,000 of Revenue bonds for Wellspan Health Obligated Group, Series 2014A were issued November 10, 2014 by General Authority of South Central Pennsylvania. The purpose of this bond issue was revenue refund for bonds issued 06/23/1993 and 11/12/2008. WellSpan Health, the parent organization, allocated portions of the proceeds of this tax exempt bond issue to York Hospital (23-1352222), Gettysburg Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Specialty Services (23-2899911), and Ephrata Community Hospital (23-1370484). In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocation of the Debt Capital program including issue premium was as follows: York Hospital \$113,006,240, Gettysburg Hospital \$7,607,130, WellSpan Properties \$27,233,962, WellSpan Specialty Services \$13,390,824, and Ephrata Community Hospital \$27,945,016. These amounts are reported on the respective balance sheets for each of these entities. Arbitrage Rebate and Yield Restriction Liability Calculation was performed for the period of November 10, 2014 to November 10, 2019. No rebate was due. On May 22, 2015, the Lancaster Municipal Authority issued \$36,572,083 of Revenue bonds, Series 2015A, to an Obligated Group consisting of York Hospital, Gettysburg Hospital and Ephrata Community Hospital. The purpose of this bond issue was to refund bonds issued on behalf of Ephrata Community Hospital, including the Lancaster Municipal Authority Revenue Notes Series 2009, 2010A, 2012, and 2013. In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the \$29,212,704 of outstanding liability is reported on the Ephrata Community Hospital return balance sheet. \$34,877,000 of Revenue bonds for Wellspan Health Obligated Group, Series 2017A were issued March 13, 2018 by General Authority of South Central Pennsylvania to refinance Series 2017A Notes (taxable). Such notes were applied to refund 2008A Bonds. WellSpan Health, the parent organization, allocated portions of the proceeds of this tax exempt bond issue to York Hospital (23-1352222), Gettysburg Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Specialty Services (23-2899911), and Good Samaritan Hospital (23-1794160). In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocation of the Debt Capital program was as follows: York Hospital \$15,775,109, Gettysburg Hospital \$2,462,503, WellSpan Properties \$2,879,066, WellSpan Specialty Services \$4,563,048, Good Samaritan Hospital \$220,004, and WellSpan Health \$1,260,270. These amounts are reported</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------|---|
| Schedule K -Tax-Exempt Bonds | <p>on the respective balance sheets for each of these entities.\$29,312,000 of Revenue Bonds, Series 2017B (tax exempt bonds) for WellSpan Health Obligated Group were issued 9/4/2018 b y General Authority of South Central Pennsylvania to refinance Series 2017B Notes (taxable). Such notes were applied to refund 2008A Bonds. In order to remain consistent with the r eporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond is sue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocat ion of the Debt Capital program was as follows: York Hospital \$16,385,530, Gettysburg Hosp ital \$2,558,828, WellSpan Properties \$2,990,472, WellSpan Specialty Services \$4,739,616, G ood Samaritan Hospital \$228,517, and WellSpan Health \$1,309,037. These amounts are reporte d on the respective balance sheets for each of these entities.\$331,502,627 of Revenue bond s Series 2019A and 2019B for Wellspan Health Obligated Group were issued 4/3/2019 by Gener al Authority of South Central Pennsylvania. The purpose of this bond issue was revenue ref und for bonds issued 11/12/2008. WellSpan Health, the parent organization, allocated porti ons of the proceeds of this tax exempt bond issue to York Hospital (23-1352222), Chambersb urg Hospital (23-0465970), WellSpan Properties (22-2842252), Chambersburg Health Services (25-1515376), Good Samaritan Hospital (23-1794160), Waynesboro Hospital (23-1360854), Summ it Physician Services (25-1716306), Gettysburg Hospital (23-1352220), WellSpan Specialty S ervices (23-2899911) and Ephrata Community Hospital (23-1370484). In order to remain consi stent with the reporting on Form 8038, all outstanding liabilities associated with this ta x-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30 /20, the allocation of the Debt Capital program was as follows: York Hospital \$115,696,732 , Waynesboro Hospital \$461,652, Chambersburg Hospital \$110,576,835, Chambersburg Health Se rvices \$18,680,280, Summit Physician Services \$972,536. WellSpan Properties \$66,489,250, G ettysburg Hospital \$10,539,595, Ephrata Community Hospital \$3,425,157, Good Samaritan Hosp ital \$42,216, and WellSpan Specialty Services \$1,419,163. These amounts are reported on th e respective balance sheets for each of these entities.\$212,690,000 of Revenue bonds Serie s 2019C, 2019D and 2019E for WellSpan Health Obligated Group were issued 4/3/2019 by Gener al Authority of South Central Pennsylvania. The purpose of this bond issue was revenue ref und for bonds issued 11/12/2008. WellSpan Health, the parent organization, allocated porti ons of the proceeds of this tax exempt bond issue to York Hospital (23-1352222), Gettysbur g Hospital (23-1352220), WellSpan Properties (22-2842252), WellSpan Specialty Services (23 -2899911), Good Samaritan Hospital (23-1794160) and WellSpan Health (22-2517863). In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associa ted with this tax-exempt bond</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------------------------|--|
| Schedule K -Tax-Exempt Bonds | issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocation of the Debt Capital program was as follows: York Hospital \$123,530,352, Gettysburg Hospital \$19,290,983, WellSpan Properties \$22,545,140, WellSpan Specialty Services \$35,731,920, Good Samaritan Hospital \$1,722,789, and WellSpan Health \$9,868,816. These amounts are reported on the respective balance sheets for each of these entities. On April 30, 2014, \$35,795,000 of Healthcare Revenue Bonds Series 2014A & 2014C were issued by Franklin County Industrial Authority. In order to remain consistent with the reporting on Form 8038, all outstanding liabilities associated with this tax-exempt bond issue is reported on the WellSpan Health (22-2517863) Schedule K. As of 6/30/20, the allocation of the Debt Capital program was as follows: Waynesboro Hospital (23-1360854) \$6,771,865, Chambersburg Hospital (23-0465970) \$19,824,238, and Chambersburg Health Services (25-1515376) \$513,108. These amounts are reported on the respective balance sheets for each of these entities. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Signature Block - Paid Preparer Presentation | Paid Preparer Explanation Due to a software limitation, we wish to clarify that WellSpan Health is the ERO. The paid preparer is: BDO USA, LLP 13-53815908401 Greensboro Drive, Suite 800 McLean, VA 22102 (703) 893-0600 The preparer's name is Marc Berger, PTIN P018715633 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
EPHRATA COMMUNITY HOSPITAL

Employer identification number

23-1370484

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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.

See Additional Data Table

| (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 |
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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.

See Additional Data Table

| (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 | |
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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.

See Additional Data Table

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

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

| | | Yes | No |
|--|---|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| a | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | No |
| b | Gift, grant, or capital contribution to related organization(s) | Yes | |
| c | Gift, grant, or capital contribution from related organization(s) | | No |
| d | Loans or loan guarantees to or for related organization(s) | | No |
| e | Loans or loan guarantees by related organization(s) | Yes | |
| f | Dividends from related organization(s) | | No |
| g | Sale of assets to related organization(s) | | No |
| h | Purchase of assets from related organization(s) | | No |
| i | Exchange of assets with related organization(s) | | No |
| j | Lease of facilities, equipment, or other assets to related organization(s) | Yes | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | No |
| l | Performance of services or membership or fundraising solicitations for related organization(s) | | No |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | Yes | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | No |
| o | Sharing of paid employees with related organization(s) | | No |
| p | Reimbursement paid to related organization(s) for expenses | Yes | |
| q | Reimbursement paid by related organization(s) for expenses | | No |
| r | Other transfer of cash or property to related organization(s) | Yes | |
| s | Other transfer of cash or property from related organization(s) | Yes | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) 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 | | Yes | No | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 23-1370484
Name: EPHRATA COMMUNITY HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (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 |
| PO Box 2767 York, PA 174052767 22-2842253 | Sole GP in limited ptrnshp. operating su | PA | 501(c)(3) | 10 | WellSpan Health Care Services | | No |
| PO Box 2767 York, PA 174052767 23-1352220 | Health care services | PA | 501(c)(3) | 3 | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 23-2251358 | Fundraising for Gettysburg Hospital | PA | 501(c)(3) | 12 Type I | Gettysburg Hospital | | No |
| PO Box 2767 York, PA 174052767 20-0519121 | Reduced rate prescription drugs to unins | PA | 501(c)(3) | 12 Type I | WellSpan Health Care Services | | No |
| PO Box 2767 York, PA 174052767 23-2338591 | Home personal care services for elderly | PA | 501(c)(3) | 10 | WellSpan Specialty Services | | No |
| PO Box 2767 York, PA 174052767 23-1352573 | Home health services | PA | 501(c)(3) | 10 | WellSpan Specialty Services | | No |
| PO Box 2767 York, PA 174052767 22-2517863 | Integrated Health System | PA | 501(c)(3) | 12 Type III | NA | | No |
| PO Box 2767 York, PA 174052767 23-2400237 | Health-related activities in the service | PA | 501(c)(3) | 12 Type II | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 23-2730785 | Medical and surgical care | PA | 501(c)(3) | 10 | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 23-3050192 | Charitable contributions for WellSpan en | PA | 501(c)(3) | 12 Type III | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 23-1352222 | Community teaching hospital | PA | 501(c)(3) | 3 | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 23-2899911 | Surgery and Rehabilitation Hospital | PA | 501(c)(3) | 3 | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 22-2842252 | Leases facilities to affiliates | PA | 501(c)(3) | 12 Type II | WellSpan Health Care Services | | No |
| PO Box 2767 York, PA 174052767 80-0940005 | Fundraising for Ephrata Hospital | PA | 501(c)(3) | 12 Type I | Ephrata Community Hospital | | No |
| PO Box 2767 York, PA 174052767 20-3033058 | Medical and surgical care | PA | 501(c)(3) | 12 Type II | Ephrata Community Hospital | Yes | |
| PO Box 2767 York, PA 174052767 45-2537633 | Physician Practices | PA | 501(c)(3) | 12 Type II | Northern Lancaster County Medical Group | Yes | |
| PO Box 2767 York, PA 174052767 23-0794160 | Health Care Services | PA | 501(c)(3) | 3 | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 23-1549922 | Health Care Services | PA | 501(c)(3) | 3 | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 23-2356151 | Fundraising for Good Samartian | PA | 501(c)(3) | 12 Type I | Good Samaritan Hospital | | No |
| PO Box 2767 York, PA 174052767 25-1832359 | Medical and Surgical Cases | PA | 501(c)(3) | 10 | Good Sam Health Services Foundation | | No |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (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 |
| PO Box 2767 York, PA 174052767 25-1515371 | Integrated Health System | PA | 501(c)(3) | 7 | WellSpan Health | | No |
| PO Box 2767 York, PA 174052767 23-1360854 | Health Care Services | PA | 501(c)(3) | 3 | WellSpan Summit Health | | No |
| PO Box 2767 York, PA 174052767 23-0465970 | Health Care Services | PA | 501(c)(3) | 3 | WellSpan Summit Health | | No |
| PO Box 2767 York, PA 174052767 25-1716306 | Medical and surgical care | PA | 501(c)(3) | 3 | WellSpan Summit Health | | No |
| PO Box 2767 York, PA 174052767 83-1196554 | Fundraising for Health Care System | PA | 501(c)(3) | 12 Type II | WellSpan Summit Health | | No |
| PO Box 2767 York, PA 174052767 25-1515376 | Health Care Services | PA | 501(c)(3) | 12 Type I | WellSpan Summit Health | | No |

| Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership | | | | | | | | | | | | |
|---|-------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| (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 | |
| Apple Hill Surgical Center Partners PO Box 2767 York, PA 174052767 23-2489452 | Surgical Center | PA | NA | | | | | No | | | No | |
| Central PA Alliance Laboratories LLC PO Box 2767 York, PA 174052767 23-2910950 | Ref. Lab | PA | NA | | -156,239 | -86,572 | | No | | Yes | | 10.000 % |
| Littlestown Health Care Partners 300 West King Street Littlestown, PA 17340 23-2880464 | Lease facility | PA | NA | | | | | No | | | No | |
| Cherry Tree Cancer Center LLP PO Box 2767 York, PA 174052767 23-2915628 | Radiation | PA | NA | | | | | No | | | No | |
| The Rehab Center 855 Springdale Drive Suite 20 Exton, PA 19341 25-1687903 | Physical Therapy Rehab | PA | Ephrata Hospital | | | | | No | | Yes | | 51.000 % |
| Surgery Center Associates 785 5th Ave Chambersburg, PA 17201 25-1845304 | Physician services | PA | Chambersburg Health | | | | | No | | | No | |
| Summit Surgery Center 785 5th Avenue Chambersburg, PA 17201 25-1845303 | Physician services | PA | Chambersburg Health | | | | | No | | | No | |
| Cumberland Valley Mobile Services 5 South Main Street Sugarloaf, PA 18249 20-0884014 | Health care | PA | Chambersburg Health | | | | | No | | | No | |

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

| (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 |
| WellSpan Pharmacy Inc PO Box 2767 York, PA 174052767 23-2374072 | Dispense Rx's & prov | PA | NA | C corp | | | | | No |
| WellSpan Reciprocal Risk Retention Group PO Box 2767 York, PA 174052767 20-0048457 | Risk Retention Group | PA | NA | C corp | | | | | No |
| York Health Plan PO Box 2767 York, PA 174052767 23-2664989 | Preferred Provider O | PA | NA | C corp | | | | | No |
| WellSpan Provider Network PO Box 2767 York, PA 174052767 23-2907828 | Coordinate managed care | PA | NA | C corp | | | | | No |
| Apple Hill Condominium Association PO Box 2767 York, PA 174052767 23-2504543 | Condo Mgmt Associati | PA | NA | Homeowners Assoc | | | | | No |
| North Lanc Co Phys Hosp Alliance PO Box 2767 York, PA 174052767 23-2421885 | Coordinate Phys & Hospital | PA | NA | C Corp | | | 50.000 % | | No |
| GSH Realty Inc PO Box 2767 York, PA 174052767 25-1832359 | Non-res. real estate | PA | WSH Care Services | C corp | | | | | No |
| Ephrata Health Pavilion Condo Assoc PO Box 2767 York, PA 174052767 47-5367279 | Condo Assoc | PA | Ephrata Hospital | C Corp | | | | | No |