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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CROZER-KEYSTONE HEALTH SYSTEM

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
100 W SPROUL ROAD HEALTHPLEX PAVIL

City or town, state or country, and ZIP + 4
SPRINGFIELD, PA 19064

D Employer identification number
22-2540851

E Telephone number
(610) 447-6252

G Gross receipts $ 55,309,816

F Name and address of Principal Officer
JOAN K RICHARDS
100 W SPROUL RD HLTHPLX PAV II
SPRINGFIELD, PA 19064

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

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW CROZER ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1984

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CROZER-KEYSTONE HEALTH SYSTEM IS COMMITTED TO THE IMPROVED HEALTH STATUS OF THOSE WE SERVE AND WILL DEPLOY ITS RESOURCES IN A COST- EFFECTIVE AND COMMUNITY-RESPONSIVE MANNER

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of employees (Part V, line 2a)	5	444
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	355,537
b	Net unrelated business taxable income from Form 990-T, line 34	7b	76,815

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,638,617	3,844,053
9	Program service revenue (Part VIII, line 2g)	41,706,861	39,290,668
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,395,446	3,619,407
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	767,650	2,245,507
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	51,508,574	48,999,635
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,448,018	5,943,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,978,154	31,243,973
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	14,142,052	12,882,306
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	50,568,224	50,069,279
19	Revenue less expenses Subtract line 18 from line 12	940,350	-1,069,644

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	90,480,595	80,419,780
21	Total liabilities (Part X, line 26)	75,028,586	74,275,188
22	Net assets or fund balances Subtract line 21 from line 20	15,452,009	6,144,592

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

Please Sign Here

Signature of officer — Date: 2010-05-11

PHILIP J RYAN CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Scott Mariani			

Firm's name (or yours if self-employed), address, and ZIP + 4
WithumSmithBrown PC
465 South Street Suite 200
Morristown, NJ 079606497

EIN ▶

Phone no ▶ (973) 898-9494

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

See Additional Data Table

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 39,226,070 including grants of $ 5,943,000) (Revenue $ 40,680,985)

THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM MOREOVER, IN THIS ROLE, THE ORGANIZATION PROVIDES MANAGEMENT SERVICES, FISCAL OVERSIGHT, STRATEGY PLANNING AND RESOURCE ALLOCATION FOR VARIOUS HOSPITALS THE SYSTEM ALSO SPONSORS CERTAIN OTHER SERVICE PROGRAMS AND CHARITY SERVICES WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO NEEDY POPULATIONS THAT REQUIRE SPECIAL SERVICES AND SUPPORT, INCLUDING COMMUNITY SERVICE PROGRAMS AND CHARITY SERVICES FOR THE BENEFIT OF PROGRAMS FOR THE ELDERLY, SUBSTANCE ABUSE, CHILD ABUSE AS WELL AS HEALTH PROMOTION AND EDUCATION PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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 $ 39,226,070 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	109		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	444		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 20		
b	Enter the number of voting members that are independent . .	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

PHILIP J RYAN CPA
100 W SPROUL RD HLTHPLX PAV II
SPRINGFIELD, PA 19064
(610) 447-6252

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								4,741,203	436,761	930,219

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 39

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
SIGNATURE COMMUNICATIONS INC 417 N 8TH STREET SUITE 401 PHILADELPHIA, PA 19123	MARKETING	818,682
RIP BROOKES GENERAL SERVICES INC 324 LAUREL AVENUE ALDAN, PA 190184208	TELECOMMUNICATIONS	501,274
DELOITTE CONSULTING 111 SOUTH WACKER DRIVE CHICAGO, IL 606064301	CONSULTING	472,329
GRIFFITHS PRINTING CO INC 404 E BALTIMORE AVENUE LANSDOWNE, PA 19050	MARKETING	348,432
ROCKBURN INSTITUTE 6581 BELMONT WOODS ROAD ELKRIDGE, MD 210755202	CONSULTING	325,251

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 23

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 2,500,000				
	e	Government grants (contributions) 1e 1,344,053				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	3,844,053			
Program Service Revenue		Business Code				
	2a	MANAGEMENT FEE REVENUE	39,290,668	39,290,668		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 39,290,668				
	3	Investment income (including dividends, interest other similar amounts)	3,609,563			3,609,563
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents 7,201,910				
	b	Less rental expenses 6,257,405				
	c	Rental income or (loss) 944,505				
	d	Net rental income or (loss)	944,505		89,315	855,190
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 62,620				
	b	Less cost or other basis and sales expenses 52,776				
	c	Gain or (loss) 9,844				
	d	Net gain or (loss)	9,844			9,844
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory	0			
		Miscellaneous Revenue / Business Code				
	11a	OTHER REVENUE 611,600	1,301,002	1,034,780	266,222	
	b					
	c					
	d	All other revenue				
	e	**Total. Add lines 11a-11d** $ 1,301,002				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	48,999,635	40,325,448	355,537	4,474,597

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	5,943,000	5,943,000		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,273,711	2,618,968	654,743	0
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	19,811,095	15,848,876		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	6,667,606	5,334,085	1,333,521	
10 Payroll taxes	1,491,561	1,193,249	298,312	
11 Fees for services (non-employees)				
a Management	58,551		58,551	
b Legal	301,541		301,541	
c Accounting	313,000		313,000	
d Lobbying	201,723		201,723	
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	2,566,796	2,053,437	513,359	
12 Advertising and promotion	3,930,671	2,146,823	1,783,848	
13 Office expenses	2,384,758	1,907,806	476,952	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	846,176	676,941	169,235	
17 Travel	105,073	84,058	21,015	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	0			
20 Interest	971,243	776,922	194,321	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	172,049	137,639	34,410	
23 Insurance	73,729	58,983	14,746	
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a OTHER EXPENSES	956,996	445,283	511,713	0
b				
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	50,069,279	39,226,070	10,843,209	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	15,813	1	11,464
	2	Savings and temporary cash investments	6,399,394	2	2,848,469
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,473,999	4	1,391,454
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	15,142,152	7	15,230,508
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	512,081	9	468,741
	10a	Land, buildings, and equipment cost basis — 10a: 68,823,112			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 29,060,192	41,302,061	10c	39,762,920
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	21,258,275	13	15,820,118
	14	Intangible assets	341,252	14	329,148
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	4,035,568	15	4,556,958
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	90,480,595	16	80,419,780
Liabilities	17	Accounts payable and accrued expenses	9,340,352	17	9,442,451
	18	Grants payable		18	
	19	Deferred revenue	287,673	19	311,992
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	22,735,490	23	22,200,265
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	42,665,071	25	42,320,480
	26	**Total liabilities.** *Add lines 17 through 25*	75,028,586	26	74,275,188
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	15,452,009	27	6,144,592
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	15,452,009	33	6,144,592
	34	Total liabilities and net assets/fund balances	90,480,595	34	80,419,780

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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 organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☑ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☑

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
CROZER-CHESTER MEDICAL CENTER	231637191	03	Yes		Yes		Yes		0
DELAWARE COUNTY MEMORIAL HOSPITAL	230517130	03	Yes		Yes		Yes		0
HEALTH ACCESS NETWORK	232692637	07	Yes		Yes		Yes		5943000
Total									5,943,000

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV)						
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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 22-2540851
Name: CROZER-KEYSTONE HEALTH SYSTEM

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
WALTER E FARNAM , CHAIRMAN - TRUSTEE	3 0	X		X				0	0	0
NORMAN V EDMONSON , VICE CHAIRMAN - TRUSTEE	3 0	X		X				0	0	0
PHILIP H BROWN II , SECRETARY - TRUSTEE	3 0	X		X				0	0	0
BRUCE G FISCHER , TREASURER - TRUSTEE	3 0	X		X				0	0	0
ELIZABETH L ALBRIGHT , TRUSTEE	3 0	X						0	0	0
DAVID B ARSHT DO , TRUSTEE	3 0	X						0	130,315	26,875
ARTHUR G BAKER MD , TRUSTEE	3 0	X						0	0	0
ROBERT M BARBACANE CPA , TRUSTEE	3 0	X						0	0	0
WILLIAM R BECKWITH MD , TRUSTEE	3 0	X						0	0	0
CORLISS BOGGS , TRUSTEE	3 0	X						0	0	0
ROBERT J BRUCE , TRUSTEE	3 0	X						0	0	0
MARK H DAMBLY , TRUSTEE	3 0	X						0	0	0
SHAWN P OBRIEN , TRUSTEE	3 0	X						0	0	0
JEROME S PARKER PHD , TRUSTEE	3 0	X						0	0	0
THOMAS J PARKER , TRUSTEE	3 0	X						0	0	0
J RICHARDS SEE PT 3 TOTAL 2008 , COMP $859,811)TRUSTEE-PRES/CEO	55 0	X		X				941,722	0	222,186
SARA B SCHUKRAFT , TRUSTEE	3 0	X						0	0	0
ROBERT N SPEARE ESQ , TRUSTEE	3 0	X						0	0	0
JOHN D SPRANDIO MD , TRUSTEE	3 0	X						0	0	0
SUSAN L WILLIAMS MD , TRUSTEE	3 0	X						0	306,446	26,174
RICHARD I BENNETT , EXECUTIVE VP/COO	55 0			X				570,158	0	199,256
DONALD W LEGREID ESQ , ASST SEC-VP/GENERAL COUNSEL	55 0			X				318,721	0	26,393
PHILIP J RYAN CPA , ASST TREASURER - SVP/CFO	55 0			X				253,951	0	32,908
ROBERT E WILSON , ASST SECRETARY-SVP/ADMIN & CIO	55 0			X				514,859	0	193,557
ERIC DOBKIN , VP, QUALITY & PATIENT SAFETY	55 0					X		373,333	0	30,843
BRADLEY A PRECHTL , PRESIDENT, HAN	3 0					X		301,887	0	23,046
WILLIAM MCCUNE , PRESIDENT, DCMH	3 0					X		300,572	0	28,894
RICHARD D MADISON , VP, REVENUE CYCLE OPERATIONS	55 0					X		257,402	0	34,369
PETER J GUZZETTI , VP, MANAGED CARE	55 0					X		238,818	0	23,510
GERALD MILLER , FORMER OFFICER	0 0						X	266,504	0	26,742

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
ROY T SANTARELLA , FORMER OFFICER	0 0						X	213,854	0	17,538
JOHN C MCMEEKIN , FORMER OFFICER	0 0						X	189,422	0	17,928

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

CROZER-KEYSTONE HEALTH SYSTEM IS COMMITTED TO THE IMPROVED HEALTH STATUS OF THOSE WE SERVE. THROUGH A SEAMLESS, USER-FRIENDLY CONTINUUM OF QUALITY HEALTH SERVICES INCLUDING PRIMARY AND HEALTH PROMOTION, ACUTE AND LONG-TERM CARE, THROUGH REHABILITATION AND RESTORATIVE CARE, CROZER-KEYSTONE WILL DEPLOY ITS RESOURCES IN A COST-EFFECTIVE AND COMMUNITY-RESPONSIVE MANNER. WORKING IN PARTNERSHIP WITH OUR PHYSICIANS AND OTHER HEALTH PROFESSIONALS, WE WILL SEEK TO FORGE NEW ALLIANCES WITH OTHER COMMUNITY HEALTH AND SOCIAL SERVICE ORGANIZATIONS. WORKING WITH OUR COMMUNITY, OUR GOAL IS TO BUILD A HEALTHY PLACE TO LIVE AND WORK, AND A SOUND ENVIRONMENT IN WHICH TO BUILD AND MAINTAIN OUR FAMILIES. PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT.

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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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

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

- 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," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- 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," to Form 990, Part IV, Line 5 (Proxy Tax)

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

Name of the organization	Employer identification number
CROZER-KEYSTONE HEALTH SYSTEM	22-2540851

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

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

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal 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-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☑ if the filing organization belongs to an affiliated group
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)	0	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	213,493	213,493
c Total lobbying expenditures (add lines 1a and 1b)	213,493	213,493
d Other exempt purpose expenditures	50,169,723	861,293,507
e Total exempt purpose expenditures (add lines 1c and 1d)	50,383,216	861,507,000
f Lobbying nontaxable amount Enter the amount from the following table in both columns—	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a Enter -0- if line g is more than line a	0	
i Subtract line 1f from line 1c Enter -0- if line f is more than line c	0	

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

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 instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	103,000	121,699	188,783	213,493	626,975
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

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

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible 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 (line 2c total minus 3 and 4)	5 $

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, QUESTION 1	THE ORGANIZATION IS THE PARENT ENTITY OF THE CROZER-KEYSTONE HEALTH SYSTEM AND CONTROLLED AFFILIATES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM CROZER-KEYSTONE HEALTH SYSTEM PAYS ALL LOBBYING EXPENDITURES ON BEHALF OF ALL AFFILIATES WITHIN THE SYSTEM AND REPORTS THESE EXPENDITURES ON THE CROZER-KEYSTONE HEALTH SYSTEM FEDERAL FORM 990 THESE LOBBYING EXPENDITURES INCLUDE (1) PAYMENTS TO OUTSIDE INDEPENDENT FIRMS, (2) AN ALLOCATED PORTION OF THE DUES PAID TO THE AMERICIAN HOSPITAL ASSOCIATION AND THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND (3) AN ALLOCATION OF THE TOTAL COMPENSATION OF THE PRESIDENT/CEO FOR TIME SPENT ON LOBBYING EFFORTS ON BEHALF OF CROZER-KEYSTONE HEALTH SYSTEM AND AFFILIATES

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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 why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		2,740,148		2,740,148
b Buildings		53,188,769	18,547,412	34,641,357
c Leasehold improvements		4,867,860	2,913,916	1,953,944
d Equipment		66,879	66,879	0
e Other		7,959,456	7,531,985	427,471
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				39,762,920

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
CARE ACTIVITIES	15,703,723	F
LIMITED USE	116,395	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	15,820,118	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER ASSETS	4,556,958
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	4,556,958

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO AFFILIATES	32,226,727
OTHER LIABILITIES	10,093,753
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	42,320,480

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	CROZER-KEYSTONE HEALTH SYSTEM ("CKHS") IS THE PARENT ORGANIZATION OF THE CROZER-KEYSTONE HEALTH SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM THE SYSTEM ISSUES CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE FIN 48 FOOTNOTE BELOW IS FROM THE SYSTEM'S FISCAL YEAR ENDED JUNE 30, 2008 CONSOLIDATED AUDITED FINANCIAL STATEMENTS IN 2006, FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF SFAS NO 109, ACCOUNTING FOR INCOME TAXES, WAS ISSUED FIN 48 CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITION 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, A TAX-EXEMPT ORGANIZATION MAY BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURES ITEMS PRIOR TO FIN 48, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR A 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, CKHS ADOPTED FIN 48 THE IMPACT OF THE ADOPTION OF FIN 48 ON CKHS'S CONSOLIDATED FINANCIAL STATEMENTS IS NOT SIGNIFICANT

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

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

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

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Caribbean	1	1	Program Services	INSURANCE	21,644,183
Totals . . . . . ▶	1	1			21,644,183

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country 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" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
MONITORING GRANT FUNDS	SCHEDULE F, PART I	THIS ORGANIZATION PAID CASSATT INSURANCE COMPANY, LTD $6,678,487, $11,318,158 AND $3,647,538 FOR MALPRACTICE INSURANCE FOR THE BENEFIT OF HEALTH ACCESS NETWORK, CROZER-CHESTER MEDICAL CENTER AND DELAWARE COUNTY MEMORIAL HOSPITAL, RESPECTIVELY, ALL RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-2540851
Name: CROZER-KEYSTONE HEALTH SYSTEM

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(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
HEALTH ACCESS NETWORK2602 WEST 9TH STREET CHESTER, PA 19013	23-2692637	501(C)(3)	5,943,000				CONTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
GRANT FUND MONITORING	SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID B ARSHT DO	(i)	0	0	0	0	0	0	0
	(ii)	99,458	9,723	21,134	6,850	20,025	157,190	9,723
J RICHARDS SEE PT 3 TOTAL 2008	(i)	612,883	180,000	148,839	207,737	14,449	1,163,908	304,097
	(ii)	0	0	0	0	0	0	0
SUSAN L WILLIAMS MD	(i)	0	0	0	0	0	0	0
	(ii)	235,944	30,881	39,621	12,350	13,824	332,620	30,881
RICHARD I BENNETT	(i)	426,524	111,563	32,071	181,010	18,246	769,414	111,563
	(ii)	0	0	0	0	0	0	0
DONALD W LEGREID ESQ	(i)	247,291	49,688	21,742	11,350	15,043	345,114	49,688
	(ii)	0	0	0	0	0	0	0
PHILIP J RYAN CPA	(i)	198,330	35,340	20,281	12,350	20,558	286,859	35,340
	(ii)	0	0	0	0	0	0	0
ROBERT E WILSON	(i)	324,592	87,150	103,117	184,700	8,857	708,416	167,445
	(ii)	0	0	0	0	0	0	0
ERIC DOBKIN	(i)	300,348	58,125	14,860	11,350	19,493	404,176	58,125
	(ii)	0	0	0	0	0	0	0
BRADLEY A PRECHTL	(i)	232,062	49,959	19,866	8,763	14,283	324,933	49,959
	(ii)	0	0	0	0	0	0	0
WILLIAM MCCUNE	(i)	231,072	46,190	23,310	11,350	17,544	329,466	46,190
	(ii)	0	0	0	0	0	0	0
RICHARD D MADISON	(i)	202,673	40,688	14,041	11,080	23,289	291,771	40,688
	(ii)	0	0	0	0	0	0	0
PETER J GUZZETTI	(i)	160,578	36,750	41,490	11,090	12,420	262,328	36,750
	(ii)	0	0	0	0	0	0	0
GERALD MILLER	(i)	59,331	0	207,173	0	26,742	293,246	199,649
	(ii)	0	0	0	0	0	0	0
ROY T SANTARELLA	(i)	190,546	0	23,308	6,175	11,363	231,392	0
	(ii)	0	0	0	0	0	0	0
JOHN C MCMEEKIN	(i)	0	0	189,422	0	17,928	207,350	189,422
	(ii)	0	0	0	0	0	0	0
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN E	OUTLINED BELOW IS THE TOTAL COMPENSATION FOR THE INDVIDUALS REPORTED IN THIS FORM 990 THESE AMOUNTS WERE DERIVED BY SUBTRACTING FROM SCHEDULE J-2, COLUMN (E), TOTAL COMPENSATION, THE AMOUNT REPORTED IN SCHEDULE J-2, COLUMN (F) AS THE TOTAL COLUMN (F) AMOUNTS REPRESENT AMOUNTS ATTRIBUTABLE TO AND REPORTED ON PRIOR YEAR'S FORMS 990 BY THE ORGANIZATION - DAVID ARSHT, D O , TRUSTEE, $147,467, - JOAN K RICHARDS, TRUSTEE - PRESIDENT/CEO, $859,811, - SUSAN L WILLIAMS, M D , TRUSTEE, $301,739, - RICHARD I BENNETT, EXECUTIVE VP/COO, $657,851, - DONALD W LEGREID, ESQ , ASSIST SEC-VP/GENERAL COUNSEL, $295,426, - PHILIP J RYAN, CPA, ASSISTANT TREASURER - SVP/CFO, $251,519, - ROBERT E WILSON, ASSISTANT SECRETARY-SVP/ADMIN & CIO, $540,971, - ERIC DOBKIN, VP, QUALITY & PATIENT SAFETY, $346,051, - BRADLEY A PRECHTL, PRESIDENT, HAN, $274,974, - WILLIAM MCCUNE, PRESIDENT DCMH, $283,276, - RICHARD D MADISON, VP, REVENUE CYCLE OPERATIONS, $251,083, - PETER J GUZZETTI, VP, MANAGED CARE, $225,578, - GERALD MILLER, FORMER OFFICER, $327,271, - ROY T SANTARELLA, FORMER OFFICER, $231,392 AND - JOHN C MCMEEKIN, FORMER OFFICER, $222,111
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B (III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AMOUNTS RELATING TO PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE INDIVIDUALS HAVE SATISFIED BOTH THE AGE AND THE YEARS OF SERVICE REQUIREMENTS SPECIFIED BY THE SERP THESE AMOUNTS WERE INCLUDED IN EACH INDIVIDUAL'S 2008 FORM W-2, AS TAXABLE WAGES - JOAN K RICHARDS, $124,097 - ROBERT E WILSON, $80,295 HOWEVER, THE INDIVIDUALS DID NOT ACTUALLY RECEIVE ALL OF THESE FUNDS THE INDIVIDUALS ONLY RECEIVED AN AMOUNT SUFFICIENT TO COVER THEIR RESPECTIVE INDIVIDUAL FEDERAL AND STATE TAX LIABILITIES ASSOCIATED WITH THEIR GROSS AMOUNT IN ADDITION THESE FUNDS STILL REMAIN SUBJECT TO A RISK OF RECEIPT BY THE INDIVIDUALS UNTIL THEIR RETIREMENT FROM EMPLOYMENT AT THE CROZER-KEYSTONE HEALTH SYSTEM THE AMOUNT REFLECTED IN COLUMN B(III)FOR THE FOLLOWING INDIVIDUALS INCLUDES AMOUNTS RELATING TO (1) INTERNAL REVENUE CODE ("IRC") SECTION 403(B) EMPLOYEE CONTRIBUTIONS, (2) IRC SECTION 457(B) EMPLOYEE CONTRIBUTIONS, (3) IMPUTED LONG-TERM DISABILITY INSURANCE, (4) PERSONAL USAGE OF AUTO ALLOWANCE, (5) IMPUTED GROUP TERM LIFE INSURANCE AND (6) PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") THE FOLLOWING AMOUNTS WERE INCLUDED IN EACH INDIVIDUAL'S 2008 FORM W-2, AS TAXABLE WAGES - DAVID B ARSHT, D O - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $20,500 AND IMPUTED GROUP TERM LIFE INSURANCE - $634, - JOAN K RICHARDS - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $20,500 AND PERSONAL USEAGE OF AUTO ALLOWANCE - $4,242, - SUSAN L WILLIAMS, M D - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $23,500, IRC SECTION 457(B) EMPLOYEE CONTRIBUTIONS - $15,500 AND IMPUTED GROUP TERM LIFE INSURANCE - $621, - RICHARD I BENNETT - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $20,514, IMPUTED LONG-TERM DISABILITY INSURANCE - $2,480, PERSONAL USAGE OF AUTO ALLOWANCE - $6,455 AND IMPUTED GROUP TERM LIFE INSURANCE - $2,622, - DONALD W LEGREID, ESQ - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $20,500 AND IMPUTED GROUP TERM LIFE INSURANCE - $1,242, - PHILIP J RYAN, CPA - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $18,500, IMPUTED LONG-TERM DISABILITY INSURANCE - $1,155 AND IMPUTED GROUP TERM LIFE INSURANCE - $626, - ROBERT E WILSON - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $20,500 AND IMPUTED GROUP TERM LIFE INSURANCE - $2,322, - ERIC DOBKIN - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $13,000 AND IMPUTED LONG-TERM DISABILITY INSURANCE - $1,860, - BRADLEY A PRECHTL - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $9,094, IRC SECTION 457(B) EMPLOYEE CONTRIBUTIONS - $9,000, IMPUTED LONG-TERM DISABILITY INSURANCE, $1,357 AND IMPUTED GROUP TERM LIFE INSURANCE - $415, - WILLIAM MCCUNE - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $20,500, IMPUTED LONG-TERM DISABILITY INSURANCE - $1,574 AND IMPUTED GROUP TERM LIFE INSURANCE - $1,236, - RICHARD D MADISON - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $11,596, IMPUTED LONG-TERM DISABILITY INSURANCE - $1,366 AND IMPUTED GROUP TERM LIFE INSURANCE - $1,079, - PETER J GUZZETTI - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $20,500, IRC SECTION 457(B) EMPLOYEE CONTRIBUTIONS - $14,800, IMPUTED LONG-TERM DISABILITY INSURANCE - $1,234, PERSONAL USAGE OF AUTO ALLOWANCE - $3,150 AND IMPUTED GROUP TERM LIFE INSURANCE - $1,806, - GERALD MILLER - IMPUTED GROUP TERM LIFE INSURANCE - $7,524 AND SERP - $199,649, - ROY T SANTARELLA - IRC SECTION 403(B) EMPLOYEE CONTRIBUTIONS - $11,046, IRC SECTION 457(B) EMPLOYEE CONTRIBUTIONS - 10,850 AND IMPUTED GROUP TERM LIFE INSURANCE - $1,412, AND - JOHN C MCMEEKIN - SERP - $189,422 THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES (1) IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS, (2) ACTUARIAL INCREASE IN PENSION AND (3) UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2008 FORM W-2, AS TAXABLE WAGES - DAVID ARSHT, D O - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION, $5,850, - JOAN K RICHARDS - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000, ACTUARIAL INCREASE IN PENSION - $10,350 AND SERP - $195,387, - SUSAN L WILLIAMS - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000 AND ACTUARIAL INCREASE IN PENSION - $10,350, - RICHARD I BENNETT - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000, ACTUARIAL INCREASE IN PENSION - $10,350 AND SERP - $168,660, - DONALD W LEGREID, ESQ - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $10,350, - PHILIP J RYAN, CPA - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000 AND ACTUARIAL INCREASE IN PENSION - $10,350, - ROBERT E WILSON - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000, ACTUARIAL INCREASE IN PENSION - $10,350 AND SERP - $173,350, - ERIC DOBKIN - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $10,350, - BRADLEY A PRECHTL - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $7,763, - WILLIAM MCCUNE - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $10,350, - RICHARD D MADISON - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $10,080, - PETER J GUZZETTI - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000 AND ACTUARIAL INCREASE IN PENSION - $9,090 AND - ROY T SANTARELLA - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $5,175
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7	THE FOLLOWING INDIVIDUALS RECEIVED NO BONUS WITH RESPECT TO THE FISCAL YEAR ENDED JUNE 30, 2009 THE AMOUNTS OUTLINED HEREIN REPRESENT PERFORMANCE BASED BONUSES PAID FOR THE FISCAL YEAR ENDED JUNE 30, 2008, NOT FOR THE ORGANIZATION'S FISCAL YEAR ENDED JUNE 30, 2009 THESE BONUS AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2008 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES - JOAN K RICHARDS, $180,000, - RICHARD I BENNETT, $111,563, - DONALD W LEGREID, ESQ , $49,688, - PHILIP J RYAN, CPA, $35,340, - ROBERT E WILSON, $87,150, - ERIC DOBKIN, $58,125, - BRADLEY A PRECHTL, $49,959, - WILLIAM MCCUNE, $46,190, - RICHARD D MADISON, $40,688 AND - PETER J GUZZETTI, $36,750 THE FOLLOWING INDIVIDUALS RECEIVED A PERFORMANCE BASED BONUS WITH RESPECT TO THE FISCAL YEAR ENDED JUNE 30, 2008, WHICH BONUS AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2008 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES - DAVID B ARSHT, D O , $9,723 AND - SUSAN L WILLIAMS, M D , $30,881
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2008 FORM W-2, BOX 5 MEDICARE WAGES AS FOLLOWS - JOAN K RICHARDS, $124,097, - ROBERT E WILSON, $80,295, - GERALD MILLER, $199,649 AND - JOHN C MCMEEKIN, $189,422 THESE AMOUNTS WERE REPORTED ON PRIOR YEAR FORMS 990 AS ACCRUED NON-TAXABLE BENEFITS THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES AN AMOUNT THAT WAS RECEIVED IN 2008 FOR PERFORMANCE BASED BONUSES PAID WITH RESPECT TO THE ORGANIZATION'S JUNE 30, 2008 FISCAL YEAR-END THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2008 FORM W-2, BOX 5 MEDICARE WAGES AS FOLLOWS - DAVID B ARSHT, D O , $9,723, - JOAN K RICHARDS, $180,000, - SUSAN L WILLIAMS, M D , $30,881, - RICHARD I BENNETT, $111,563, - DONALD W LEGREID, ESQ , $49,688, - PHILIP J RYAN, CPA, $35,340, - ROBERT E WILSON, $87,150, - ERIC DOBKIN, $58,125, - BRADLEY A PRECHTL, $49,959, - WILLIAM MCCUNE, $46,190, - RICHARD D MADISON, $40,688 AND - PETER J GUZZETTI, $36,750 THESE AMOUNTS WERE ALSO REPORTED ON THE ORGANIZATION'S FORM 990 FOR THE YEAR ENDED JUNE 30, 2008

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-2540851
Name: CROZER-KEYSTONE HEALTH SYSTEM

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID B ARSHT DO	(I)	0	0	0	0	0	0	0
	(II)	99,458	9,723	21,134	6,850	20,025	157,190	9,723
J RICHARDS SEE PT 3 TOTAL 2008	(I)	612,883	180,000	148,839	207,737	14,449	1,163,908	304,097
	(II)	0	0	0	0	0	0	0
SUSAN L WILLIAMS MD	(I)	0	0	0	0	0	0	0
	(II)	235,944	30,881	39,621	12,350	13,824	332,620	30,881
RICHARD I BENNETT	(I)	426,524	111,563	32,071	181,010	18,246	769,414	111,563
	(II)	0	0	0	0	0	0	0
DONALD W LEGREID ESQ	(I)	247,291	49,688	21,742	11,350	15,043	345,114	49,688
	(II)	0	0	0	0	0	0	0
PHILIP J RYAN CPA	(I)	198,330	35,340	20,281	12,350	20,558	286,859	35,340
	(II)	0	0	0	0	0	0	0
ROBERT E WILSON	(I)	324,592	87,150	103,117	184,700	8,857	708,416	167,445
	(II)	0	0	0	0	0	0	0
ERIC DOBKIN	(I)	300,348	58,125	14,860	11,350	19,493	404,176	58,125
	(II)	0	0	0	0	0	0	0
BRADLEY A PRECHTL	(I)	232,062	49,959	19,866	8,763	14,283	324,933	49,959
	(II)	0	0	0	0	0	0	0
WILLIAM MCCUNE	(I)	231,072	46,190	23,310	11,350	17,544	329,466	46,190
	(II)	0	0	0	0	0	0	0
RICHARD D MADISON	(I)	202,673	40,688	14,041	11,080	23,289	291,771	40,688
	(II)	0	0	0	0	0	0	0
PETER J GUZZETTI	(I)	160,578	36,750	41,490	11,090	12,420	262,328	36,750
	(II)	0	0	0	0	0	0	0
GERALD MILLER	(I)	59,331	0	207,173	0	26,742	293,246	199,649
	(II)	0	0	0	0	0	0	0
ROY T SANTARELLA	(I)	190,546	0	23,308	6,175	11,363	231,392	0
	(II)	0	0	0	0	0	0	0
JOHN C MCMEEKIN	(I)	0	0	189,422	0	17,928	207,350	189,422
	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III	MISSION ======= CROZER-KEYSTONE HEALTH SYSTEM IS COMMITTED TO THE IMPROVED HEALTH STATUS OF THOSE WE SERVE WE ARE FOCUSED ON PROVIDING THE HIGHEST QUALITY OF MEDICAL CARE AND ACTING DECISIVELY TO PREVENT DISEASE WHILE PARTNERING WITH THE COMMUNITY TO EDUCATE AND ENCOURAGE HEALTHY LIFE CHOICES BACKGROUND ========== CROZER-KEYSTONE HEALTH SYSTEM ("CKHS") IS A NOT FOR-PROFIT TAX-EXEMPT ORGANIZATION WITH ITS CENTRAL OFFICE IN SPRINGFIELD, PENNSYLVANIA CKHS IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTH CARE RELATED ORGANIZATIONS, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES THE INTERNAL REVENUE SERVICE HAS RECOGNIZED CKHS AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(C)(3) AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM IN PENNSYLVANIA, CKHS AND ITS AFFILIATES STRIVE TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTH CARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTH CARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING DELAWARE, CHESTER, MONTGOMERY AND PHILADELPHIA, PENNSYLVANIA, SOUTHERN NEW JERSEY AND NORTHERN DELAWARE CKHS ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE CKHS PROVIDES TREATMENT AND SERVICES TO APPROXIMATELY 42,300 INPATIENTS, OUTPATIENTS AND SAME DAY SURGERY PATIENTS, 133,000 EMERGENCY DEPARTMENT PATIENTS AND DELIVERS MORE THAN 3,700 BABIES ANNUALLY CKHS INCLUDES APPROXIMATELY 7,687 EMPLOYEES AND 960 VOLUNTEERS AS OUTLINED HEREIN, CKHS PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY CKHS PROVIDES MEDICALLY NECESSARY CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THE ESTABLISHED RATES BECAUSE CKHS DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE ADDITIONALLY, CKHS SPONSORS CERTAIN OTHER PROGRAMS WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO NEEDY POPULATIONS INCLUDING COMMUNITY SERVICE PROGRAMS AND SERVICES FOR SCHOOL-AGED CHILDREN AND THE ELDERLY CKHS ALSO ACTIVELY SPONSORS PROGRAMS ON HEALTH EDUCATION AND WELLNESS CKHS 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 AND COMMUNITY SERVICE POLICIES CHARITY CARE INCLUDES SERVICES TO UNINSURED PATIENTS WHO CKHS HAS DETERMINED QUALIFY FOR CHARITY CARE UNDER CKHS POLICIES SERVICES TO UNINSURED PATIENTS WHO ARE NOT ELIGIBLE FOR CHARITY CARE OR WHO CKHS WAS NOT ABLE TO DETERMINE THEIR ELIGIBILITY ARE NOT REPORTED AS CHARITY CARE BUT REPORTED IN THE PROVISION FOR BAD DEBTS ADDITIONALLY, CKHS SPONSORS MANY PROGRAMS AND PROVIDES OTHER PATIENT SERVICES WHICH DIRECTLY BENEFIT THE SURROUNDING COMMUNITY CKHS HOSPITALS AND MEDICAL CENTERS ========== CKHS PROVIDES SUBSTANTIAL COMMUNITY BENEFIT CKHS INCLUDES THE FOLLOWING HOSPITALS AND MEDICAL CENTERS 1 CROZER-CHESTER MEDICAL CENTER 2 DELAWARE COUNTY MEMORIAL HOSPITAL 3 TAYLOR HOSPITAL 4 SPRINGFIELD HOSPITAL 5 COMMUNITY HOSPITAL PURSUANT TO ITS CHARITABLE PURPOSES, EACH CKHS HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO PATIENTS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE BY ANY CKHS INSTITUTION IN ADDITION, EACH HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUAL'S REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4 CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF CKHS BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY THE OPERATIONS OF EACH HOSPITAL/MEDICAL CENTER, AS SHOWN THROUGH THE FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL/MEDICAL CENTER IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY COMMUNITY BENEFIT SUMMARY ========== OUTLINED BELOW PLEASE FIND A COMMUNITY BENEFIT SUMMARY OF CKHS FOR THE FISCAL YEAR ENDED JUNE 30, 2009 PLEASE NOTE THAT THIS SUMMARY REFLECTS NUMERICAL INFORMATION AT COSTS COMBINED BETWEEN CROZER-KEYSTONE HEALTH SYSTEM, CROZER-CHESTER MEDICAL CENTER, DELAWARE COUNTY MEMORIAL HOSPITAL AND HEALTH ACCESS NETWORK PLEASE NOTE THAT THIS INFORMATION IS NOT REFLECTED IN ACCORDANCE WITH THE IRS NEW FORM 990 RULES AND REGULATIONS FOR SCHEDULE H COMMUNITY BENEFIT CALCULATION PURPOSES, HOWEVER, CKHS BELIEVES THE FOLLOWING IS A REALISTIC CALCULATION OF ITS COMMUNITY BENEFIT FOR THE FISCAL YEAR ENDED JUNE 30, 2009 CKHS 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 AND COMMUNITY SERVICE POLICIES CROZER-KEYSTONE HEALTH SYSTEM COMMUNITY BENEFIT FY'09 INVENTORY GRAND FY'09 FY'09 FY'09 (7/1/08-6/30/09) TOTAL CKHS/HAN CCMC DCMH ========== ===== ======== ===== ===== COMMUNITY HEALTH SERVICES ---------- COMMUNITY HEALTH EDUCATION $1,343,652 $225,131 $826,577 $291,944 COMMUNITY BASED CLINICAL SVCS 21,624 16,746 4,878 HEALTH CARE SUPPORT SVCS 9,685 8,700 985 ---------- -------- -------- -------- SUB-TOTAL $1,374,961 $225,131 $852,023 $297,807 HEALTH PROFESSIONS EDUCATION ---------- PHYSICIANS/MEDICAL STUDENTS $5,217,245 $5,107,245 $110,000 TECHNICIANS 1,170,464 859,745 $310,719 OTHER 37,552 37,552 ---------- ---------- -------- SUB-TOTAL $6,425,261 $6,004,542 $420,719 SUBSIDIZED HEALTH SERVICES ---------- EMERGENCY AND TRAUMA SERVICES $4,921,498 $4,921,498 NEONATAL INTENSIVE CARE 735,765 (201,998) $937,763 WOMEN AND CHILDREN'S SERVICES 4,737,002 $674,317 3,015,660 1,047,025 ---------- -------- ---------- ---------- SUB-TOTAL $10,394,265 $674,317 $7,735,160 $1,984,788 RESEARCH -------- CLINICAL RESEARCH $265,170 $115,650 $149,520 FINANCIAL CONTRIBUTIONS ---------- CASH DONATIONS $15,000 $15,000 GRANTS 32,150 13,500 $18,650 IN-KIND DONATIONS 2,181 2,181 ---------- -------- ------- SUB-TOTAL $49,331 $30,681 $18,650 COMMUNITY BUILDING ACTIVITIES ---------- COALITION BUILDING $19,850 $19,850 COMMUNITY BENEFIT OPERATIONS ---------- DEDICATED STAFF $379,851 $297,352 $82,499 CHARITY CARE, AT COST $14,620,142 $11,262,161 $3,357,981 GOVERNMENT SPONSORED HEALTH CARE ---------- MEDICAID $18,928,257 $15,264,414 $3,663,843 ---------- -------- ---------- ---------- GRAND TOTAL $52,457,088 $899,448 $41,581,833 $9,975,807 ========== ======== ========== ========== PLEASE NOTE THAT THE GRAND TOTAL EXCLUDES $108,149,954 AT A COST OF $14,999,989 FOR CCMC AND $32,536,584 AT A COST OF $4,609,354 FOR DCMH DUE TO THOSE PATIENTS UNABLE TO PAY CO-INSURANCE/DECUCTIBLES, AND OTHER WRITE-OFFS FOR WHICH CKHS WAS UNABLE TO DEMONSTRATE ELIGIBILITY FOR CHARITY CARE, THUS CLASSIFIED AS BAD DEBT

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	INTRODUCTION ========== CKHS' MAJOR AREAS OF FOCUS INCLUDE - IMPROVING THE OVERALL HEALTH STATUS OF RESIDENTS IN DELAWARE COUNTY - MEASURING PROGRESS OF KEY HEALTH INDICATORS, AS IDENTIFIED IN HEALTHY PEOPLE 2010, AND REPORTING THESE TRENDS OVER TIME THE FOLLOWING LEADING HEALTH INDICATORS CHOSEN TO BE ADDRESSED BY CKHS REFLECT THE MAJOR PUBLIC HEALTH CONCERNS IN DELAWARE COUNTY - ACCESS TO QUALITY HEALTHCARE - MATERNAL AND CHILD HEALTH - RESPONSIBLE SEXUAL BEHAVIOR - CARDIOVASCULAR HEALTH IMPROVEMENT - EARLY DETECTION OF CANCER - IMPROVED BEHAVIORAL HEALTH - INJURY/VIOLENCE PREVENTION - WELLNESS/FITNESS - TARGETING RISK REDUCTION AND HEALTH PROMOTION INTERVENTIONS MEASUREMENT METHODOLOGY ========== TOOLS USED BY CKHS TO DETERMINE THE NEEDS OF THE COMMUNITY THAT CKHS SERVES INCLUDE THE FOLLOWING - PHILADELPHIA HEALTH MANAGEMENT CORPORATION HOUSEHOLD FIELD SURVEY - BRFSS - BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY - NCHS - NATIONAL CENTER FOR HEALTH STATISTICS - BUREAU OF THE CENSUS - STATISTICAL ABSTRACT OF THE U S - PA VITAL STATISTICS - PA DEPARTMENT OF HEALTH - NATIONAL HEALTH INTERVIEW SURVEY - COMMUNITY SURVEYS - FAITH BASED COMMUNITY SURVEYS STRATEGIES TO ADDRESS FINDINGS ========== CKHS RESPONDS TO THE DATA IT RECEIVES REGARDING THE COMMUNITIES IT SERVES BY THE FOLLOWING - EVALUATE PROVEN STRATEGIES THAT CURRENTLY EXIST TO ADDRESS IDENTIFIED COMMUNITY NEEDS - IF NO PROVEN STRATEGIES EXIST, DESIGN NEW PROGRAMS/OUTREACH MEASURES USING STRATEGIES PROVEN TO WORK WITH REGARD TO SIMILAR HEALTH ISSUES OR WITHIN SIMILAR COMMUNITIES - EVALUATE PROGRESS TOWARD MEETING 2010 GOALS - IDENTIFY INTERNAL AND EXTERNAL PARTNERS -COORDINATE AND COLLABORATE WITH INTERNAL/EXTERNAL PARTNERS TO ADDRESS COMMUNITY NEED - INCLUDE PARTNERS, AS WELL AS MEMBERS OF THE COMMUNITY CKHS PLANS TO SERVE IN THE DESIGN AND IMPLEMENTATION PHASE OF THE "ROLL-OUT" OF THE PROGRAM - DESIGN NEW PROGRAMS AND STRATEGIES TO ADDRESS OBSERVED NEED - INCLUDING A TOOL TO EVALUATE OUTREACH EFFORTS - PLAN STRATEGIES TO IMPLEMENT THE PROGRAM BOTH INTERNALLY AND EXTERNALLY PROCESS ======= CROZER-KEYSTONE HEALTH SYSTEM RESPONDS TO THE COMMUNITY'S IDENTIFIED NEEDS BY SEEKING OUT PARTNERSHIPS AND OPPORTUNITIES WHICH WILL TARGET THE IDENTIFIED NEEDS SELECTION OF STAFF TAKES INTO CONSIDERATION THE INDIVIDUAL AND CULTURAL COMPOSITION OF THE COMMUNITIES TO BE SERVED CKHS HAS FOUND THAT INDIVIDUALS IDENTIFY MORE CLOSELY AND ARE MORE INCLINED TO PARTICIPATE IN PROGRAMS WHERE THERE ARE INDIVIDUALS OF SIMILAR CHARACTERISTICS ONCE STAFF IS SELECTED, TRAINING AND SUPERVISION OCCUR ON AN ON-GOING BASIS TO ASSURE THAT TARGETED GOALS ARE BEING MET AND THAT THE COMMUNITY IS POSITIVELY RESPONDING TO PROGRAMS COMMUNITY PROGRAMS TAKE PLACE IN SEVERAL VENUES SUCH AS SCHOOLS, HOSPITALS, HOUSING UNITS, COMMUNITY CENTERS, CHURCHES AND SHOPPING AREAS EACH ENCOUNTER IS INTENDED TO RAISE AWARENESS ABOUT COMMUNITY HEALTH AND RESOURCES THAT ARE AVAILABLE TO ADDRESS COMMUNITY HEALTH NEEDS COMMUNICATION REGARDING COMMUNITY HEALTH ACTIVITIES IS IN THE FORM OF FLYERS, POSTERS, BUSINESS CARDS, TELEVISION, RADIO AND NEWSPRINT HEALTH LITERACY IS TAKEN INTO CONSIDERATION WHEN GENERATING ALL COMMUNITY HEALTH COMMUNICATIONS AS CKHS CONTINUES WORKING TOWARD ACHIEVING THE HEALTHY PEOPLE 2010 GOALS FOR DELAWARE COUNTY CKHS MUST BUILD HEALTH COMMUNITY PARTNERSHIPS WITH VARIOUS COMMUNITY ORGANIZATIONS AND INDIVIDUALS IT IS IMPERATIVE THAT ALL SECTORS OF THE COMMUNITY (HEALTHCARE, BUSINESS, EDUCATION, GOVERNMENT, LAW ENFORCEMENT, PUBLIC HEALTH AND OTHERS) RECOGNIZE AND EMBRACE THEIR PUBLIC ACCOUNTABILITY FOR COMMUNITY HEALTH A TRULY HEALTHY COMMUNITY REQUIRES A COLLABORATIVE EFFORT BY ALL THE SHAREHOLDERS IN THE COMMUNITY CKHS IS COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR ALL WHO LIVE, WORK AND PLAY IN DELAWARE COUNTY SELECTED ACCOMPLISHMENTS ========== - CBISA COMMUNITY BENEFIT DATABASE CBISA IS AN ONLINE DATABASE USED TO TRACK CKHS' COMMUNITY BENEFIT ACTIVITIES THESE BENEFIT ACTIVITIES INCLUDE FREE CARE, PROGRAMS, AND INFORMATION PROVIDED TO THE COMMUNITY THROUGH HEALTH FAIRS, SPECIAL EVENTS, SCHOOL SYSTEMS, AND CKHS FACILITIES THIS OUTREACH REPRESENTS A SIGNIFICANT FINANCIAL CONTRIBUTION ON THE PART OF THE HEALTH SYSTEM AS WELL AS THOUSANDS OF HOURS DEDICATED BY CKHS STAFF AND VOLUNTEERS IN THE SUMMER OF 2007, STANDARDS AND DOCUMENTATION WERE PRODUCED TO ENSURE THAT ALL COMMUNITY BENEFIT ACTIVITIES PERFORMED BY CKHS WERE CAPTURED IN A STANDARDIZED AND USEFUL MANNER BY THE END OF THE 2008 FY, ALMOST ALL COMMUNITY BENEFIT PROGRAMS BEGAN BEING TRACKED THROUGH THE CBISA DATABASE AS A RESULT, REPORTS CAN EASILY BE PRODUCED THAT PROVIDE EXPENDITURES, INDIVIDUALS REACHED, AND STAFF AND VOLUNTEER HOURS SPENT REPORTING CAN BE DESIGNED BOTH SYSTEM-WIDE AND ALSO ON INDIVIDUAL DEPARTMENT OR PROGRAM BASIS OUTREACH EFFORTS HAVE ALSO BEEN IDENTIFIED WITHIN THE HEALTHY PEOPLE 2010 GOAL STRUCTURE WHICH ALLOWS THE DATABASE TO PROVIDE INFORMATION ABOUT MEETING THESE IMPORTANT GOALS AND INDICATORS FOR COMMUNITY HEALTH THE CBISA DATABASE ESTIMATES THAT FOR THE FISCAL YEAR ENDED JUNE 30, 2009, APPROXIMATELY 100,000 INDIVIDUALS IN THE COMMUNITY HAVE BEEN REACHED THROUGH COMMUNITY OUTREACH PROGRAMS - CHESTER UPLAND SCHOOL DISTRICT/CKHS ALLIED HEALTH HIGH SCHOOL OPENING ITS DOORS IN SEPTEMBER 2008, THIS SCHOOL A COLLABORATE EFFORT WILL PREPARE AND MOTIVATE STUDENTS TO PURSUE FURTHER EDUCATION TOWARD A CAREER IN THE MEDICAL SCIENCES THROUGH SPECIALIZED CURRICULUM AND COMMUNITY BASED PARTNERSHIPS STUDENTS WILL HAVE BOTH THEORETICAL AND PRACTICAL EXPERIENCES IN THE HEALTH SCIENCES - CHESTER YOUTH COLLABORATIVE EXPANSION THE CHESTER YOUTH COLLABORATIVE (CYC) IS A CITY-WIDE NETWORK AIMED AT INCREASING THE QUALITY AND NUMBER OF OPPORTUNITIES FOR YOUTH IN CHESTER TO SUPPORT YOUTH IN TRANSITIONING INTO HEALTHY, PRODUCTIVE MEMBERS OF SOCIETY CROZER WELLNESS CENTER SERVES AS THE LEAD ORGANIZATION FOR THE NETWORK CYC WAS LAUNCHED IN 2005 WITH A THREE-YEAR $1 1 MILLION GRANT FROM PHILADELPHIA'S WILLIAM PENN FOUNDATION BECAUSE THE CROZER WELLNESS CENTER HAS BEEN EXTREMELY SUCCESSFUL IN ACHIEVING THE OUTCOMES DICTATED BY THE WILLIAM PENN FOUNDATION IN THE 2005 GRANT, A SECOND 3-YEAR GRANT WAS AWARDED IN SPRING 2008 AT $1 9 MILLION, THIS GRANT WAS SIGNIFICANTLY LARGER THAN THE FIRST PLEASE SEE CROZER WELLNESS CENTER'S INFORMATION BELOW FOR DETAILS - CKHS IS SMOKE-FREE THE ENTIRE HEALTH SYSTEM WENT SMOKE-FREE ON JULY 4, 2008 SMOKING IS PROHIBITED ON ANY CAMPUS PROPERTY, INCLUDING IN AN INDIVIDUAL'S CAR OR THE PARKING LOTS TO SUPPORT THIS TRANSITION, FREE SMOKING CESSATION CLASSES HAVE BEEN HELD THROUGHOUT THE HEALTH SYSTEM, BOTH DURING LUNCHTIME AND IN THE EVENING - CKHS/WIDENER COLLABORATIVE CKHS CONTINUES TO WORK COLLABORATIVELY WITH WIDENER UNIVERSITY TO EXPAND OUR CAPABILITY AS A SYSTEM TO MORE FAVORABLY POSITION OURSELVES TO OBTAIN GRANT FUNDING, THUS EXPANDING OUR ABILITY TO MEET THE NEEDS OF THE COMMUNITY THAT WE SERVE WORK GROUPS HAVE BEEN DEVELOPED AROUND AS FOLLOWS GERIATRICS, MATERNAL AND CHILD HEALTH, ADOLESCENT HEALTH, AND VIOLENCE PREVENTION AN OUTCOME OF THIS COLLABORATIVE EFFORT HAS BEEN THAT BOTH CKHS AND WIDENER REPRESENTATIVES HAVE AN UNDERSTANDING OF THE AREAS IN WHICH WE CAN COMPLEMENT EACH OTHER, BOTH IN OUR DAY-TO-DAY WORKINGS, AS WELL AS THE STRENGTH THIS COLLABORATION MAY BRING US IN THE ABILITY TO ACCESS FUNDS TO MEET COMMUNITY NEED - STRATEGIES PLANNED TO ELIMINATE IDENTIFIED DISPARITIES CKHS COMMUNITY HEALTH EDUCATION, WORKING WITH DELCO MEMORIAL FOUNDATION RECEIVED A $200,000 GRANT FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH TO EXPAND EXISTING CULTURAL COMPETENCY TRAININGS TO CKHS MEDICAL RESIDENTS, PHYSICIANS AND NURSES AS WELL AS TO ENROLLEES ATTENDING THE SIX CKHS ALLIED HEALTH CERTIFICATION PROGRAMS AND STAFF AT CHESPENN HEALTH SERVICES (A FEDERALLY QUALIFIED HEALTH CENTER LOCATED IN CHESTER, PA) PROGRAM HAS COLLABORATED WITH WIDENER UNIVERSITY FACULTY TO UPDATE OUR CURRENT CULTURAL DIVERSITY HANDBOOK, IMPROVE PROGRAM CURRICULUM AND PLACE BOTH THE HANDBOOK AND CURRICULUM IN AN ON-LINE FORMAT TO ENSURE EASE OF USE AND TO IMPROVE THE NUMBER OF HEALTHCARE PROVIDERS WHO ARE SENSITIVE TO THE CULTURAL NORMS OF THE INDIVIDUALS WE SERVE IN OUR COMMUNITY IN AN EFFORT TO PROVIDE QUALITY CARE TO ALL PEOPLE

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	- HISPANIC RESOURCE CENTER LOCATED AT COMMUNITY HOSPITAL, THIS CENTER OFFERS SERVICES IN TRANSLATION AND INTERPRETING, AS WELL AS ASSISTANCE IN ACCESSING HEALTH AND SOCIAL SERVICES, FORMS AND APPLICATION COMPLETION, AND REFERRALS TO COMMUNITY AGENCIES THE CENTER IS OPEN ON WEDNESDAYS FROM 11 00 A M UNTIL 3 00 P M AND IS PROVIDED THROUGH A COMMUNITY COLLABORATION SPEARHEADED BY CROZER-KEYSTONE'S HEALTHY START PROGRAM FOR THE PERIOD JANUARY 1 - JUNE 30, 2009, THE HISPANIC RESOURCE CENTER SERVED 114 CLIENTS THESE CLIENTS BENEFITED FROM ADVOCACY, INTERPRETATION, REFERRALS, ASSISTANCE WITH APPLICATIONS AND CORRESPONDENCE TRANSLATION SERVICES THE HISPANIC RESOURCE CENTER WORKED WITH MORE THAN 22 DIFFERENT COMMUNITY ORGANIZATIONS AND AGENCIES TO PROVIDE ASSISTANCE TO CLIENTS THE HISPANIC RESOURCE CENTER HAS A STAFF OF TWO DEDICATED VOLUNTEERS THE CENTER HAS A HISPANIC RESOURCE CENTER ADVISORY COMMITTEE THAT MEETS THE THIRD TUESDAY OF EVERY MONTH TO DISCUSS ISSUES AND CONCERNS OF HISPANIC COMMUNITY RESIDENTS MORE THAN 15 ORGANIZATIONS ARE MEMBERS OF THE HISPANIC RESOURCE CENTER ADVISORY COUNCIL THE HISPANIC RESOURCE CENTER RECENTLY REPORTED THAT "MOST OF THE HISPANIC COMMUNITY RESIDENTS THAT ACCESS THE RESOURCE CENTER VISIT IT TO OBTAIN SUPPORT IN READING CORRESPONDENCE AND FILLING OUT FORMS MOST OF THE APPLICATIONS AND FORMS ARE FROM THE SOCIAL SECURITY ADMINISTRATION OFFICE, DEPARTMENT OF PUBLIC WELFARE, HOUSING DEVELOPMENTS, OR FROM A HEALTH INSURANCE COMPANY ALSO VISITORS WANT TO KNOW WHAT SERVICES ARE AVAILABLE FOR ESL (ENGLISH AS A SECOND LANGUAGE), EMPLOYMENT, CHILDCARE, MEDICAL BILLS OR FREE CLINICS, IMMIGRATION AND COMMUNITY RESOURCES IN GENERAL - BRINGING PEOPLE TO THE TABLE THE COMMUNITY HEALTH COMMITTEE MEETING BRINGS INDIVIDUALS TOGETHER FROM ACROSS THE SYSTEM THIS OPPORTUNITY TO SHARE IDEAS AND INFORMATION, AND TO COLLABORATE IN THEIR EFFORTS TO PROVIDE OUTREACH AND IMPROVE THE HEALTH OF OUR COMMUNITY CROZER-CHESTER MEDICAL CENTER ========== CROZER-CHESTER MEDICAL CENTER ("CCMC"), A SUBSIDIARY OF CKHS, IS A 456-BED NOT-FOR-PROFIT TEACHING HOSPITAL CROZER-CHESTER MEDICAL CENTER WAS ESTABLISHED IN 1963 WITH THE MERGER OF CHESTER HOSPITAL (C 1883) AND CROZER HOSPITAL (C 1902), AND BECAME ONE OF THE FOUNDING HOSPITALS OF CKHS IN 1990 TODAY, CCMC ADMITS MORE THAN 22,000 PATIENTS, TREATS APPROXIMATELY 53,000 EMERGENCY DEPARTMENT PATIENTS, AND DELIVERS ABOUT 2,000 BABIES A YEAR IN 2006, CCMC OPENED THE DOORS TO A NEW 40,000 SQUARE FOOT EMERGENCY DEPARTMENT, WHICH MORE THAN DOUBLED THE SPACE AND ENHANCED PRIVACY AND COMFORT FOR PATIENTS AND FAMILIES IN 2007, THE CROZER-KEYSTONE CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE OPENED ON THE CROZER CAMPUS, OFFERING PATIENTS WITH CHRONIC WOUNDS ADVANCED OUTPATIENT WOUND CARE DELIVERED BY A MULTIDISCIPLINARY TEAM OF SPECIALISTS AND IN 2008, THE BERTRAM SPEARE OUTPATIENT PAVILION OPENED, OFFERING IMPROVED ACCESS FOR PEOPLE COMING TO THE HOSPITAL FOR OUTPATIENT PROCEDURES CCMC'S FEATURED SERVICES INCLUDE - ACUTE CARE OF ELDERS (ACE) UNIT - COMPREHENSIVE CARDIAC SERVICES, INCLUDING OPEN HEART SURGERY - CENTER FOR MATERNAL FETAL MEDICINE - CENTER FOR MINIMALLY INVASIVE AND BARIATRIC SURGERY - CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE - CROZER-KEYSTONE HUMAN MOTION INSTITUTE AT CROZER-CHESTER MEDICAL CENTER, ENCOMPASSING ORTHOPEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVICES, AS WELL AS A DEDICATED JOINT/SPINE UNIT FOR INPATIENTS - CROZER REGIONAL TRAUMA CENTER, THE ONLY ONE OF ITS KIND IN THE REGION - CROZER REPRODUCTIVE ENDOCRINOLOGY AND FERTILITY CENTER - EMERGENCY DEPARTMENT - FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP CROZER REGIONAL CANCER CENTER - INPATIENT PEDIATRIC UNIT - INTERVENTIONAL PAIN MANAGEMENT CENTER - INTERVENTIONAL RADIOLOGY - LEVEL III INTENSIVE CARE NURSERY - MATERNITY CENTER AND COMPREHENSIVE GYNECOLOGIC SERVICES - ADVANCED INPATIENT AND OUTPATIENT MEDICAL IMAGING SERVICES, INCLUDING MRI AND WOMEN'S IMAGING - NATIONALLY RECOGNIZED NATHAN SPEARE REGIONAL BURN TREATMENT CENTER - PARKINSON'S DISEASE AND MOVEMENT DISORDER CENTER - ADULT AND PEDIATRIC SURGERY, INCLUDING VASCULAR SURGERY - TEMPLE-CROZER KIDNEY TRANSPLANT ALLIANCE DELAWARE COMMUNITY MEMORIAL HOSPITAL ========== DELAWARE COUNTY MEMORIAL HOSPITAL ("DCMH"), ONE OF THE FOUNDING HOSPITALS OF CKHS, IS A 234-BED NOT-FOR-PROFIT COMMUNITY HOSPITAL THAT OFFERS A BROAD RANGE OF ACUTE AND SPECIALIZED SERVICES FOUNDED IN 1925, DCMH CURRENTLY ADMITS 11,200 PATIENTS, TREATS 40,000 EMERGENCY DEPARTMENT PATIENTS, AND DELIVERS MORE THAN 1,600 BABIES EACH YEAR FEATURED SERVICES INCLUDE - NEW EMERGENCY DEPARTMENT AND 14-BED CRITICAL INTENSIVE CARE UNIT - FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP THE DELAWARE COUNTY REGIONAL CANCER CENTER - MRI - CRITICAL INTENSIVE CARE UNIT - POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY (PET/CT) IMAGING - WOMAN'S DIAGNOSTIC CENTER - THE MATERNITY CENTER AND COMPREHENSIVE GYNECOLOGIC SERVICES - LEVEL IIA NEONATAL INTENSIVE CARE NURSERY - SURGICENTER, A FULL RANGE OF INPATIENT AND OUTPATIENT SURGICAL SERVICES - OUTPATIENT REHABILITATION AND SPORTS MEDICINE CENTER - CROZER-KEYSTONE HUMAN MOTION INSTITUTE AT DELAWARE COUNTY MEMORIAL HOSPITAL, ENCOMPASSING ORTHOPEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVICES - HEALTHLINE SERVICES FOR COMMUNITY EDUCATION TAYLOR HOSPITAL ========== TAYLOR HOSPITAL (C 1910), A DIVISION OF CROZER-CHESTER MEDICAL CENTER, JOINED CKHS IN 1997 IT IS A 156-BED NOT-FOR-PROFIT COMMUNITY HOSPITAL THAT OFFERS A RANGE OF ACUTE AND SPECIALIZED SERVICES EACH YEAR, TAYLOR HOSPITAL ADMITS MORE THAN 7,700 PATIENTS AND RECEIVES MORE THAN 28,000 EMERGENCY DEPARTMENT VISITS FEATURED SERVICES INCLUDE - EMERGENCY DEPARTMENT - FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP - CROZER-KEYSTONE HUMAN MOTION INSTITUTE AT TAYLOR HOSPITAL, ENCOMPASSING ORTHOPEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVICES - CARDIAC CATHETERIZATION LABORATORY AND CARDIOVASCULAR LABORATORY - ADULT MEDICAL AND SURGICAL SERVICES - DEXA SCAN MACHINE WITH INSTANT VERTEBRAL ASSESSMENT - SLEEP CENTERS SPRINGFIELD HOSPITAL ========== FOUNDED IN 1960, THE MODERN-DAY SPRINGFIELD HOSPITAL, A DIVISION OF CROZER-CHESTER MEDICAL CENTER, IS A 33-BED NOT-FOR-PROFIT COMMUNITY HOSPITAL THAT PROVIDES COMPREHENSIVE ACUTE-CARE SERVICES AND WELLNESS CARE EACH YEAR, SPRINGFIELD HOSPITAL ADMITS MORE THAN 1,700 PATIENTS AND RECEIVES MORE THAN 12,000 EMERGENCY DEPARTMENT VISITS SPRINGFIELD HOSPITAL IS CONNECTED TO THE PAVILIONS THAT HOUSE CKHS' CORPORATE OFFICES AND THE HEALTHPLEX SPORTS CLUB SPRINGFIELD'S CLINICAL OFFERINGS INCLUDE - EMERGENCY DEPARTMENT - CRITICAL CARE UNIT - CENTER FOR DIABETES - CARDIAC AND PULMONARY REHABILITATION - DIAGNOSTIC IMAGING CENTER, INCLUDING POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY (PET/CT) IMAGING - FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP - CROZER-KEYSTONE HUMAN MOTION INSTITUTE AT SPRINGFIELD HOSPITAL, ENCOMPASSING ORTHOPEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVICES - CROZER-KEYSTONE HEART INSTITUTE - SURGERY CENTER - CROZER-KEYSTONE SPORTS MEDICINE INSTITUTE - CENTER FOR PREVENTIVE MEDICINE, A CENTER FOR OCCUPATIONAL HEALTH AND A DESIGNATED UNITED STATES OLYMPIC COMMITTEE SPORTS SCIENCE AND TECHNOLOGY NATIONAL NETWORK SITE ESTABLISHED IN 1996 TO COMPLEMENT THE FULL RANGE OF HEALTH AND WELLNESS PROGRAMS AT SPRINGFIELD HOSPITAL AND THROUGHOUT CKHS, THE HEALTHPLEX SPORTS CLUB IS CONSIDERED ONE OF THE LARGEST AND MOST FULLY INTEGRATED CENTERS OF ITS KIND IN THE UNITED STATES MORE THAN 6,000 MEMBERS BELONG TO THE 176,000-SQUARE-FOOT SPORTS CLUB, WHICH OFFERS THE FOLLOWING PROGRAMS AND SERVICES - COURTS FOR TENNIS, RACQUETBALL, SQUASH AND HANDBALL - 1/5 MILE INDOOR RUNNING TRACK - THREE BASKETBALL COURTS - COMPREHENSIVE EQUIPMENT FOR CARDIOVASCULAR TRAINING AND STRENGTH AND CONDITIONING - A SIX-LANE, 25-YARD LAP POOL AND A THERAPY POOL - FULL-SERVICE SALON AND CHILD CARE - MORE THAN A DOZEN COMPREHENSIVE WELLNESS PROGRAMS FOR PEOPLE OF ALL AGES AND CONDITIONS, INCLUDING AQUA ARTHRITIS, OSTEO FIT, AQUA MOM AND A VARIETY OF "MOMS IN MOTION" OFFERINGS

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	COMMUNITY HOSPITAL ========== COMMUNITY HOSPITAL, A DIVISION OF CROZER-CHESTER MEDICAL CENTER, COORDINATES A FULL RANGE OF OUTPATIENT BEHAVIORAL AND COMMUNITY HEALTH SERVICES AS WELL AS PRIMARY CARE THE FACILITY WAS FOUNDED AS SACRED HEART HOSPITAL IN 1953 AND LATER RENAMED COMMUNITY HOSPITAL IN 1992 WHEN IT JOINED CKHS TODAY, COMMUNITY HOSPITAL IS A SINGLE, CONVENIENT PLACE FOR FAMILIES TO COME FOR ALL OF THEIR SOCIAL SERVICE NEEDS BY PARTNERING WITH 20-PLUS ORGANIZATIONS LIKE THE CHESTER EDUCATION FOUNDATION, THE CHESTER HOUSING AUTHORITY, AND CHESPENN HEALTH SERVICES - FEDERALLY FUNDED COMMUNITY HEALTH CENTERS - COMMUNITY HOSPITAL HAS BECOME A TRUE COMMUNITY ASSET FEATURED SERVICES INCLUDE - MENTAL HEALTH SERVICES - ADULT AND PEDIATRIC PRIMARY CARE, DENTISTRY THROUGH THE CHESPENN CENTER FOR FAMILY HEALTH - WOMEN'S AND CHILDREN'S HEALTH SERVICES, INCLUDING THE CROZER-KEYSTONE HEALTHY START PROGRAM - SUBSTANCE ABUSE SERVICES CKHS CENTERS OF EXCELLENCE ========== 1 CANCER IF YOU OR SOMEONE YOU LOVE NEEDS CANCER CARE, OR IF YOU ARE CONCERNED ABOUT YOUR RISK OF CANCER, TURN TO CKHS - OFFERING COMPASSIONATE, STATE-OF-THE-ART CARE, CLOSE TO HOME WE ARE HERE TO SUPPORT YOU AND TEND TO YOUR NEEDS, EVERY STEP OF THE WAY WE GUARANTEE YOU THE COMMITMENT OF EVERY PHYSICIAN, HEALTH CARE PROFESSIONAL AND CARING PERSON YOU ENCOUNTER WITHIN THE CKHS OUR PATIENTS FURTHER BENEFIT FROM THE STRENGTH OF THE NEW CLINICAL AND RESEARCH PARTNERSHIP BETWEEN CKHS AND FOX CHASE CANCER CENTER FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP, WHICH EXPANDS ON THE SUCCESSFUL PARTNERSHIP BETWEEN FOX CHASE CANCER CENTER AND DELAWARE COUNTY REGIONAL CANCER CENTER, PROVIDES PATIENTS WITH AN EVEN GREATER LEVEL OF ACCESS TO CLINICAL TRIALS AND PROGRAMS TO PREVENT AND TREAT CANCER CKHS OFFERS CANCER PREVENTION, DIAGNOSTIC, TREATMENT, AND SUPPORT SERVICES AT THE FOLLOWING REGIONAL CANCER CENTERS A CROZER REGIONAL CANCER CENTER ---------- ---------- LOCATED AT CROZER-CHESTER MEDICAL CENTER, THE FOUR-STORY CANCER CENTER WAS COMPLETED IN 2001 TO BRING ADVANCED TECHNOLOGY, PROGRAMS AND SERVICES TOGETHER IN ONE LOCATION - PROVIDING A LEVEL OF CARE THAT RIVALS ANY UNIVERSITY-BASED CANCER CENTER IN THE WORLD AS PART OF THE CKHS, THE CANCER CENTER HOUSES COMPREHENSIVE DIAGNOSTIC AND TREATMENT PROGRAMS, AS WELL AS PREVENTION, EDUCATION AND COMPLEMENTARY TREATMENT RESOURCES IN ONE LOCATION THE CANCER CENTER HAS RECEIVED APPROVAL WITH COMMENDATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS OUR APPROACH TO TREATING PEOPLE WITH CANCER IS BASED UPON A PATIENT'S INDIVIDUAL NEEDS TO MEET THESE NEEDS, A MULTIDISCIPLINARY TEAM OF SPECIALISTS THAT MAY INCLUDE MEDICAL ONCOLOGISTS, SURGEONS, PATHOLOGISTS AND RADIATION ONCOLOGISTS PROVIDE COORDINATED TREATMENTS FOR PATIENTS THE CANCER CENTER IS DESIGNED TO NOT ONLY DELIVER HIGH TECH TREATMENTS, BUT TO SOOTHE THE SPIRIT INTERIOR GARDENS, WATERFALLS AND OTHER FEATURES PROVIDE PATIENTS WITH A BRIEF HAVEN FROM THE OUTSIDE WORLD PATIENTS ALSO BENEFIT FROM THE STRENGTH OF THE NEW CLINICAL AND RESEARCH PARTNERSHIP BETWEEN CKHS AND FOX CHASE CANCER CENTER THE FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP, WHICH EXPANDS ON THE SUCCESSFUL PARTNERSHIP BETWEEN FOX CHASE CANCER CENTER AND DELAWARE COUNTY REGIONAL CANCER CENTER, WILL PROVIDE PATIENTS WITH AN EVEN GREATER LEVEL OF ACCESS TO CLINICAL TRIALS AND PROGRAMS TO PREVENT AND TREAT CANCER IN ADDITION, THE CANCER CENTER OFFERS CANCER SUPPORT GROUPS THAT BRING PATIENTS AND THEIR FAMILIES AND LOVED ONES TOGETHER WITH OTHERS WHO SHARE AND UNDERSTAND THEIR EXPERIENCES THROUGH THESE SUPPORT GROUPS, PATIENTS CAN EXPLORE COMPLEMENTARY ALTERNATIVE APPROACHES - MASSAGE THERAPY AND YOGA, FOR EXAMPLE -- TO COPING WITH SIDE AFFECTS, AS WELL AS LEARN TECHNIQUES TO HELP THEM LOOK THEIR BEST DURING CANCER TREATMENT MEDICAL ONCOLOGY ---------- -- THE MEDICAL ONCOLOGISTS AT THE CANCER CENTER USE AN EVER-EXPANDING VARIETY OF APPROACHES TO CANCER TREATMENT, INCLUDING CHEMOTHERAPY, IMMUNOTHERAPY AND HORMONAL THERAPY RADIATION ONCOLOGY ---------- ABOUT HALF OF ALL THE PEOPLE WHO DEVELOP CANCER RECEIVE RADIATION THERAPY AT SOME TIME DURING THEIR ILLNESS RADIATION THERAPY CAN BE USED TO CURE THE CANCER OR TO RELIEVE DISTURBING SYMPTOMS, IMPROVE QUALITY OF LIFE, OR AS A SUPPLEMENTAL TREATMENT TO CHEMOTHERAPY AND SURGERY TWO OF THE MOST SIGNIFICANT RECENT ADVANCES, INTENSITY MODULATED RADIATION THERAPY (IMRT) AND BRACHYTHERAPY (SEED IMPLANTS), ARE AVAILABLE AT CROZER SURGICAL ONCOLOGY ---------- THE TREATMENT OF CANCER FREQUENTLY REQUIRES SURGERY A SURGICAL BIOPSY IS OFTEN REQUIRED TO DETERMINE THE PRESENCE OF CANCER, AND SURGERY IS OFTEN THE MEANS BY WHICH A TUMOR IS REMOVED SITE-SPECIFIC CANCER TREATMENTS -- ---------- THE CANCER CENTER OFFERS SPECIALIZED SITE-SPECIFIC CANCER TREATMENT PROGRAMS FOR CANCERS AFFECTING MANY DIFFERENT BODY ORGANS AND SYSTEMS -- FROM SKIN CANCER TO LYMPHOMAS, AS WELL AS GYNECOLOGIC, BREAST AND UROLOGIC CANCERS SUPPORT FOR MIND AND SPIRIT ---------- THE CANCER CENTER OFFERS A VARIETY OF SUPPORT SERVICES FOR PATIENTS AND THEIR FAMILIES, INCLUDING SUPPORTIVE COUNSELING, SYMPTOM MANAGEMENT AND NUTRITIONAL COUNSELING PREVENTION ---------- TO HELP THOSE IN OUR COMMUNITY PREVENT CANCER, THE CANCER CENTER OFFERS A UNIQUE CANCER RISK ASSESSMENT PROGRAM AS WELL AS A RANGE OF REGULAR SCREENINGS AND EDUCATIONAL EVENTS RESEARCH AND EDUCATION ---------- THE CANCER CENTER OFFERS PATIENTS ACCESS TO THE LATEST CLINICAL TRIALS AND TRAINS THE CANCER PROFESSIONALS OF THE FUTURE B DELAWARE COUNTY REGIONAL CANCER CENTER ---------- ---------- THE DELAWARE COUNTY REGIONAL CANCER CENTER (DCRCC) PROVIDES A COMPREHENSIVE APPROACH TO CANCER CARE, COMBINING STATE-OF-THE-ART DIAGNOSIS AND TREATMENT WITH SUPPORTIVE CARE PHYSICIANS AND STAFF WORK AS A MULTIDISCIPLINARY TEAM, USING THE NEWEST TECHNOLOGIES AND THERAPIES, TO TAILOR TREATMENT TO EACH PATIENT'S CONDITION AND SITUATION THE TREATMENT OPTIONS AVAILABLE INCLUDE SURGERY, RADIATION THERAPY AND MEDICAL ONCOLOGY OUR SERVICES ARE PROVIDED TO PATIENTS BY A TALENTED, SPECIALLY TRAINED AND COMPASSIONATE TEAM OF PHYSICIANS, NURSES AND STAFF MEMBERS DCRCC PROFESSIONALS REMAIN ON THE FOREFRONT OF CANCER CARE, EXPLORING AND IMPLEMENTING THE LATEST TECHNOLOGY TO ENHANCE EACH PATIENT'S TREATMENT PLAN THE MEMBERS OF YOUR TEAM WORK CLOSELY TOGETHER TO PLAN AND CARRY OUT TREATMENT THE CANCER CENTER IS PARTNERED WITH FOX CHASE CANCER CENTER, WHICH HAS BEEN DESIGNATED A COMPREHENSIVE CANCER CENTER BY THE NATIONAL CANCER INSTITUTE THE CANCER CENTER OFFERS ALL OF THE BENEFITS OF A LARGE ACADEMIC MEDICAL CENTER, INCLUDING ACCESS TO CLINICAL TRIALS, WITH THE ADDED CONVENIENCE OF PROXIMITY TO YOUR HOME MEDICAL ONCOLOGY ---------- ---------- THE MEDICAL ONCOLOGISTS AT THE CANCER CENTER UTILIZE AN EVER-EXPANDING VARIETY OF APPROACHES TO CANCER TREATMENT, INCLUDING CHEMOTHERAPY, IMMUNOTHERAPY AND HORMONAL THERAPY RADIATION ONCOLOGY ---------- ABOUT HALF OF ALL THE PEOPLE WHO DEVELOP CANCER RECEIVE RADIATION THERAPY AT SOME TIME DURING THEIR ILLNESS RADIATION THERAPY CAN BE USED TO CURE THE CANCER OR TO RELIEVE DISTURBING SYMPTOMS, IMPROVE QUALITY OF LIFE, OR AS A SUPPLEMENTAL TREATMENT TO CHEMOTHERAPY AND SURGERY TWO OF THE MOST SIGNIFICANT RECENT ADVANCES, INTENSITY MODULATED RADIATION THERAPY (IMRT) AND BRACHYTHERAPY (SEED IMPLANTS), ARE AVAILABLE AT CROZER SURGICAL ONCOLOGY ---------- THE TREATMENT OF CANCER FREQUENTLY REQUIRES SURGERY A SURGICAL BIOPSY IS OFTEN REQUIRED TO DETERMINE THE PRESENCE OF CANCER, AND SURGERY IS OFTEN THE MEANS BY WHICH A TUMOR IS REMOVED SITE-SPECIFIC CANCER TREATMENTS ---------- THE CANCER CENTER OFFERS SPECIALIZED SITE-SPECIFIC CANCER TREATMENT PROGRAMS FOR CANCERS AFFECTING MANY DIFFERENT BODY ORGANS AND SYSTEMS -- FROM SKIN CANCER TO LYMPHOMAS, AS WELL AS GYNECOLOGIC, BREAST AND UROLOGIC CANCERS SUPPORT FOR MIND AND SPIRIT ---------- THE CANCER CENTER OFFERS A VARIETY OF SUPPORT SERVICES FOR PATIENTS AND THEIR FAMILIES, INCLUDING SUPPORTIVE COUNSELING, SYMPTOM MANAGEMENT AND NUTRITIONAL COUNSELING PREVENTION ---------- TO HELP THOSE IN OUR COMMUNITY PREVENT CANCER, THE CANCER CENTER OFFERS A UNIQUE CANCER RISK ASSESSMENT PROGRAM AS WELL AS A RANGE OF REGULAR SCREENINGS AND EDUCATIONAL EVENTS RESEARCH AND EDUCATION ---------- THE CANCER CENTER OFFERS PATIENTS ACCESS TO THE LATEST CLINICAL TRIALS AND TRAINS THE CANCER PROFESSIONALS OF THE FUTURE CANCER SERVICES ARE ALSO PROVIDED AT TAYLOR HOSPITAL AND SPRINGFIELD HOSPITAL

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	2 CROZER-KEYSTONE HEART INSTITUTE WHETHER YOU HAVE JUST BEEN DIAGNOSED WITH HEART DISEASE OR HAVE A CHRONIC HEART CONDITION, IT'S IMPORTANT FOR YOU TO SEEK EVALUATION AND TREATMENT BY A DEDICATED, EXPERIENCED TEAM OF CARDIOLOGISTS IN DELAWARE COUNTY, YOU WILL FIND THAT DEDICATION AND EXPERIENCE AT CROZER-KEYSTONE HEALTH SYSTEM HOSPITALS CROZER-KEYSTONE HEALTH SYSTEM HAS THE LONGEST HISTORY OF PROVIDING CARDIOVASCULAR CARE TO THE PEOPLE OF DELAWARE COUNTY, AND WE'RE PROUD OF OUR MANY ACCOMPLISHMENTS IN DELAWARE COUNTY, WE'RE THE FIRST HEALTH CARE SYSTEM TO - PERFORM OPEN HEART SURGERY - PERFORM PRIMARY ANGIOPLASTY - ESTABLISH OPEN HEART AND REHABILITATION UNITS - ESTABLISH AN INTERVENTIONAL HEART PROGRAM - ESTABLISH AN ELECTROPHYSIOLOGY PROGRAM TO TREAT HEART RHYTHM DISORDERS - OFFER CARDIAC RESYNCHRONIZATION THERAPY, A UNIQUE DEVICE THERAPY TO TREAT HEART FAILURE WHEN YOU COME TO ANY CROZER-KEYSTONE HOSPITAL WITH A HEART PROBLEM, OUR TEAM OF HEART SPECIALISTS EVALUATE YOUR CONDITION IMMEDIATELY AND DECIDES UPON A COURSE OF ACTION THE TEAM DETERMINES THE SERIOUSNESS OF YOUR CONDITION, WHETHER IT IS AN EMERGENCY, AND WHAT TREATMENT YOU NEED WHATEVER YOUR HEART REQUIRES, CROZER-KEYSTONE HEALTH SYSTEM CAN HELP -- FROM DIAGNOSIS TO TREATMENT TO REHABILITATION -- OUR DEDICATION AND EXPERIENCE ARE UNMATCHED IN DELAWARE COUNTY 3 MATERNITY EVERY YEAR, MORE NEWBORN BABIES ARE WELCOMED INTO THE WORLD BY THE CARING PROFESSIONALS AT CROZER-CHESTER MEDICAL CENTER AND DELAWARE COUNTY MEMORIAL HOSPITAL THAN BY ANY OTHER HEALTH SYSTEM IN DELAWARE COUNTY APPROXIMATELY 2,000 BABIES ARE BORN AT CROZER EVERY YEAR, WHILE DCMH DELIVERS MORE THAN 1,600 HIGHLY EXPERIENCED STAFF ---------- OUR EXPERIENCED MEDICAL AND NURSING STAFF WELCOME EVERY BABY INTO THE WORLD WITH EXCEPTIONAL KNOWLEDGE AND SKILLS OUR GOAL IS TO PROVIDE YOU WITH ALL THE INFORMATION YOU NEED AND THE COMFORTS YOU EXPECT TO MAKE THE BIRTH OF YOUR BABY ONE OF LIFE'S MOST MEMORABLE AND JOYOUS MOMENTS CROZER HAS OVER 20 PRACTICING OBSTETRICIANS WHILE DCMH PROVIDES OBSTETRICAL SERVICES BY OBSTETRICIANS, FAMILY PHYSICIANS AND MIDWIVES CROZER-KEYSTONE'S MATERNITY HEALTH CARE PROVIDERS HAVE OFFICES THROUGHOUT DELAWARE COUNTY AND NORTHERN DELAWARE CARE, COMFORT, PRIVACY ---------- WE OFFER PRIVACY, COMFORT, INDIVIDUAL ATTENTION AND THE ADVANCED CARE THAT IS THOUGHT ONLY TO BE AVAILABLE AT ACADEMIC MEDICAL CENTERS WHEN YOU'RE AN EXPECTANT MOM, IT'S IMPORTANT TO GIVE YOUR BABY THE BEST POSSIBLE START IN LIFE BY CHOOSING A PROVIDER TO CARE FOR YOU AND YOUR BABY THROUGHOUT YOUR PREGNANCY AND BEYOND AT CROZER AND DCMH, YOU'LL FIND A PHYSICIAN OR MIDWIFE WHO MEETS YOUR SPECIFIC NEEDS-AND THAT'S THE BEST PRESCRIPTION FOR A HAPPY AND HEALTHY PREGNANCY ! A FAMILY AFFAIR ---------- WE KNOW THAT THE BIRTH OF YOUR BABY IS A FAMILY EVENT IF YOU CHOOSE, YOU MAY HAVE SUPPORT PEOPLE TO HELP YOU THROUGH THE LABOR AND TO BE PRESENT AT YOUR BABY'S BIRTH JUST OUTSIDE THE LABOR/DELIVERY/RECOVERY SUITE, OTHER LOVED ONES MAY WAIT IN A COMFORTABLE, CONVENIENT ATMOSPHERE AFTER DELIVERY ON THE POSTPARTUM UNIT, OUR VISITING HOURS ARE FLEXIBLE SO YOU CAN DECIDE HOW SOCIAL OR PRIVATE YOU WANT YOUR HOSPITAL STAY TO BE 4 CROZER-KEYSTONE HUMAN MOTION INSTITUTE ABOUT OUR PROGRAM ---------- THE HUMAN MOTION INSTITUTE IS A UNIQUE PROGRAM OFFERING A COMPREHENSIVE TREATMENT CONTINUUM OF CARE WITHIN A HIGHLY INTEGRATED HEALTH CARE DELIVERY NETWORK OUR GOAL IS SIMPLE TO RETURN OUR PATIENTS TO NORMAL FUNCTION AS QUICKLY AND SAFELY AS POSSIBLE TO REACH THIS GOAL, THE MEDICAL PROFESSIONALS AT THE HUMAN MOTION INSTITUTE ENLIST A COMPREHENSIVE, LEADING EDGE APPROACH TO THE PREVENTION, ASSESSMENT, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL INJURIES OUR HIGHLY TRAINED TEAM OF SURGEONS, NURSES, PHYSICIAN ASSISTANTS, REHABILITATION SPECIALISTS AND VARIOUS MEDICAL SUPPORT PERSONNEL WORKS WITH EACH PATIENT AND THEIR PRIMARY CARE PHYSICIAN TO DEVELOP A TREATMENT PLAN SPECIFICALLY FOR THAT PATIENT BY COMBINING EXTENSIVE CLINICAL EXPERTISE WITH A COMPASSIONATE, CARING TREATMENT PHILOSOPHY, WE HAVE CREATED A PROGRAM KNOWN FOR ITS QUALITY OF CARE 5 CROZER-KEYSTONE SLEEP CENTERS FEW THINGS ARE AS FRUSTRATING AS NOT BEING ABLE TO SLEEP CONVERSELY, FALLING ASLEEP AT INAPPROPRIATE TIMES (SUCH AS WHEN DRIVING) IS JUST AS BOTHERSOME AND CAN EVEN BE DANGEROUS FORTUNATELY, THERE IS A TRUSTED RESOURCE RIGHT HERE IN DELAWARE COUNTY THE CROZER-KEYSTONE SLEEP CENTERS FOR MORE THAN 30 YEARS WE'VE HELPED THOUSANDS OF PEOPLE FROM DELAWARE COUNTY AND BEYOND TO FALL ASLEEP AND STAY ASLEEP AT THE RIGHT TIME AND IN THE RIGHT PLACE THE CROZER-KEYSTONE SLEEP CENTERS ARE LOCATED AT THREE SITES FOR OUR PATIENTS' CONVENIENCE - CROZER HEALTH PAVILION AT BRINTON LAKE (GLEN MILLS) - DELAWARE COUNTY MEMORIAL HOSPITAL (DREXEL HILL) - TAYLOR HOSPITAL (RIDLEY PARK) OUR ACCREDITED, MULTIDISCIPLINARY PROGRAM FOR THE INVESTIGATION AND TREATMENT OF SLEEP PROBLEMS WAS ESTABLISHED IN 1978 IT IS THE OLDEST NATIONALLY ACCREDITED PROGRAM FOR THE EVALUATION OF PATIENTS WITH SLEEP-RELATED PROBLEMS IN THE GREATER DELAWARE VALLEY OUR SITES ARE STAFFED BY PHYSICIANS WITH SPECIAL TRAINING IN SLEEP DISORDERS OUR COMPASSIONATE AND CARING TECHNICAL STAFF ARE ENCOURAGED TO OBTAIN NATIONAL REGISTRATION BY THE BOARD OF POLYSOMNOGRAPHIC TECHNOLOGISTS RESIDENCY/EDUCATION ========== CKHS OFFERS NUMEROUS CHALLENGING AND FULLY ACCREDITED RESIDENCY PROGRAMS AT ONE OF THE LEADING HEALTH CARE SYSTEMS IN THE DELAWARE VALLEY NOTABLY, CKHS OFFERS STELLAR ALLOPATHIC RESIDENTS IN FAMILY PRACTICE, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, PEDIATRICS AND TRANSITIONAL YEAR, AS WELL AS OSTEOPATHIC INTERNAL MEDICINE, PODIATRIC RESIDENCY AND A VARIETY OF OSTEOPATHIC AND ALLIED HEALTH TRAINING PROGRAMS CKHS IS A TOP-RATED REGIONAL HEALTH SYSTEM WITH A LONGSTANDING TEACHING TRADITION AND A SUPERB FACULTY OFFERING THE BENEFITS OF A UNIVERSITY-BASED TEACHING MODEL, PLUS THE ADVANTAGES OF COMMUNITY-BASED RESIDENCY PROGRAMS EACH YEAR, APPROXIMATELY 97 TO 100 PERCENT OF CKHS' HIGHLY COMPETITIVE ALLOPATHIC RESIDENCY POSITIONS ARE FILLED THROUGH THE NATIONAL RESIDENT MATCHING PROGRAM AS A WHOLE, CKHS' RESIDENCIES ARE COMMITTED TO DEVELOPING HIGHLY SKILLED PHYSICIANS WHO MASTER THE SCIENCE OF THEIR SPECIALTY, THE PRACTICE OF TOP-QUALITY PATIENT CARE AND THE ART OF TEACHING NEW GENERATIONS OF DOCTORS CKHS' RESIDENTS RECEIVE RIGOROUS ACADEMIC EXPERIENCES AND HANDS-ON CLINICAL AND RESEARCH OPPORTUNITIES, WHICH FULLY PREPARE THEM TO PURSUE THEIR CAREER GOALS IN FACT, CKHS IS PARTICULARLY PROUD OF THE OUTSTANDING PERFORMANCES ITS GRADUATES CONTINUE TO ACHIEVE ON NATIONAL BOARD EXAMINATIONS FOSTERING A WELL-ROUNDED EDUCATIONAL EXPERIENCE, CKHS RESIDENCIES PROVIDE STRONG DIDACTIC INSTRUCTION THAT REINFORCES THE CLINICAL, ETHICAL AND PRACTICE-MANAGEMENT ASPECTS OF MEDICINE THE RESIDENCY PROGRAMS ALSO EMPHASIZE THE USE OF COMPUTERS AT THE POINT OF CARE TO ACCESS EXPERT INFORMATION, DECISION SUPPORT, LITERATURE SEARCHES, DRUG INTERACTIONS AND PATIENT EDUCATION MATERIALS AS THEY TRAIN, CKHS RESIDENTS HAVE THE OPPORTUNITY TO USE CKHS' OWN CUTTING-EDGE FACILITIES, AS WELL AS THOSE OF OUR WORLD-CLASS EDUCATIONAL AFFILIATES THE MAJORITY OF RESIDENCY TRAINING TAKES PLACE AT CCMC, A NOT-FOR-PROFIT TERTIARY-CARE TEACHING HOSPITAL WITH 371 BEDS, STATE-OF-THE-ART FACILITIES AND A RICH HISTORY CKHS' COMMITMENT ---------- CKHS IS COMMITTED TO TRAINING THE HEALTH-CARE PROVIDERS OF TOMORROW PHYSICIANS, NURSES, AND ALLIED HEALTH PROFESSIONALS CKHS' HOSPITALS SPONSOR FREESTANDING RESIDENCIES IN FIVE ALLOPATHIC PROGRAMS - FAMILY PRACTICE, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, PEDIATRICS, AND TRANSITIONAL FIRST YEAR - AS WELL AS AN OSTEOPATHIC INTERNAL MEDICINE, OSTEOPATHIC ROTATING INTERNSHIP, A 36-MONTH PODIATRIC RESIDENCY, AND A PRIMARY CARE SPORTS MEDICINE FELLOWSHIP CROZER-KEYSTONE ALSO OFFERS ACCREDITED ALLIED HEALTH PROGRAMS IN RADIOLOGIC TECHNOLOGY, RESPIRATORY CARE, DIAGNOSTIC ULTRASOUND, AND CLINICAL NEUROPHYSIOLOGY THERE IS ALSO A COMPREHENSIVE PHARMACY RESIDENCY PROGRAM CKHS MAINTAINS A STRONG TRADITION OF MEDICAL EDUCATION AND TRAINING, OFFERING THE BENEFITS OF A UNIVERSITY-BASED TEACHING MODEL PLUS THE ADVANTAGES OF COMMUNITY-BASED MEDICINE MEDICAL RESIDENTS RECEIVE RIGOROUS ACADEMIC TRAINING COMBINED WITH HANDS-ON EXPERIENCE, WHICH FULLY PREPARES THEM TO PURSUE THEIR CAREER GOALS

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MISSION ------- AS A SUBSIDIARY OF CKHS, THE HEALTHPLEX SPORTS CLUB IS DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF OUR MEMBERS AND OUR COMMUNITY IN ALL WE DO, WE ARE COMMITTED TO EXCEEDING OUR MEMBERS' EXPECTATIONS BY PROVIDING OUTSTANDING CUSTOMER SERVICE, SUPERIOR CLEANLINESS AND INNOVATIVE FITNESS AND WELLNESS PROGRAMS IN A FUN, FRIENDLY ENVIRONMENT CENTER FOR NURSING EXCELLENCE ========== JOURNEY TO MAGNET EXCELLENCE ---------- WHAT IS MAGNET DESIGNATION? - THE HIGHEST LEVEL OF RECOGNITION THAT AN ORGANIZATION CAN ACHIEVE FOR EXCELLENCE AND INNOVATION IN NURSING - CONSIDERED THE "GOLD STANDARD" IN THE NURSING WORLD - CONFERRED BY THE AMERICAN NURSES CREDENTIALING CENTER, AN ARM OF THE AMERICAN NURSES ASSOCIATION HOW DID MAGNET GET ITS START? - MAGNET DESIGNATION IS THE RESULT OF NURSING RESEARCH DONE IN 1983 DURING THE FIRST NURSING SHORTAGE - NURSES OBSERVED THAT ALTHOUGH MANY HOSPITALS WERE CLAMORING FOR NURSES, THERE WERE A FEW THAT HAD MORE THAN ADEQUATE STAFF - THESE NURSES SURVEYED THE 163 HOSPITALS TO DETERMINE WHAT MADE NURSES HAPPY - 41 HOSPITALS HAD COMMON CHARACTERISTICS THAT MADE THE "ATTRACTIVE" TO NURSES - THESE QUALITIES BECAME KNOWN AS THE "FORCES OF MAGNETISM " WHY DO WE WANT TO PURSUE MAGNET DESIGNATION? - WE WANT TO PURSUE MAGNET DESIGNATION BECAUSE IT IS A VISIBLE SYMBOL OF EXCELLENCE AND REFLECTS THE HEART AND SOUL OF OUR NURSES WHO STRIVE DAILY FOR PROFESSIONAL EXCELLENCE - IF WE BELIEVE WE DO SOMETHING WELL, THE PURSUIT OF NURSING EXCELLENCE ALLOWS US OPPORTUNITIES TO BECOME EVEN BETTER AND TO CELEBRATE WHO AND WHAT WE ARE - THE PRINCIPLES OF SHARED GOVERNANCE GIVE US THE OPPORTUNITY TO SEARCH THE LITERATURE, FIND BEST PRACTICES AND DESIGN PATIENT CARE TO IMPROVE OUTCOMES - REMEMBER THAT EACH HOSPITAL, EACH DEPARTMENT AND EACH NURSE ARE AT A DIFFERENT PLACE ON THEIR "JOURNEY TO NURSING EXCELLENCE " NONE OF US HAVE "ARRIVED " HOW DOES THE PURSUIT OF MAGNET DESIGNATION SUPPORT OUR PRACTICE? IT STRENGTHENS AND ENERGIZES - OUR PROFESSIONAL DEVELOPMENT - OUR AUTONOMOUS NURSING PRACTICE - POSITIVE INTERDISCIPLINARY RELATIONSHIPS - OUR CREATIVITY - OUR JOB SATISFACTION - THE RESOURCES TO PROVIDE QUALITY PATIENT CARE - OUR PATIENT'S SATISFACTION WITH THE CARE THEY RECEIVE - IMPROVED PATIENT OUTCOMES - SAFETY MEASURES NEW KNOWLEDGE, INNOVATIONS AND IMPROVEMENTS ---------- MAGNET ORGANIZATIONS INTEGRATE EVIDENCE-BASED PRACTICE AND RESEARCH INTO CLINICAL AND OPERATIONAL PROCESSES NURSES ARE EDUCATED ABOUT EVIDENCE-BASED PRACTICE AND RESEARCH, ENABLING THEM TO APPROPRIATELY EXPLORE THE SAFEST AND BEST PRACTICES FOR THEIR PATIENTS AND PRACTICE ENVIRONMENT, AND TO GENERATE NEW KNOWLEDGE PUBLISHED RESEARCH IS SYSTEMATICALLY PUBLISHED AND USED NURSES SERVE ON THE BOARD THAT REVIEWS PROPOSALS FOR RESEARCH, AND KNOWLEDGE GAINED THROUGH RESEARCH IS DISSEMINATED TO THE COMMUNITY OF NURSES NURSING RESEARCH COUNCIL ---------- THE SYSTEM-WIDE RESEARCH COUNCIL, WHICH BEGAN IN 2006, AIDS IN THE DEVELOPMENT OF MASTER- AND DOCTORATE-LEVEL NURSES THE COUNCIL ALSO SUPPORTS AND PROMOTES THE USE OF NURSING RESEARCH NURSING RESEARCH ---------- CKHS HAS ESTABLISHED A SYSTEM-WIDE INSTITUTIONAL REVIEW BOARD (IRB) THAT CURRENTLY OVERSEES APPROXIMATELY 135 RESEARCH PROJECTS MANY OF THOSE PROJECTS ARE BEING LED BY CKHS NURSES NURSE-PHYSICIAN COLLABORATION ---------- CKHS SUPPORTS STRONG NURSE-PHYSICIAN COLLABORATION TO YIELD POSITIVE PATIENT OUTCOMES EVIDENCE-BASED PRACTICE ---------- ORGANIZATIONS ACHIEVING MAGNET RECOGNITION POSSESS ESTABLISHED AND EVOLVING PROGRAMS RELATED TO EVIDENCE-BASED PRACTICES AND RESEARCH PROGRAMS INFRASTRUCTURES AND RESOURCES ARE IN PLACE TO SUPPORT THE ADVANCEMENT OF EVIDENCE-BASED PRACTICES AND RESEARCH IN ALL CLINICAL SETTINGS INNOVATION ---------- INNOVATIONS IN PATIENT CARE, NURSING AND THE PRACTICE ENVIRONMENT ARE THE HALLMARK OF ORGANIZATIONS RECEIVING MAGNET RECOGNITION ESTABLISHING NEW WAYS OF ACHIEVING HIGH-QUALITY, EFFECTIVE AND EFFICIENT CARE IS THE OUTCOME OF TRANSFORMATION LEADERSHIP, EMPOWERING STRUCTURES AND PROCESSES, AND EXEMPLARY PROFESSIONAL PRACTICE IN NURSING PATIENT FLOW COORDINATION ---------- CKHS IMPLEMENTED A MULTIDISCIPLINARY TASK FORCE TO IMPROVE EFFICIENCIES, ACHIEVE POSITIVE OUTCOMES AND INCREASE REVENUE DURING THE PROCESS OF GETTING PATIENTS FROM THE CROZER-CHESTER MEDICAL CENTER EMERGENCY DEPARTMENT TO OPEN BEDS IN THE MEDICAL CENTER CKHS COMMUNITY HEALTH REPORT ========== COMMUNITY PROGRAMS ---------- CKHS RECOGNIZES THAT OUR SUCCESS IS DIRECTLY RELATED TO OUR ABILITY TO EFFECTIVELY CONNECT WITH THE COMMUNITY - CKHS COMMUNITY HEALTH EDUCATION THE GOAL OF THE COMMUNITY HEALTH EDUCATION PROGRAM IS TO IMPROVE THE OVERALL HEALTH STATUS OF RESIDENTS IN DELAWARE COUNTY THROUGH ASSESSING COMMUNITY NEEDS AND ASSETS COMMUNITY HEALTH EDUCATION PRODUCES A BIANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IS USED AS A TOOL TO MEASURE THE PROGRESS OF KEY HEALTH STATUS INDICATORS AND REPORT TRENDS OVER TIME TO TARGET RISK REDUCTION AND HEALTH PROMOTION INTERVENTION INITIATIVES FOR MAXIMUM EFFECTIVENESS IMPROVING THE HEALTH OF THE COMMUNITY IS PROFOUNDLY AFFECTED BY THE COLLECTIVE BELIEFS, ATTITUDES AND BEHAVIORS OF EVERYONE WHO LIVES IN THE COMMUNITY CROZER-KEYSTONE COMMUNITY HEALTH EDUCATION SHARES THIS RESPONSIBILITY WITH BOTH ITS INTERNAL AND COMMUNITY PARTNERS AS THEY STRIVE TO IMPROVE THE HEALTH STATUS OF THE INDIVIDUALS IN DELAWARE COUNTY AND THE SURROUNDING AREA THE COMMUNITY HEALTH EDUCATION PROGRAM PROVIDES COMMUNITY OUTREACH/EDUCATION REGARDING THE MAJOR HEALTH CHALLENGES IDENTIFIED IN THE CKHS HEALTHY PEOPLE 2010 REPORT CARD FOR DELAWARE COUNTY, I E OVERWEIGHT/OBESITY/PHYSICAL INACTIVITY, SMOKING, IMMUNIZATION, CANCER, STROKE VIOLENCE, ETC AND ALSO OVERSEE THE COMMUNITY OUTREACH ACTIVITIES OF THE CKHS PEACEFUL JOURNEY PARTNERSHIP COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 12,833 ADULTS AND YOUTH IN THE COMMUNITY FOR NUTRITION AND PHYSICAL ACTIVITY OUTREACH AND 3,095 YOUTH IN OSTEOPOROSIS PREVENTION EDUCATION OUTREACH FOR A TOTAL OF 15,928 INDIVIDUALS REACHED - CKHS TOBACCO PREVENTION AND CESSATION PROGRAM THE GOAL OF THE TOBACCO PREVENTION AND CESSATION PROGRAM IS TO REDUCE AND/OR ELIMINATE TOBACCO USE BY DELAWARE COUNTY RESIDENTS THROUGH EDUCATION, INTERVENTION, PREVENTION AND CESSATION PROGRAMS COMPLIANT WITH THE CENTERS FOR DISEASE CONTROL AND PREVENTION GUIDELINES THESE SERVICES ARE AVAILABLE TO THE COMMUNITY THROUGH HOSPITAL, SCHOOL AND COMMUNITY BASED PROGRAMS SUCH AS OUR CLEAR THE AIR SMOKING CESSATION PROGRAM, AND THE YOUTH END CESSATION PROGRAM (END NICOTINE DEPENDENCE), AS WELL AS THROUGH THE FOLLOWING PREVENTION PROGRAMS CKHS TOBACCO PREVENTION EDUCATION PROGRAM AND THE AMERICAN LUNG ASSOCIATION TATU PROGRAM (TEENS AGAINST TOBACCO USE) ALL PROGRAMS AND SERVICES ARE AVAILABLE FREE OF CHARGE TO DELAWARE COUNTY YOUTH AND ADULTS COMMUNITY HEALTH EDUCATION TOBACCO PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 11,866 INDIVIDUALS IN THE COMMUNITY

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	- CKHS CULTURAL CONNECTIONS COLLABORATIVE THE CULTURAL CONNECTIONS COLLABORATIVE PROGRAM PROVIDES CONNECTIVITY OF COMMUNITY AND HEALTH SERVICES TO IMMIGRANT AND REFUGEE FAMILIES IN THE COUNTY TO HELP THEM DEAL MORE EFFECTIVELY WITH HEALTH, MENTAL HEALTH AND SOCIAL ISSUES THAT HINDER NEW IMMIGRANT AND REFUGEE FAMILIES OUTREACH ACTIVITIES INCLUDE COLLABORATIVE EFFORTS WITH THE UPPER DARBY HIGH SCHOOL FOR AN INTERGENERATIONAL "ENGLISH AS A SECOND LANGUAGE" PROGRAM, A FORUM FOR THE COMMUNITY'S SOCIAL SERVICE AND LAW ENFORCEMENT AGENCIES, TO ACQUAINT THE GROUPS WITH THE SERVICES, AND QUARTERLY COMMUNITY INCLUSION NETWORK MEETINGS WITH REPRESENTATIVES FROM THE RESPECTIVE COMMUNITIES IN ADDITION, PROGRAM STAFF DESIGN AND COORDINATE AND PROVIDE DIVERSITY TRAININGS AND ORGANIZE PARENT HEALTH EDUCATION WORKSHOPS FOR FAMILIES OF THE COUNTY'S IMMIGRANT AND REFUGEE CHILDREN FAMILIES ARE ABLE TO ACCESS HEALTH CARE AND HEALTH RESOURCES, AND CHILDREN RECEIVE MUCH NEEDED SERVICES LIKE IMMUNIZATIONS, PHYSICALS AND DENTAL SCREENINGS LEADERSHIP IN THESE OUTREACH INITIATIVES UNIQUELY POSITIONS DCMH IN A ROLE THAT EXTENDS BEYOND HEALTH CARE AND ONE THAT WILL POSITIVELY AFFECT THE WELL BEING OF FAMILIES CULTURAL CONNECTIONS STAFF PARTICIPATES IN THE CKHS SPEAKERS BUREAU, SYSTEM TRAININGS AND COMMUNITY HEALTH FAIRS/EVENTS COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 325 INDIVIDUALS IN THE COMMUNITY GRAND TOTAL EDUCATIONAL OUTREACH FOR COMMUNITY HEALTH EDUCATION DEPARTMENT FOR '08-'09 REACHED APPROXIMATELY 40,374 INDIVIDUALS IN THE COMMUNITY CKHS WOMEN AND CHILDREN'S HEALTH SERVICES PROGRAMS ---------- - HEALTHY START PROGRAM THE HEALTHY START PROGRAM'S GOAL IS TO REDUCE INFANT MORTALITY AND MORBIDITY, AND TO IMPROVE PERINATAL OUTCOMES HEALTHY START STAFF FOCUS ON THE IDENTIFICATION AND ASSESSMENT OF PARTICIPANT NEEDS, AND LINKAGE TO APPROPRIATE HEALTH, HUMAN AND SOCIAL SERVICES FOR VULNERABLE, HARD-TO-REACH, UNDERSERVED PREGNANT WOMEN, PARENTS, FAMILIES AND CAREGIVERS OF CHILDREN AGE 0 TO 24 MONTHS LIVING IN CHESTER, EDDYSTONE, WOODLYN, PARKSIDE, UPLAND, TOBY FARMS, CHESTER TOWNSHIP, TRAINER, MARCUS HOOK AND LINWOOD ONCE ENROLLED, PROGRAM PARTICIPANTS RECEIVE CASE MANAGEMENT/CARE COORDINATION, COUNSELING AND HEALTH EDUCATION SERVICES PROGRAM SERVICES WILL ALSO ASSIST PARTICIPANTS TO ACCESS OTHER EDUCATIONAL, HEALTH, HUMAN AND SOCIAL SERVICES THROUGH REFERRALS PROGRAM PARTICIPANTS BENEFIT FROM THE FOLLOWING PROGRAM COMPONENTS TO ADDRESS THEIR AND THEIR FAMILY'S UNIQUE NEEDS CASE MANAGEMENT/CARE COORDINATION, CLINICAL CARE, HOME VISITING, HEALTH EDUCATION, CLINICAL SOCIAL WORK, ADVOCACY, SUPPORT, RESOURCE LINKAGE, TRANSPORTATION, AND SPANISH TO ENGLISH TRANSLATION AND INTERPRETATION SERVICES COMMUNITY PROGRAM ACTIVITIES FOR HEALTHY START '08 -'09 REACHED APPROXIMATELY 14,000 INCLUDING 472 ENROLLED PROGRAM PARTICIPANTS AND OVER 13,500 INDIVIDUALS IN THE COMMUNITY - CROZER-KEYSTONE CHILDREN'S HEALTH CONNECTION REMINDER PROGRAM THE CHILDREN'S HEALTH CONNECTION REMINDER PROGRAM'S GOAL IS TO PARTNER WITH PARENTS TO INFORM AND REMIND THEM ABOUT DETAILS RELATED TO THEIR CHILD'S/CHILDREN'S HEALTH, GROWTH, DEVELOPMENT AND WELL BEING THIS DATABASE DRIVEN PROGRAM USES AN AUTOMATED DELIVERY SYSTEM TO DISTRIBUTE AND MAIL POST CARDS TO PARENTS THE POST CARDS ARE SENT BASED ON THE CHILDHOOD IMMUNIZATION SCHEDULE (AT 2, 4, 6, 12, 18 AND 24 MONTHS) DURING THE EARLY CHILDHOOD YEARS TO INFORM PARENTS ABOUT WELL CHILD HEALTH VISITS, CHILDHOOD IMMUNIZATIONS, GROWTH AND DEVELOPMENT, NUTRITION, SAFETY AND MORE AFTER THE SECOND BIRTHDAY, THE FAMILY WILL RECEIVE REMINDER CARDS EVERY YEAR DURING THE CHILD'S BIRTH MONTH UNTIL THE CHILD'S EIGHTEENTH BIRTHDAY COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 11,568 FAMILIES IN THE COMMUNITY CKHS/DCMH CONGREGATIONAL NURSE OUTREACH ---------- CONGREGATIONAL NURSING IS HEALTH MINISTRY TO FAITH COMMUNITIES THAT FOCUSES ON THE WHOLENESS OF BODY, MIND AND SPIRIT THE CONGREGATIONAL NURSE MINISTRY GROWS OUT OF THE BELIEF THAT ALL FAITH COMMUNITIES ARE PLACES OF HEALTH AND HEALING AND HAVE A ROLE IN PROMOTING WHOLENESS THROUGH INTEGRATING FAITH AND HEALTH A CONGREGATIONAL NURSE PROVIDES HEALTH PROMOTION AND OUTREACH TO A FAITH-BASED COMMUNITY IN THE CONTEXT WITH THE VALUES, BELIEFS AND PRACTICES OF THAT COMMUNITY WHICH THEY SERVE CKHS PROVIDES OUTREACH, ASSISTANCE AND TRAINING TO CONGREGATIONAL NURSES THROUGHOUT THE COMMUNITY THAT WE SERVE THIS COMMITMENT TO HEALTH PROMOTION AND ACCESS TO HEALTH SERVICES AND RESOURCES AT THE COMMUNITY LEVEL ASSISTS THE CONGREGATIONAL NURSES IN CONNECTING THEIR PARISHIONERS TO PROGRAMS AND SERVICES IN AN EFFORT TO ENSURE OPTIMAL COMMUNITY HEALTH COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 APPROXIMATELY 3,555 INDIVIDUALS IN THE COMMUNITY SOME OF THE ACTIVITIES INCLUDED ADMINISTRATION OF FLU SHOTS, LECTURES AND DEMONSTRATION OF BREAST SELF EXAM, BLOOD DRIVES, ASSISTING WITH FILLING OUT THE CHIP APPLICATIONS FOR CHILDREN AND ADULTS, MANY HEALTH LECTURES, BLOOD DRIVES, BLOOD PRESSURE MONITORING, AND HEALTH FAIRS CROZER K A M P (KIDS ASTHMA MANAGEMENT PROGRAM) ---------- K A M P WAS CREATED IN RESPONSE TO FINDING THAT CHESTER'S STUDENTS WERE EXPERIENCING ASTHMA AT RATES THAT WERE TYPICAL OF LARGE LOW-INCOME, MINORITY, INNER-CITY POPULATIONS (I E AT LEAST TWICE THE RATE OF CHILDREN ACROSS THE NATION) ASTHMA, A CHRONIC LUNG DISEASE THAT IS A LEADING CAUSE OF SCHOOL ABSENTEEISM IN CHILDREN, AFFECTS LOW-INCOME, AFRICAN-AMERICAN CHILDREN DISPROPORTIONATELY WITH COMPLICATIONS RANGING FROM MILD TO LIFE-THREATENING, CHILDHOOD ASTHMA INTERRUPTS SLEEP, DISRUPTS FAMILY ROUTINES AND UNNECESSARILY RESTRICTS CHILDHOOD ACTIVITIES UNDER THE DIRECTION OF DR GERALD KOLSKI, A PEDIATRIC ASTHMA SPECIALIST, A PROGRAM WAS DESIGNED IN COLLABORATION WITH CHESTER UPLAND SCHOOL DISTRICT (CUSD) IN 1999 TO REDUCE THE LONG-TERM IMPACT OF ASTHMA ON CHESTER'S STUDENTS DURING EIGHT YEARS OF SUCCESSFUL OPERATION, K A M P HAS PROVIDED COMPREHENSIVE, SCHOOL-BASED ASTHMA DETECTION AND MANAGEMENT SUPPORT SERVICES TO MORE THAN 13,223 CHILDREN IN THE DISTRICT AS WELL AS IN TWO LOCAL PAROCHIAL SCHOOLS THE PROGRAM WAS EXPANDED INTO THE CHICHESTER SCHOOL DISTRICT IN 2006 FOR NINE YEARS, K A M P HAS PROVIDED COMPREHENSIVE, SCHOOL-BASED ASTHMA DETECTION AND MANAGEMENT SUPPORT SERVICES TO MORE THAN 13,223 STUDENTS, AND ASTHMA EDUCATION TO NEARLY 12,000 STUDENTS, SCHOOL PERSONNEL, HEALTH CARE PROVIDERS, AND COMMUNITY MEMBERS CHILDREN ENROLLED IN K A M P PARTICIPATE IN ASTHMA EDUCATION PROGRAMS, AFTER SCHOOL ASTHMA CLUBS, SUMMER ASTHMA CAMPS AND OTHER SPECIAL ACTIVITIES A VARIETY OF AGE-APPROPRIATE EDUCATION CURRICULA DEVELOPED BY THE AMERICAN LUNG ASSOCIATION AND THE ASTHMA AND ALLERGY FOUNDATION ARE USED TO EDUCATE CHILDREN ABOUT MANAGING THEIR ASTHMA THE PROGRAM HAS ENHANCED THE CHILDREN'S SAFETY (AS WELL AS PARENT AND SCHOOL PERSONNEL PEACE OF MIND) BY PROVIDING MEDICATIONS, PEAK FLOW METERS, AND OTHER TOOLS FOR EFFECTIVE ASTHMA MANAGEMENT TO ENROLLEES, SCHOOL NURSES, AND PHYSICAL EDUCATION DEPARTMENTS, ALONG WITH INSTRUCTIONS IN THEIR USE ENVIRONMENTAL AWARENESS SESSIONS HAVE HELPED TO IDENTIFY POTENTIAL ASTHMA TRIGGERS IN THE SCHOOLS AND ELIMINATE OR REDUCE EXPOSURE TO THESE HAZARDS DCMH EMERGENCY DEPARTMENT DRUG AND ALCOHOL PREVENTION PROGRAM ---------- AS A COMMUNITY SERVICE, THE DELAWARE COUNTY MEMORIAL HOSPITAL EMERGENCY DEPT OFFERS THE DRUG AND ALCOHOL PREVENTION PROGRAM, WHICH ADDRESSES THE FOLLOWING ALCOHOL AND DRUG AWARENESS AND EDUCATION PROGRAMS TO SCHOOL AGED CHILDREN, TEENAGERS AND THEIR FAMILIES INHALANT ABUSE AWARENESS, ALCOHOL ABUSE AWARENESS, AND PARTY DRUG ABUSE AWARENESS NEW THIS YEAR IS A PROGRAM OFFERED AT UPPER DARBY HIGH SCHOOL FOCUSED ON TEENS AND YOUNG ADULTS USING ALCOHOL, DRIVING AND SEAT BELT USAGE IT DESCRIBES THE DANGERS OF ALCOHOL WHILE OPERATING A VEHICLE, OVERDOSE AND THE TRAUMA RELATED INJURIES THAT CAN BE A CONSEQUENCE THIS PROGRAM WILL BE TIED INTO THE PROGRAM ENTITLED "IMPACT AND CONSEQUENCES" WHICH SHOWS THE STUDENTS THE IMPACT SUBSTANCE ABUSE CARRIES WITH IT, I E , LONG- AND SHORT-TERM EFFECTS OF ADDICTION, LOSS OF QUALITY OF LIFE, AND DEATH "IMPACT AND CONSEQUENCES" SHOWS THE IMPACT SUBSTANCE ABUSE HAS ON THE VICTIM, BUT IT ALSO SHOWS HOW ABUSE AFFECTS THE ADDICT'S FAMILY, FRIENDS, ETC THE ENTIRE PROGRAM WILL RUN IN COLLABORATION WITH THE PA BUCKLE UP PROGRAM WHICH THE UPPER DARBY POLICE DEPARTMENT OFFERS TO 12TH GRADE STUDENTS AT UPPER DARBY HIGH COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 7,968 INDIVIDUALS IN THE COMMUNITY

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	DCMH HEALTHLINE SERVICES ---------- DCMH'S HEALTHLINE SERVICES RUNS CPR, FIRST AID, AND SAFE BABYSITTER CLASSES OUTREACH PROGRAMS FOR THE COMMUNITY INCLUDE FREE SCREENINGS, HEALTH FAIRS AND EDUCATIONAL SESSIONS BY PHYSICIANS ON VARIOUS HEALTH TOPICS PARTICIPATES IN THE CKHS SPEAKER'S BUREAU, PROVIDING OUTREACH AT COMMUNITY HEALTH FAIRS AND SPECIAL EVENTS OUTREACH ALSO INCLUDES SEVERAL YOUTH PROGRAMS INCLUDING PARTICIPATION IN THE PASSPORT TO HEALTH PROGRAM REACHING 5,500 STUDENTS AND THE STRIDE (STUDENTS TAKING RESPONSIBILITY IN DRUG EDUCATION) PROGRAM, REACHING 500 STUDENTS EACH YEAR IN AREA SCHOOLS COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 34,216 INDIVIDUALS IN THE COMMUNITY CROZER WELLNESS CENTER ---------- IN ADDITION TO THE MEDICAL SERVICES IT PROVIDES TO THE COMMUNITY UNDER THE DIRECTION OF RIMA HIMELSTEIN, M D , THE CROZER WELLNESS CENTER ADMINISTERS EXTENSIVE RISK-REDUCTION AND YOUTH DEVELOPMENT PROGRAMS THROUGHOUT CHESTER CITY THESE PROGRAMS ARE ALMOST ENTIRELY FUNDED THROUGH GRANTS AND, AS A RESULT, THE SPECIFIC PROGRAMS OFFERED IN THE COMMUNITY SHIFT SOMEWHAT EACH YEAR ACCORDING TO FUNDS REGARDLESS OF SHIFTS IN PROGRAMMING, THE WELLNESS CENTER'S APPROACH TO COMMUNITY HEALTH REMAINS CONSTANT WE USE PRINCIPLES OF POSITIVE YOUTH DEVELOPMENT TO POSITIVELY IMPACT THE LONG-TERM HEALTH AND LIFE OUTCOMES OF YOUTH (POSITIVE YOUTH DEVELOPMENT EMPHASIZES BUILDING STRENGTHS OF YOUTH RATHER THAN FOCUSING EXCLUSIVELY ON RISK BEHAVIOR POSITIVE YOUTH DEVELOPMENT ALSO INCLUDES AN EMPHASIS ON PROVIDING YOUTH WITH OPPORTUNITIES FOR LEADERSHIP IN PROGRAMMING AND OPPORTUNITIES TO BUILD MARKETABLE SKILLS THROUGH REAL-WORLD ACTIVITIES) IN FISCAL 2009 CROZER WELLNESS CENTER'S EFFORTS FELL INTO 2 AREAS 1) OUT-OF-SCHOOL YOUTH PROGRAMS AND 2) CITY-WIDE INITIATIVES OUT-OF-SCHOOL YOUTH PROGRAMS ---------- -- THERE IS A WIDE RANGE IN WHAT OUT-OF-SCHOOL PROGRAMS CAN LOOK LIKE CROZER WELLNESS CENTER'S NICHE AMONG SUCH PROGRAMS IS IN YOUTH LEADERSHIP WE WORK WITH RELATIVELY SMALL NUMBERS OF YOUTH (30-50 PER PROGRAM) OVER AN EXTENDED PERIOD OF TIME (YEARS, AS OPPOSED TO WEEKS OR MONTHS), TRAINING THEM TO TAKE ON HIGH PROFILE LEADERSHIP ROLES IN THE COMMUNITY EVALUATION OF PROGRAMS FOCUSES ON LONG TERM OUTCOMES RELATED TO RISK TAKING BEHAVIOR AS WELL AS SHORT-TERM AND INTERMEDIATE OUTCOMES CUSTOMIZED FOR EACH PROGRAM (EXAMPLES INCLUDE INCREASED WORKFORCE SKILLS, CONNECTION TO SUPPORTIVE ADULTS, CONNECTION TO POSITIVE PEERS, AND COMMITMENT TO EDUCATION) OUT-OF-SCHOOL PROGRAMS OFFERED IN FISCAL 2009 WERE - CHESTER YOUTH COUNCIL THE YOUTH COUNCIL IS ONE AREA WITHIN A LARGER, CITY-WIDE INITIATIVE LED BY CROZER WELLNESS CENTER THE CHESTER YOUTH COLLABORATIVE (SEE CITY-WIDE INITIATIVES, BELOW) THE PROGRAM HAS BEEN IN OPERATION SINCE 2005 THE PURPOSE OF THE YOUTH COUNCIL IS TO CHANGE PERCEPTIONS OF AND ABOUT CHESTER YOUTH AND TO INSPIRE CIVIC ENGAGEMENT AMONG OTHER YOUTH IN THE COMMUNITY YOUTH AGED 12-22 MAY BECOME MEMBERS BY SUCCESSFULLY COMPLETING 80 HOURS OF BASELINE TRAINING ONCE INDUCTED, YOUTH COUNCIL MEMBERS ARE ASSIGNED TO TEAMS AND TEAMS ARE ASSIGNED TO WORK ON VARIOUS CIVIC ENGAGEMENT PROJECTS THROUGHOUT THE CITY (FOR EXAMPLE, BEING VOTING MEMBERS ON BOARDS OF COMMUNITY REVITALIZATION PROJECTS, PLANNING AND HOSTING THE ANNUAL CHESTER YOUTH EMPOWERMENT SUMMIT OR FACILITATING FORUMS WITH CHESTER YOUTH AT LARGE TO IDENTIFY ISSUES OF CONCERNS) IN ADDITION TO BASELINE TRAINING, MEMBERS TAKE PART ON ADDITIONAL TRAINING AND PERSONAL ENRICHMENT ACTIVITIES OVER THE COURSE OF EACH YEAR IN FISCAL 2009 THE YOUTH COUNCIL ENGAGED 30 YOUTH FOR A MEAN OF 59 HOURS (MINIMUM OF 3 HOURS, MAXIMUM OF 125 HOURS) 68% OF MEMBERS HAVE BEEN ENROLLED FOR ONE OR MORE YEARS IN ADDITION, THE YOUTH COUNCIL'S ANNUAL ONE-DAY YOUTH LEADERSHIP CONFERENCE, THE CHESTER YOUTH EMPOWERMENT SUMMIT, HAD 579 YOUTH AND ADULTS IN ATTENDANCE - BLUEPRINTS/PEER LEADER PROGRAM BLUEPRINTS IS AN OUT-OF SCHOOL PROGRAM OPERATED IN PARTNERSHIP WITH SWARTHMORE COLLEGE'S BLACK CULTURAL CENTER FISCAL 2009 WAS THE 3RD YEAR OF THE BLUEPRINTS PROGRAM MEMBERS WERE IN 7TH GRADE WHEN THE PROGRAM STARTED, AND IN 9TH GRADE IN FISCAL 2009 SWARTHMORE COLLEGE STUDENTS WERE RESPONSIBLE TO FACILITATE TUTORING, MENTORING AND CULTURAL ENRICHMENT ACTIVITIES CROZER WELLNESS CENTER STAFF MEMBERS WERE RESPONSIBLE TO FACILITATE COMMUNITY SERVICES EXPERIENCES (MEMBERS VOLUNTEERED AT CHESTER CO-OP), TO PROVIDE MEMBERS WITH LIFE SKILLS & RISK REDUCTION EDUCATION, TO TRAIN PARTICIPANTS TO TAKE ON THE ROLE OF PEER EDUCATORS OR "PEER LEADERS", AND TO COORDINATE SPECIAL/FAMILY/RECOGNITION EVENTS IN THEIR ROLE OF PEER LEADERS, MEMBERS WILL PRESENT WORKSHOPS ON LIFE SKILLS AND RISK TAKING BEHAVIORS TO 6TH GRADE STUDENTS IN THE CHESTER UPLAND SCHOOL DISTRICT IN FISCAL 2009 THE BLUEPRINTS/PEER LEADER PROGRAM ENGAGED 33 YOUTH FOR A MEAN OF 150 HOURS (MINIMUM OF 5 HOURS, MAXIMUM OF 313 HOURS) 52% OF THE PARTICIPANTS HAVE BEEN ENROLLED SINCE THE BLUEPRINTS PROGRAM BEGAN 3 YEARS AGO - CROZER MENTORING PROGRAM CROZER MENTORING PROGRAM LINKS CHESTER UPLAND SCHOOL DISTRICT HIGH SCHOOL STUDENTS (GRADES 9-12) WITH ELEMENTARY STUDENTS AT COLUMBUS SCHOOL FISCAL 2009 WAS THE 1ST YEAR OF THE PROGRAM MENTEES WERE IN 5TH GRADE PRIMARY FUNDING FOR THE PROGRAM WILL ALLOW MENTORS TO WORK WITH THE SAME GROUP OF MENTEES FOR THREE YEARS, UNTIL THEY COMPLETE 7TH GRADE FOLLOWING SUCCESSFUL COMPLETION OF BASELINE TRAINING EACH MENTOR IS MATCHED WITH 2-4 MENTEES MENTORS MEET WITH THEIR MENTEES IN A SMALL GROUP FOR ONE HOUR EACH WEEK, UNDER SUPERVISION OF CROZER WELLNESS CENTER STAFF MENTORS ENGAGE THEIR MENTEES IN SMALL GROUP ACTIVITIES BASED ON EDUCATIONAL AND/OR PERSONAL ENRICHMENT WITH THEMES FOR EACH MONTH (FOR EXAMPLE SUBSTANCE ABUSE, PERSONAL HYGIENE, OR RESTAURANT MANNERS) IN ADDITION TO CLASSROOM SESSIONS MENTORS AND THEIR MENTEES PARTICIPATE TOGETHER IN FIELD TRIPS AND SPECIAL/FAMILY EVENTS DURING AND AFTER SCHOOL HOURS DURING FISCAL 2009 THE CROZER MENTORING PROGRAM ENGAGED 49 MENTORS FOR A MEAN OF 19 HOURS (MINIMUM OF 1 HOUR, MAXIMUM OF 41 HOURS) - CROZER WELLNESS CENTER ALUMNI FELLOWSHIP THE WELLNESS CENTER FELLOWSHIP IS A PAID INTERNSHIP THAT IS OPEN TO ALUMNI OF THE WELLNESS CENTER ON A COMPETITIVE BASIS TWO HIGH SCHOOL SENIORS PER YEAR ARE AWARDED SLOTS IN THE PROGRAM FOLLOWING THEIR GRADUATION COLLEGE STUDENTS WHO ARE PART OF THE FELLOWSHIP ARE ASSIGNED TO VARIOUS DEPARTMENTS THROUGHOUT THE HEALTH SYSTEM DURING THEIR SUMMER AND WINTER VACATIONS, UP TO 30 HOURS PER WEEK THE GOALS OF THE WELLNESS CENTER FELLOWSHIP ARE TO PROVIDE STUDENTS WITH EXPOSURE TO A VARIETY OF PROFESSIONAL WORK EXPERIENCES, TO INCREASE THE PROFESSIONAL SKILL SET OF PARTICIPANTS, TO GROOM YOUTH WITH LEADERSHIP POTENTIAL FOR POSITIONS IN CKHS, AND TO PROVIDE A SOURCE OF INCOME FOR STUDENTS DURING COLLEGE STUDENTS MUST REMAIN ENROLLED IN COLLEGE AND MAINTAIN A STRONG GRADE POINT AVERAGE TO STAY IN THE PROGRAM DURING FISCAL 2009 HOST DEPARTMENTS INCLUDED SOCIAL WORK, MARKETING, NURSING AND COMMUNITY HEALTH TO DATE 6 STUDENTS HAVE GRADUATED FROM THE PROGRAM, AND 5 OF THE 6 HAVE USED THE OPPORTUNITY TO SECURE PAID POSITIONS WITHIN CKHS OUTSIDE THEIR FELLOWSHIP HOURS, SOME EVEN BEFORE THEIR COLLEGE GRADUATION PERFORMANCE EVALUATIONS OF PARTICIPANTS CONDUCTED BY THEIR HOST DEPARTMENTS DEMONSTRATE THAT STUDENTS' PROFESSIONAL SKILL SETS INCREASE STEADILY OVER THEIR YEARS IN THE PROGRAM IN FISCAL 2009 THE CROZER WELLNESS CENTER ALUMNI FELLOWSHIP ENGAGED PARTICIPANTS IN 1,920 HOURS

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	CITY-WIDE INITIATIVES ---------- SINCE IT WAS ESTABLISHED IN 1996 THE CROZER WELLNESS CENTER HAS EARNED A REPUTATION IN THE COMMUNITY AND REGION FOR OPERATING HIGH-QUALITY YOUTH DEVELOPMENT PROGRAMS WITH SOLID OUTCOMES AS A RESULT WE HAVE BEEN GIVEN THE RESPONSIBILITY FOR LEADING TWO LARGE, CITY-WIDE INITIATIVES IN CHESTER IN FISCAL 2009 THESE INCLUDED CITY-WIDE INITIATIVES ---------- SINCE IT WAS ESTABLISHED IN 1996 THE CROZER WELLNESS CENTER HAS EARNED A REPUTATION IN THE COMMUNITY AND REGION FOR OPERATING HIGH-QUALITY YOUTH DEVELOPMENT PROGRAMS WITH SOLID OUTCOMES AS A RESULT WE HAVE BEEN GIVEN THE RESPONSIBILITY FOR LEADING TWO LARGE, CITY-WIDE INITIATIVES IN CHESTER IN FISCAL 2009 THESE INCLUDED - CHESTER YOUTH COLLABORATIVE IN 2002 THE CHESTER YOUTH COLLABORATIVE (CYC) WAS ESTABLISHED WITH SUPPORT FROM PHILADELPHIA'S WILLIAM PENN FOUNDATION THE GOALS OF THE INITIATIVE ARE TO INCREASE THE CAPACITY OF YOUTH SERVING ORGANIZATIONS AND TO INCREASE THE AVAILABILITY OF HIGH-QUALITY YOUTH DEVELOPMENT PROGRAMS FOR YOUTH IN CHESTER, TO SUPPORT YOUTH IN BECOMING HEALTHY, PRODUCTIVE MEMBERS OF SOCIETY THE COLLABORATIVE IS A CITY-WIDE NETWORK CONSISTING OF ORGANIZATIONS OPERATING OUT-OF-SCHOOL PROGRAMS FOR CHESTER YOUTH AGES 12-22, YOUTH AGES 12-22 THEMSELVES (SEE OUT-OF-SCHOOL PROGRAMS CHESTER YOUTH COUNCIL, ABOVE), PARENTS/COMMUNITY RESIDENTS, AND REPRESENTATIVES OF ANCHOR INSTITUTIONS IN CHESTER EACH OF THESE STAKEHOLDER GROUPS WORKS ON SPECIFIC ACTIVITIES TO SUPPORT THE GOALS OF THE CYC IN THE FIRST 3 YEARS KEY DELIVERABLES WERE RELATED TO ESTABLISHING THE NETWORK AS WELL AS ITS INFRASTRUCTURE AND COMMUNICATIONS, COORDINATING AND LAUNCHING A WEB-BASED DATA SYSTEM AMONG YOUTH SERVING ORGANIZATIONS IN CYC, ESTABLISHING A MECHANISM THROUGH WHICH TO PROVIDE TRAINING AND COACHING TO YOUTH SERVING ORGANIZATIONS TO INCREASE SCORES ON ASSESSMENTS, INCREASING THE NUMBER OF CHESTER YOUTH PARTICIPATING IN PROGRAMS OFFERED BY CYC MEMBER ORGANIZATIONS, AND INCREASING THE NUMBER OF YOUTH INVOLVED IN POSITIONS OF INFLUENCE AMONG CYC MEMBER ORGANIZATIONS AND THROUGHOUT THE CITY BASED ON THE STRENGTH OF THE INITIATIVE, CHESTER CITY COUNCIL PASSED A RESOLUTION ESTABLISHING CYC AS THE OFFICIAL YOUTH DEVELOPMENT RESOURCE FOR THE CITY - AN OUTCOME BEYOND THE EXPECTATIONS OF THE WILLIAM PENN FOUNDATION IN RECOGNITION OF CROZER WELLNESS CENTER'S SUCCESS AS THE LEAD ORGANIZATION FOR THE CYC, WILLIAM PENN FOUNDATION AWARDED A SECOND 3-YEAR GRANT IN SPRING 2008 DURING THIS CURRENT PHASE THE FOCUS OF THE COLLABORATIVE WORK WILL BE ON SUSTAINING THE WORK ALREADY DONE AS WELL AS CREATING YOUTH POLICY RECOMMENDATIONS FOR THE CITY OF CHESTER, CREATING A SET OF COMMON STANDARDS THROUGH WHICH TO ASSESS PROGRAM QUALITY OF YOUTH SERVING ORGANIZATIONS, CREATING A SUSTAINABILITY PLAN FOR CYC AND AN INVESTMENT STRATEGY FOR OUT-OF-SCHOOL PROGRAMS IN CHESTER, AND INCREASING THE ABILITY OF THE NETWORK AS A WHOLE TO COLLECT AND USE DATA FOR PLANNING AND CONTINUOUS QUALITY IMPROVEMENT IN FISCAL YEAR 2009, 25 YOUTH SERVING ORGANIZATIONS PARTICIPATED IN YEAR-ROUND CAPACITY BUILDING PROVIDED BY THE CYC, THESE 25 YOUTH SERVING ORGANIZATIONS COLLECTIVELY SERVED 3,657 YOUTH VIA OUT-OF-SCHOOL PROGRAMMING, CYC ALSO PARTNERED WITH 90+ PARENTS, COMMUNITY RESIDENTS AND AREA INSTITUTIONS IN ACTIVITIES TO PROMOTE CYC GOALS - DRUG FREE COMMUNITIES CROZER WELLNESS CENTER'S DRUG FREE COMMUNITIES (DFC) INITIATIVE WAS LAUNCHED IN SPRING 2009, LAST QUARTER OF FISCAL 2009 THE DFC PROJECT OPERATES AS A SPECIAL PROJECT UNDER THE CHESTER YOUTH COLLABORATIVE (SEE ABOVE) THE GOALS OF THE PROGRAM ARE 1) TO ESTABLISH AND STRENGTHEN COLLABORATION AMONG THE CHESTER COMMUNITY, PUBLIC & PRIVATE NONPROFIT AGENCIES, AND LOCAL GOVERNMENT SUPPORTING EFFORTS OF COMMUNITY COALITIONS TO PREVENT AND REDUCE SUBSTANCE ABUSE AMONG YOUTH, AND 2) TO REDUCE SUBSTANCE ABUSE AMONG YOUTH AND, OVER TIME, AMONG ADULTS BY ADDRESSING THE FACTORS IN THE CHESTER COMMUNITY THAT INCREASE RISK OF SUBSTANCE ABUSE AND PROMOTING THE FACTORS THAT MINIMIZE ITS RISK THE DRUG FREE COMMUNITIES PARTNERS REPRESENT A WIDE-RANGE OF STAKEHOLDER GROUPS YOUTH, PARENTS, BUSINESSES, MEDIA, SCHOOLS, YOUTH SERVING ORGANIZATIONS, LAW ENFORCEMENT, FAITH BASED AND FRATERNAL ORGANIZATIONS, CIVIC GROUPS, HEALTH CARE ENTITIES, AND GOVERNMENT OFFICES CONCERNED WITH SUBSTANCE ABUSE DFC PARTNERS WORK WITH STAFF TOWARD GOALS VIA EFFORTS IN FOUR KEY AREAS - ALTERING YOUTH PERCEPTIONS OF ATOD NORMS, PARTICULARLY NORMS OF PEER USE AND NORMS OF FAMILY APPROVAL - INCREASING PARENTAL AWARENESS OF AND ACCESS TO PROGRAMS TARGETING ATOD RISK & PROTECTIVE FACTORS - IMPACTING CITY POLICY RELATED TO SALE OF TOBACCO PRODUCTS & DRUG PARAPHERNALIA - IMPACTING CITY POLICY RELATED TO ASSESSMENT AND RATING OF YOUTH DEVELOPMENT PROGRAMS IN THE FIRST YEAR THE PROGRAM SUCCESSFULLY MET ITS GOALS OF RECRUITING PARTNERS, ESTABLISHING THE INFRASTRUCTURE AND COMMUNICATIONS TO SUPPORT THE PROJECT, CRAFTING A SOCIAL MARKETING CAMPAIGN, AND CREATING DETAILED PARTNERSHIP AGREEMENTS AND WORK PLANS FOR EACH OF THE KEY ACTIVITY AREAS CKHS RECEIVED SPECIAL COMMENDATION FROM THE FEDERAL PROGRAM OFFICER ASSIGNED TO THIS PROJECT, WHO NOTED THAT ONLY A FRACTION OF THE 746 TOTAL DFC GRANTEES IN FISCAL 2009 WERE HEALTH SYSTEMS AND RECOGNIZED THE VALUE OF HAVING HEALTH SYSTEMS LEADING SUBSTANCE ABUSE EFFORTS IN COMMUNITIES FROM THE PROGRAM'S LAUNCH IN THE 4TH QUARTER OF FISCAL 2009, CROZER'S DFC PROJECT PARTNERED WITH 60+ COMMUNITY RESIDENTS AND/OR REPRESENTATIVES OF COMMUNITY GROUPS TO PLAN DFC PREVENTION ACTIVITIES, WHICH WERE LAUNCHED IN FISCAL 2010 NATHAN SPEARE REGIONAL BURN TREATMENT CENTER ---------- ---------- THE NATHAN SPEARE REGIONAL BURN TREATMENT CENTER IS STILL THE ONLY BURN FACILITY IN SUBURBAN PHILADELPHIA THAT PROVIDES ALL THE SERVICES NEEDED TO MEET ALL THE NEEDS OF BURN PATIENTS AND THEIR FAMILIES WITHIN A SINGLE UNIT - FROM EMERGENCY TREATMENT TO INTENSIVE CARE TO REHABILITATION TO FOLLOW-UP AND OUTPATIENT CARE IN 2000, IT WAS THE FIRST BURN CENTER IN THE STATE OF PENNSYLVANIA TO EARN THE DISTINCTION OF BEING A VERIFIED BURN CENTER, MEETING THE STANDARDS SET FORTH BY THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN BURN ASSOCIATION WE HAVE EARNED AN INTERNATIONAL REPUTATION FOR EXCELLENCE IN HOLISTIC BURN CARE, TREATING MORE THAN 9,400 NEW PATIENTS SINCE 1973, AN AVERAGE OF 500 IN-PATIENTS AND OVER 3000 OUTPATIENT VISITS ANNUALLY WE ALSO TREAT NON-BURN INJURIES, SUCH AS "ROAD RASH," AND MEDICATION REACTIONS AND OTHER SKIN DISEASES THAT RESULT IN CONDITIONS SIMILAR TO THOSE EXPERIENCED BY BURN PATIENTS SERVICES INCLUDE COUNSELING AND EMOTIONAL SUPPORT, OUTPATIENT BURN WOUND CARE CENTER, AND THE BURN OUTREACH EDUCATION PROGRAM COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 11,876 INDIVIDUALS IN THE COMMUNITY CKHS CENTER FOR DIABETES ---------- MORE THAN 24 MILLION PEOPLE IN THE U S HAVE DIABETES, BUT APPROXIMATELY 1/3 DON'T KNOW THEY HAVE IT BECAUSE OF MINIMAL SYMPTOMS OR NO SYMPTOMS AT ALL DIABETES IS NOT A DISEASE TO BE TAKEN LIGHTLY, IT IS A SERIOUS DISEASE WITH ITS COMPLICATIONS KILLING 224,000 PEOPLE EACH YEAR THE GOAL OF THE CENTER FOR DIABETES IS TO MEET THE NEEDS OF OUR PATIENTS BY EDUCATING AND PROVIDING A CLEAR UNDERSTANDING OF HOW TO MANAGE THEIR CHRONIC CONDITION - EVERY SINGLE DAY THE CENTER FOR DIABETES AT SPRINGFIELD HOSPITAL IS AN AMERICAN DIABETES ASSOCIATION RECOGNIZED, HOSPITAL BASED, OUTPATIENT DIABETES EDUCATION PROGRAM THE CENTER FOR DIABETES HAS EXPANDED ITS SERVICES TO THE CROZER MEDICAL PLAZA AT BRINTON LAKE AND COMMUNITY HOSPITAL PROVIDING NUTRITION AND EDUCATION CLASSES THERE THROUGHOUT THE MONTH THE CENTER FOR DIABETES SERVICES INCLUDE OUTPATIENT EDUCATION FOR INDIVIDUALS WHO ARE NEWLY DIAGNOSED, HAVE UNCONTROLLED DIABETES, OR FOR THOSE WHO DESIRE INTENSIVE CONTROL INSULIN PUMP THERAPY AND MONTHLY EDUCATION/SUPPORT GROUP MEETINGS ARE PROVIDED AT THE CENTER FOR DIABETES ALSO SPECIAL INSTRUCTION IS OFFERED FOR PREGNANT WOMEN WITH GESTATIONAL DIABETES THE CENTER FOR DIABETES' FOCUS IS TO HELP PATIENTS ACHIEVE BLOOD GLUCOSE CONTROL BY BALANCING MEALS, EXERCISE AND MEDICATION, WHEN NECESSARY THE CERTIFIED DIABETES EDUCATORS AT THE CENTER FOR DIABETES ARE ALSO AVAILABLE TO TEACH DIABETES EDUCATION, INSULIN ADMINISTRATION AND USE OF GLUCOMETER TO THE STAFF AND RESIDENTS AT ASSISTED LIVING FACILITIES IN THE AREA A SERIES OF CLASSES ARE OFFERED MORNING, AFTERNOON AND EVENING TO ACCOMMODATE VARIOUS PATIENT SCHEDULES THE FOLLOWING CLASSES ARE OFFERED IN THE CENTER FOR DIABETES - BASIC DIABETES EDUCATION - BLOOD GLUCOSE MONITORING - NUTRITION COUNSELING - INSULIN ADMINISTRATION - MANAGEMENT SKILLS FOR DIABETES RELATED TO PREGNANCY - INTENSIVE MANAGEMENT PROGRAM - INSULIN PUMP TRAINING - GLUCOSE SENSOR TRAINING - CONTINUOUS GLUCOSE MONITORING SYSTEM - PRE-DIABETES CLASSES

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	THE CENTER FOR DIABETES OFFERS SUPPORT PROGRAMS THROUGHOUT THE YEAR AT SPRINGFIELD HOSPITAL OUR SUPPORT GROUPS DISCUSS TOPICS SUCH AS COPING SKILLS, RESOURCES, FOOT AND EYE CARE RELATED TO DIABETES, UNDERSTANDING THE IMPORTANCE OF GOOD BLOOD GLUCOSE CONTROL, AND HEALTHY MEAL PLANNING OUR HEALTH CARE TEAM WORKS WITH PATIENTS TO TEACH THEM HOW TO BALANCE THEIR CARE AND DIABETES (WHAT ARE RISK FACTORS FOR COMPLICATIONS, HEART DISEASE, ETC), HOW TO RECOGNIZE AND TREAT HYPERGLYCEMIA AND HYPOGLYCEMIA, HEALTHY EATING AND CARBOHYDRATE COUNTING, DIABETES MEDICATIONS AND VARIOUS MEDICATIONS THAT CAN EFFECT BLOOD GLUCOSE CONTROL, EXERCISE BENEFITS, HOW DIABETES EFFECTS THE EYES, HEART, AND KIDNEYS, RISK FOR STROKE, AND WHY IT IS IMPORTANT FOR THE PATIENT TO BE AN ACTIVE MEMBER IN THE HEALTHCARE TEAM WE WANT THE PATIENT TO BE ABLE TO MANAGE THEIR DIABETES ON A DAILY BASIS COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED 3,400 INDIVIDUALS VIA PATIENT VISITS AND 4,000 INDIVIDUALS VIA COMMUNITY VISITS, FOR A GRANT TOTAL OF 7,400 INDIVIDUALS REACHED CKHS REGIONAL CANCER CENTERS ---------- THE CKHS REGIONAL CANCER CENTERS HAVE BECOME ONE OF THE DELAWARE VALLEY'S TOP DESTINATIONS FOR CANCER CARE BECAUSE OF OUR COMMITMENT TO PROVIDING OUR COMMUNITY WITH ALL-INCLUSIVE CANCER SERVICES INCLUDING EDUCATION, PREVENTION, DIAGNOSIS, RISK ASSESSMENT, RESEARCH AND TREATMENT THE CENTERS PROVIDE A COMPREHENSIVE APPROACH TO CANCER CARE, COMBINING STATE-OF-THE-ART DIAGNOSIS AND TREATMENT WITH SUPPORTIVE CARE PHYSICIANS AND STAFF WORK AS A MULTIDISCIPLINARY TEAM, USING THE NEWEST TECHNOLOGIES AND THERAPIES, TO TAILOR TREATMENT TO EACH PATIENT'S CONDITION AND SITUATION FREE SCREENINGS, EDUCATION PROGRAMS, AND SUPPORT GROUPS PROVIDE OPPORTUNITIES TO PROMOTE PREVENTION, EARLY DETECTION AND SUPPORTIVE CARE TO DELAWARE COUNTY RESIDENTS COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 7,076 INDIVIDUALS IN THE COMMUNITY CKHS SENIOR HEALTH SERVICES ---------- SENIOR HEALTH SERVICES DEVELOPS, COORDINATES AND IMPLEMENTS PROGRAMS COMMITTED TO THE PROMOTION OF A HEALTHY SENIOR COMMUNITY IN DELAWARE COUNTY THE SERVICES OFFERED ARE EASILY ACCESSIBLE, MEETS THE NEEDS OF THE COMMUNITY SERVED, AND ARE PROVIDED WITH RESPECT AND DIGNITY WITH THE GROWING NUMBER OF SENIORS IN THE COUNTRY THE ELDERLY POPULATION IN OUR COUNTY IS ALSO EXPECTED TO SURGE SIGNIFICANTLY BY THE YEAR 2030 THERE WILL BE 70 MILLION AMERICANS OVER THE AGE OF 65 DELAWARE COUNTY, ONE OF THE MOST DENSELY POPULATED COUNTIES IN THE STATE WILL BE HEAVILY IMPACTED BY THE POPULATION SURGE AS ONE OF ITS MANY GOALS SENIOR HEALTH SERVICES DEVELOPS INITIATIVES TO EDUCATE AND SENSITIZE HEALTH CARE PROFESSIONALS TO THE UNIQUE NEEDS OF OUR GROWING SENIOR COMMUNITY THESE INITIATIVES FOCUS ON ENHANCING THE SKILLS OF THE HEALTH CARE AND ACADEMIC COMMUNITIES TO DEVELOP EXPERTISE AND BEST PRACTICES IN GERIATRICS THE DEPARTMENT ALSO ASSUMES JOINT RESPONSIBILITY FOR THE HEALTH SYSTEMS INPATIENT INITIATIVE, "CARING FOR HOSPITALIZED ELDERS AT CROZER KEYSTONE" (CHECK) RESPONSIBILITIES INCLUDE BUT NOT LIMITED TO, TRAINING EMPLOYEES ACROSS THE SYSTEM IN AREAS RELATED TO AGE COMPETENCY, DEVELOPING SENIOR FRIENDLY HOSPITALS ON ALL LEVELS AND BRIDGING THE GAP BETWEEN THE INPATIENT AND OUTPATIENT SERVICES IN ADDITION THE DEPARTMENT IS ALSO RESPONSIBLE FOR THE HEALTH SYSTEM'S SENIOR SPECIFIC 24 HOUR SUPPORT LINE THE SENIOR SUPPORT LINE (1-800-CKHS-KEY) IS A SINGLE POINT OF CONTACT FOR PATIENTS, FAMILIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS, TO ACCESS RESOURCES THROUGH OUR HEALTH SYSTEM, AS WELL AS LOCAL AND NATIONAL ORGANIZATIONS COUPLED WITH THE ABOVE THE DEPARTMENT OF SENIOR HEALTH SERVICES IS ALSO RESPONSIBLE FOR DEVELOPING AND/OR CREATING BETTER ACCESS TO SEVERAL OUTPATIENT PROGRAMS WHICH INCLUDES THE GERIATRIC EVALUATION AND MANAGEMENT PROGRAM (WHICH WAS EXPANDED TO INCLUDE AN ADDITIONAL SITE IN THE UPPER DARBY COMMUNITY AT THE CENTER FOR FAMILY HEALTH), SENIOR WELLNESS PROGRAMS, THE SENIOR SPECIFIC WELLNESS PROGRAMS AT THE HEALTHPLEX, AS WELL AS GERIATRIC BEHAVIORAL HEALTH SERVICES THE DEPARTMENT IS ALSO RESPONSIBLE FOR DEVELOPING AND COORDINATING THE CARING FOR OLDER PEOPLE (COP) PROGRAM, WHICH IS A COLLABORATIVE WITH THE DELAWARE COUNTY DISTRICT ATTORNEY'S OFFICE AND THE COUNTY OFFICE FOR SERVICES FOR THE AGING (COSA) TO FURTHER EXPAND OUR SERVICES TO THE FRAIL ELDERLY IN THE COMMUNITY THE DEPARTMENT WAS AWARDED THE HEALTH PROMOTIONS COMPONENT OF THE HOUSING AND URBAN DEVELOPMENT (HUD) HOPE VI REVITALIZATION GRANT FOR THE CHESTER TOWERS SENIOR HEALTH SERVICES HAS ASSIGNED A RN WHO IS THE COMMUNITY ELDER LIFE SPECIALIST, TO DEVELOP PROGRAMS TO ADDRESS THE HEALTH CARE NEEDS OF THE RESIDENTS IN THESE SENIOR SPECIFIC DWELLINGS (THE TOWERS) WE HAVE OFFERED BI-WEEKLY PROGRAMS AS WELL AS MULTIPLE HEALTH SCREENINGS WE HAVE ESTABLISHED A PROCESS TO MONITOR THE HIGHLY AT-RISK RESIDENTS AND PROVIDE A SEAMLESS PROCESS FOR THEM TO ACCESS HEALTH CARE RESOURCES WHEN NECESSARY IN ADDITION TO THE ABOVE SENIOR HEALTH SERVICES ALSO RECEIVED A GRANT FROM THE COUNTY OFFICE OF SERVICES FOR THE AGING TO DEVELOP AND IMPLEMENT HEALTH AWARENESS PROGRAMS AT THREE AREA SENIOR CENTERS FOCUSING ON HEALTH ISSUES SEVERELY IMPACTING THE ELDERLY, ONE OF THE PROGRAMS WHICH WAS OFFERED "HOW TO MAINTAIN YOUR FABULOUS BRAIN" A BRAIN HEALTH FITNESS PROGRAM WAS VERY SUCCESSFUL AND IS NOW AVAILABLE TO ALL SENIOR GROUPS ACROSS THE COUNTY TO FURTHER SERVE THE AGING POPULATION SENIOR HEALTH SERVICES PARTICIPATES IN COMMUNITY HEALTH PROMOTION ACTIVITIES, INCLUDING HEALTH FAIRS, LECTURES, WORKSHOPS AND PRESENTATIONS TO NUMEROUS SENIOR FOCUSED GROUPS THE DEPARTMENT IS RESPONSIBLE FOR FOUR "DINING AT DUSK" PROGRAMS ACROSS THE HEALTH SYSTEM, MONTHLY PHYSICIAN LECTURE SERIES AT BRINTON LAKE MEDICAL PLAZA AND MEDIA BOROUGH, BRINGING SEVERAL SENIORS TO OUR HOSPITALS TO PARTICIPATE IN HEALTH PROMOTIONS AND SENIOR FOCUSED LECTURES AS WELL AS CREATE OPPORTUNITIES FOR SENIORS TO MEET OUR MEDICAL STAFF AND ACCESS SERVICES FORM OUR HEALTH CARE PROVIDERS THROUGH ITS SENIOR WELLNESS PROGRAM THE DEPARTMENT ALSO PARTNERS WITH AARP AND OFFERS THE 55ALIVE DRIVING PROGRAM AT FOUR CROZER-KEYSTONE SITES FURTHER THE DEPARTMENT PUBLISHES A "QUICK TIP" RESOURCE GUIDE FOR SENIORS AS WELL AS A MONTHLY E-NEWSLETTER AND QUARTERLY E-NEWS MAGAZINE (SENIOR HEALTHY LIVING) ADDED TO OUR COMMUNITY OUTREACH AND EDUCATIONAL COMMITMENT, THE DEPARTMENT'S SIGNATURE EVENT IS ITS ANNUAL DAY LONG PROGRAM IN HONOR OF OLDER AMERICAN'S MONTH, WHICH HAS ATTRACTED OVER 300 SENIORS FROM ACROSS DELAWARE COUNTY THIS EVENT PROVIDES SENIORS WITH SEVERAL OPPORTUNITIES TO PARTICIPATE IN WORKSHOPS GIVEN BY CKHS PHYSICIANS THROUGH THE PROVISION OF THESE SERVICES ACROSS THE CONTINUUM, THE ULTIMATE GOAL OF SENIOR HEALTH SERVICES IS TO REALIZE A CENTER OF EXCELLENCE IN DELAWARE COUNTY COMMUNITY PROGRAM ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 12,555 INDIVIDUALS IN THE COMMUNITY - THIS INCLUDES ALL SENIOR SPECIFIC PROGRAMMING PARKINSON DISEASE AND MOVEMENT DISORDER CENTER ---------- THIS CENTER PROVIDES COMPREHENSIVE AND INDIVIDUALIZED CARE WITHIN A SUPPORTIVE AND HOME-LIKE ATMOSPHERE AFFILIATED WITH THE AMERICAN PARKINSON DISEASE ASSOCIATION (APDA), CROZER'S PARKINSON'S DISEASE AND MOVEMENT DISORDER CENTER IS ONE OF THE APDA'S OFFICIALLY RECOGNIZED INFORMATION AND REFERRAL CENTERS THEY PROVIDE EDUCATION, SUPPORT AND EXERCISE CLASSES FOR INDIVIDUALS DEALING WITH PARKINSON'S DISEASE AND MOVEMENT DISORDERS COMMUNITY OUTREACH ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 1,300 INDIVIDUALS IN THE COMMUNITY NUTRITION SERVICES ---------- REGISTERED DIETITIANS AT CROZER OFFER SERVICES INTERNALLY TO OUR PATIENTS AND EXTERNALLY FOR THE COMMUNITY NUTRITION COUNSELING WAS PROVIDED AT THE OUTPATIENT NUTRITION AND BARIATRIC CENTERS TO 1,121 CLIENTS APPROXIMATELY 1,000 MEMBERS OF THE COMMUNITY INQUIRED ABOUT NUTRITION EDUCATION MATERIALS AND PRODUCTS THROUGH VARIOUS HEALTH FAIRS ATTENDED BY REGISTERED DIETITIANS FROM CROZER COMMUNITY OUTREACH ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 2,121 INDIVIDUALS

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	WIC --- THE WOMEN, INFANTS AND CHILDREN PROGRAM (WIC) PROVIDES SUPPLEMENTAL FOODS AND NUTRITION EDUCATION TO PREGNANT, POSTPARTUM AND BREASTFEEDING WOMEN, INFANTS, AND YOUNG CHILDREN UP TO AGE 5 THERE ARE THREE WIC OFFICES LOCATED IN DELAWARE COUNTY CURRENTLY THE WIC PROGRAM IN DELAWARE COUNTY HAS A CASELOAD ASSIGNMENT OF 10,526 PARTICIPANTS, WHICH IS A 25 5% INCREASE OVER THE PREVIOUS YEAR'S ASSIGNMENT THE CURRENT BREAKDOWN IN PARTICIPATION IS 2,217PREGNANT AND POSTPARTUM WOMEN, 2,601 INFANTS, AND 4,518 CHILDREN 2-5 YEARS OF AGE - WIC ADMINISTERS THE FARMERS MARKET NUTRITION PROGRAM (FMNP) AND LAST YEAR DISTRIBUTED 20,000 CHECKS THAT HELPS SUPPORT THE FARMERS OF PENNSYLVANIA AND SUPPLIES EACH ELIGIBLE WIC RECIPIENT WITH $20 WORTH OF COUPONS REDEEMABLE FOR PA GROWN FRUITS & VEGETABLES AT LOCAL FARMERS MARKETS FMNP RECIPIENTS ALSO RECEIVE NUTRITION EDUCATION IN ACCORDANCE WITH THE "MORE MATTER" CAMPAIGN, AND INFORMATION REGARDING RECIPE, SELECTION, AND STORAGE OF PENNSYLVANIA GROWN FRUITS AND VEGETABLES - WIC ADMINISTERED THE SUMMER LUNCH PROGRAM FUNDED BY THE NUTRITIONAL DEVELOPMENT SERVICES, ARCHDIOCESE OF PHILADELPHIA LAST SUMMER THE PROGRAM DISTRIBUTED 2505 INDIVIDUAL LUNCHES AT OUT CHESTER CLINIC AND 195 AT OUR UPPER DARBY CLINIC NUTRITION AND BREASTFEEDING GOALS FOR THE 08-09 FY INCLUDE - NUTRITION EDUCATION IS DONE WITH ALL WIC CLIENTS A MINIMUM OF 4 TIMES/YEAR DURING THEIR SCHEDULED WIC APPOINTMENTS IN RECENT YEARS THE MAIN OBJECTIVE IS TO HELP PEOPLE CHANGE BEHAVIORS IN THEIR EATING HABITS AND PHYSICAL ACTIVITY SETTING GOALS TO INCREASE PHYSICAL ACTIVITY IS DISCUSSED WITH MOTHERS AND THEIR CHILDREN PARENTS ALSO BECOME FAMILIAR WITH THEIR CHILDREN'S BODY MASS INDEX (BMI) THIS CAN HELP ADDRESS THE INCREASING PROBLEM OF CHILDHOOD OBESITY PARENTS SET GOALS TO INCREASE THEIR OWN OR THEIR CHILDREN' CONSUMPTION OF FRUITS AND VEGETABLES THIS CAN INCREASE INTAKE OF VALUABLE NUTRIENTS AND LOWER CALORIES CONSUMED PREGNANT WOMEN RECEIVE NUTRITION COUNSELING TO HELP ENSURE APPROPRIATE WEIGHT GAIN AND HEALTHY OUTCOME TO PREGNANCY - WIC PROMOTES BREASTFEEDING TO ALL WOMEN WHO ENROLL IN THE PROGRAM WE ARE STRIVING TO MEET THE HEALTHY PEOPLE 2010 GOALS OF INCREASED BREASTFEEDING IN OUR NATION WIC CLIENTS IN DELAWARE COUNTY HAVE INCREASED THE RATE OF MOMS WHO TRY BREASTFEEDING FROM 35% TO 58% OVER THE LAST 10 YEARS THE RATE OF BREASTFEEDING IN DELAWARE COUNTY WIC WOMEN IS WELL ABOVE THE STATE AVERAGE RATE FOR WIC WOMEN (56%) WIC SUPPLIES BREAST PUMPS TO HELP WOMEN CONTINUE WITH BREASTFEEDING FOR LONGER PERIODS OVER 100 BREAST PUMPS WERE GIVEN TO WOMEN OVER THE LAST YEAR WE ALSO WORK WITH OTHER GROUPS WHO HAVE CONTACT WITH PREGNANT AND NEW MOTHERS IN 2008 THE MERCY HOME HEALTH TINY BLESSING NURSES WERE ALSO GIVEN THIS INFORMATION THE CROZER NURSE-FAMILY PARTNERSHIP HAS BEEN GIVEN INFORMATION TO HELP THEM SUPPORT MOM WHO ARE BREASTFEEDING REFERRALS TO THEIR PROGRAM ARE GIVEN BY THE STAFF AT WIC WIC CONTINUES TO REFER CLIENTS TO HEALTHY START AND WORKS WITH HEALTHY START STAFF TO PROMOTE BREASTFEEDING IN THE COMMUNITY THE MARKETING/PUBLIC RELATIONS DEPARTMENT PROVIDES NUMEROUS EDUCATIONAL PROGRAMS AND SERVICES THROUGHOUT THE YEAR FOR THE COMMUNITY IT SERVES THESE PROGRAMS INCLUDE FREE HEALTH FAIRS, PHYSICIAN-SPONSORED LECTURES AND SCREENINGS AT CKHS HOSPITALS AND FACILITIES, AS WELL AS OTHER LOCATIONS THROUGHOUT DELAWARE COUNTY (SUCH AS LIBRARIES, COMMUNITY CENTERS, ETC) COMMUNITY OUTREACH ACTIVITIES FOR '08-09 REACHED APPROXIMATELY 2,861 INDIVIDUALS VOLUNTEER SERVICES ---------- VOLUNTEER SERVICES AT CKHS OFFER NUMEROUS PROGRAMS AND SERVICES TO THE COMMUNITY AT LARGE AND TO THE PATIENTS AT OUR HOSPITALS AMONG THESE SERVICES ARE MONTHLY BLOOD PRESSURE SCREENINGS, STUDENT MENTORING, PATIENT ADVOCACY, YOUTH LEADERSHIP, AND DONATION PROGRAMS COMMUNITY OUTREACH ACTIVITIES FOR '08-'09 REACHED APPROXIMATELY 14,959 INDIVIDUALS AREAS OF OPPORTUNITY ---------- - MAJOR CHALLENGES WE CAN FEEL GOOD ABOUT THE OVERALL HEALTH STATUS OF OUR RESIDENTS AND THE PROGRESS THAT HAS BEEN MADE IN ACHIEVING HEALTHIER LIFESTYLES, GREATER USE OF PREVENTIVE CARE AND ADVANCES IN MEDICINE AS WE CONTINUE TO WORK TOWARD ACHIEVING THE HEALTHY PEOPLE 2010 (HP2010) GOALS FOR DELAWARE COUNTY, IT IS IMPORTANT TO REMAIN AWARE OF THE FOLLOWING CHALLENGES THAT WE FACE AS TOGETHER WE STRIVE TO OBTAIN THE GOAL OF OPTIMUM HEALTH FOR EVERY MEMBER OF OUR COMMUNITY ACCESS TO HEALTHCARE THERE IS A SLIGHT INCREASE IN OVERALL ACCESS TO A SOURCE OF ONGOING HEALTH CARE IN DELAWARE COUNTY, YET WE ARE STILL NOT MEETING THE HEALTHY PEOPLE 2010 TARGET GOOD NEWS IN THAT THE PERCENTAGES OF INDIVIDUALS HAVING A REGULAR SOURCE OF CARE ARE FAIRLY EVEN ACROSS THE RACES, SHOWING LESS DISPARITY THAN IN 2006 CKHS WILL CONTINUE TO ADVOCATE FOR ACCESS TO HEALTHCARE SERVICES FOR ALL THE RESIDENTS OF DELAWARE COUNTY AND WILL CONTINUE TO OFFER THEIR CLINICS AT PEARL HALL AND ALSO CONTINUE THEIR PARTICIPATION ON THE DELAWARE COUNTY CHAMBER OF COMMERCE INSURE DELAWARE COUNTY'S CHILDREN TODAY TASK FORCE AND CHESPENN HEALTH SERVICES BOARD OVERWEIGHT/OBESITY/PHYSICAL INACTIVITY NOTED INCREASES IN OVERWEIGHT AND OBESITY, AS WELL AS HIGH LEVELS OF PHYSICAL INACTIVITY CONTINUE TO REMAIN A SIGNIFICANT CHALLENGE THESE RISK FACTORS, FOR MANY ACUTE AND CHRONIC DISEASES, CONTINUE TO PLAGUE INDIVIDUALS OF EVERY AGE, GENDER AND ETHNIC GROUP THIS AFFECTS THE OVERALL HEALTH STATUS OF DELAWARE COUNTY, BOTH TODAY AND FOR THE FUTURE CKHS'S HEALTHPLEX SPORTS CLUB OFFERS A SPACIOUS, STATE-OF-THE-ART FACILITY TO MEET ALL OF AN INDIVIDUAL'S HEALTH AND FITNESS NEEDS FROM SWIMMING POOLS TO BASKETBALL COURTS TO THE BUSY FITNESS AREA, INDOOR TENNIS/SQUASH AND RACQUETBALL COURTS, NEW WAYS TO ENHANCE ONE'S HEALTH ARE DISCOVERED THE HEALTHPLEX SPORTS CLUB IS DEDICATED TO IMPROVING THE HEALTH AND QUALITY OF LIFE OF ITS MEMBERS AND THE COMMUNITY LOW BIRTH WEIGHT (LBW) LOW BIRTH WEIGHT PERCENTAGES HIGHER THAN STATE AND NATIONAL PERCENTAGES DELAWARE COUNTY'S RATE OF LOW BIRTH WEIGHT INFANTS (8 8%) HAS DECREASED SLIGHTLY FROM 2002-04 STATUS (9 4%), BUT IS SLIGHTLY HIGHER THAN THE STATE RATE (8 4 %) AND NATIONAL (8 2%) RATES AND STILL A SIGNIFICANT DISTANCE FROM THE 5% TARGET RATE OF HEALTHY PEOPLE 2010 THE GREATEST DISPARITY IS NOTED AT BOTH THE COUNTY AND STATE LEVEL IN THE AFRICAN AMERICAN POPULATION WHERE THE RATE IS 5 2% GREATER AT THE COUNTY LEVEL (14%) AND 5 5% GREAT AT THE STATE LEVEL (13 9%) IT SHOULD ALSO BE NOTED THAT THE INFANT DEATH RATE IS ALSO MUCH HIGHER IN THE AFRICAN AMERICAN POPULATION AT 15 3/1,000 VS THE WHITE POPULATION OF 5 9/1,000 IN DELAWARE COUNTY CKHS WOMEN AND CHILDREN'S HEALTHY START PROGRAM, THE CROZER OB/GYN CLINIC, THE DCMH MIDWIVES PROGRAM AND THE MANY CKHN OB/GYN PROVIDERS ENABLE WOMEN FROM DELAWARE COUNTY TO RECEIVE THE PRENATAL CARE THEY NEED TO ENSURE A HEALTHY BABY CROZER-KEYSTONE ALSO OFFERS A LEVEL II NEONATAL INTENSIVE CARE NURSERY AT DELAWARE COUNTY MEMORIAL HOSPITAL, AND A LEVEL III INTENSIVE CARE NURSERY AT CROZER, THAT PROVIDE THE ESSENTIAL MEDICAL CARE NECESSARY FOR "HIGH RISK" BABIES TO SURVIVE AND THRIVE TEEN PREGNANCY THE TEEN PREGNANCY RATE FOR DELAWARE COUNTY IS SLIGHTLY LOWER THAN THE STATE (21 8/1,000 DELCO VS 22 2/1,000 PA) A SIGNIFICANT DIFFERENCE IS NOTED IN THE PERCENTAGE OF BIRTHS TO MOTHERS UNDER THE AGE OF 18 BETWEEN WHITE AND AFRICAN AMERICAN POPULATIONS (WHITE - 9% VS AFRICAN AMERICAN 6 8%) ALSO OF INTEREST ARE THE PERCENTAGES OF BIRTHS UNDER THE AGE OF 18 TO MOTHERS IN THE CITY OF CHESTER WHERE NUMBERS ARE SIGNIFICANTLY GREATER THAT THOSE OF THE COUNTY (AFRICAN AMERICAN 9 1% AND HISPANIC 13 2%) CKHS CONTINUES TO OFFER PEER LED EDUCATIONAL PROGRAMMING TO REDUCING ADOLESCENT RISK BEHAVIORS RELATED TO VIOLENCE, TEEN PREGNANCY, SEXUALLY TRANSMITTED DISEASES, AND USE OF ALCOHOL, TOBACCO AND OTHER DRUGS THROUGH THE CROZER WELLNESS CENTER TO YOUTH IN CHESTER OUR WOMEN AND CHILDREN'S HEALTH PROGRAM OFFERS SUPPORT, CASE MANAGEMENT AND ACCESS TO PRENATAL AND INFANT CARE TO TEEN MOTHERS IN THE CITY OF CHESTER CKHS WOMEN AND CHILDREN'S HEALTH SERVICES AND THE CROZER WELLNESS CENTER ARE PART OF THE DELAWARE COUNTY TEEN PREGNANCY COALITION, A COLLABORATIVE GROUP OF COUNTY PROVIDERS WHOSE AIM IS TO PREVENT TEEN PREGNANCY

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	EARLY PRENATAL CARE RECEIVING EARLY AND ADEQUATE PRENATAL CARE STILL AN ISSUE FOR WOMEN IN DELAWARE COUNTY THE PERCENTAGE OF WOMEN RECEIVING SOME TYPE OF PRENATAL CARE HAS DECREASED AGAIN SLIGHTLY (78 8%) WITH DISPARITIES BEING SEEN IN THE AFRICAN AMERICAN POPULATION (63 8%) THE PERCENTAGE OF WOMEN WHO RECEIVE EARLY AND ADEQUATE PRENATAL CARE (49 2% IN DELCO) CONTINUES TO DECREASE AND REMAINS SIGNIFICANTLY BELOW THE PENNSYLVANIA RATE OF 66% AND THE HEALTHY PEOPLE TARGET OF 90% CROZER-KEYSTONE WOMEN AND CHILDREN'S HEALTH, HEALTHY START PROGRAM OFFERS ACCESS TO PRENATAL CARE, SUPPORT, CASE MANAGEMENT AND INFANT CARE TO PREGNANT WOMEN HEALTHY START STAFF FOCUS ON THE IDENTIFICATION AND ASSESSMENT OF PARTICIPANT NEEDS, AND LINKAGE TO APPROPRIATE HEALTH, HUMAN AND SOCIAL SERVICES FOR VULNERABLE, HARD-TO-REACH, UNDERSERVED PREGNANT WOMEN, PARENTS, FAMILIES AND CAREGIVERS OF CHILDREN AGE 0 TO 24 MONTHS LIVING IN CHESTER, EDDYSTONE, WOODLYN, PARKSIDE, UPLAND, TOBY FARMS, CHESTER TOWNSHIP, TRAINER, MARCUS HOOK AND LINWOOD OTHER CKHS PROGRAMS SUCH AS THE OB/GYN CLINIC AT PEARL HALL ON CROZER'S CAMPUS AND THE DCMH MIDWIVES PROGRAM LOCATED IN BARCLAY SQUARE SHOPPING CENTER IN UPPER DARBY, AS WELL AS OUR MANY CKHN OB/GYN PRACTICES OFFER WOMEN ACCESS TO PRENATAL CARE IN DELAWARE COUNTY CHILDHOOD IMMUNIZATIONS INFANTS AND YOUNG CHILDREN ARE AT HIGH RISK OF GETTING INFECTIOUS DISEASE, THAT IS WHY IT IS CRITICAL TO IMMUNIZE THEM AGAINST TWELVE DISEASES BEFORE THEY REACH THE AGE OF TWO IN PENNSYLVANIA, WE CONTINUE TO STRUGGLE TO MEET THE HP2010 GOAL (90%) FOR CHILDHOOD IMMUNIZATION, WITH A CURRENT RATE OF 78 8% 4 3 CROZER-KEYSTONE'S CHILDREN'S HEALTH CONNECTION REMINDER PROGRAM PARTNERS WITH PARENTS TO INFORM AND REMIND THEM ABOUT DETAILS RELATED TO THEIR CHILD'S/CHILDREN'S HEALTH, GROWTH, DEVELOPMENT AND WELL BEING THIS DATABASE DRIVEN PROGRAM USES AN AUTOMATED DELIVERY SYSTEM TO DISTRIBUTE AND MAIL POST CARDS TO PARENTS THE POST CARDS ARE SENT BASED ON THE CHILDHOOD IMMUNIZATION SCHEDULE (AT 2, 4, 6, 12, 18 AND 24 MONTHS) DURING THE EARLY CHILDHOOD YEARS TO INFORM PARENTS ABOUT WELL CHILD HEALTH VISITS, CHILDHOOD IMMUNIZATIONS, GROWTH AND DEVELOPMENT, NUTRITION, SAFETY AND MORE AFTER THE SECOND BIRTHDAY, THE FAMILY WILL RECEIVE REMINDER CARDS EVERY YEAR DURING THE CHILD'S BIRTH MONTH UNTIL THE CHILD'S EIGHTEENTH BIRTHDAY ADULT IMMUNIZATION (INFLUENZA AND PNEUMOCOCCAL) FLU VACCINATION RATES WENT UP IN 2007 BY 6% (73% OVERALL), HOWEVER WE ARE STILL NOT MEETING THE HEALTHY PEOPLE 2010 GOAL OF 90% ALSO NOTED WAS A DISPARITY IN THE NON-WHITE POPULATION THE RATE OF IMMUNIZATION IN THIS GROUP IS ONLY 59% PNEUMOCOCCAL PNEUMONIA VACCINATION RATE IS HIGHER BY ABOUT 4% (70% OVERALL), HOWEVER, WE ARE STILL NOT MEETING THE HEALTHY PEOPLE 2010 TARGET OF 90% AGAIN, A DISPARITY IS NOTED IN THE NON-WHITE POPULATION WHERE THE RATE OF IMMUNIZATION IS 55% CKHS ACTIVELY PARTICIPATES IN THE DELAWARE COUNTY IMMUNIZATION COALITION COLLABORATIVE CKHS PROVIDES FLU SHOTS TOO HARD TO REACH POPULATIONS AND THE GENERAL PUBLIC THROUGH OUR SENIOR HEALTH SERVICES PROGRAM, OUR CONGREGATIONAL NURSE INITIATIVE, AND THROUGH OUR CENTERS FOR FAMILY HEALTH CANCER THE OVERALL DEATH RATE FOR CANCER, AS WELL AS THE DEATH RATES FOR LUNG CANCER, BREAST CANCER, AND COLORECTAL CANCER SHOW THAT DELAWARE COUNTY CANCER DEATH RATES EXCEED THOSE RATES IN ALL PENNSYLVANIA COUNTIES CONTINUED FOCUS ON EDUCATION, PREVENTION AND EARLY DETECTION OPPORTUNITIES IS NEEDED TO POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY CKHS'S REGIONAL CANCER CENTERS AT DELAWARE COUNTY MEMORIAL HOSPITAL AND CROZER-CHESTER MEDICAL CENTER BRING ADVANCED TECHNOLOGY, PROGRAMS AND SERVICES TOGETHER - PROVIDING A LEVEL OF CARE THAT RIVALS ANY UNIVERSITY-BASED CANCER CENTER IN THE WORLD CKHS REGIONAL CANCER CENTERS HOUSE COMPREHENSIVE DIAGNOSTIC AND TREATMENTS PROGRAMS, AS WELL AS PREVENTION, EDUCATION AND COMPLEMENTARY TREATMENT RESOURCES AND HAVE RECEIVED APPROVAL WITH COMMENDATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS THE APPROACH TO TREATING PEOPLE WITH CANCER IS BASED UPON THE PATIENT'S INDIVIDUAL NEEDS TO MEET THESE NEEDS, A MULTIDISCIPLINARY TEAM OF SPECIALISTS THAT MAY INCLUDE MEDICAL ONCOLOGISTS, SURGEONS, PATHOLOGISTS AND RADIATION ONCOLOGISTS PROVIDE COORDINATED TREATMENTS FOR PATIENTS THE GOAL IS TO PROVIDE PATIENTS WITH COMPLETE CANCER CARE, NOT JUST CANCER TREATMENT FOR THAT REASON, PATIENTS CAN ACCESS A RANGE OF SPECIAL SERVICES AND PROGRAMS TO SUPPORT THEM IN THEIR FIGHT AGAINST CANCER SMOKING RATE OF SMOKING AMONG ADULTS AND ADOLESCENTS AND ITS MAJOR IMPACT ON DISEASE AND DEATH CONTINUES TO BE A CHALLENGE DELAWARE COUNTY'S LUNG CANCER DEATH RATE IS 57 8 PER 100,000 ABOVE THE STATE RATE OF 53 4 PER 100,000 AND FAR FROM MEETING THE HEALTHY PEOPLE 2010 GOAL OF 44 9 PER 100,000 SLIGHT DECREASES ARE NOTED IN SMOKING RATES FOR ADULTS WITH OVERALL TOTAL OF 19 3% THE 2008 STATUS SHOWS ADULT SMOKING RATES LEVELING OUT BETWEEN MALES AND FEMALES, HOWEVER THE AFRICAN AMERICAN SMOKING RATE IS THE HIGHEST (24 5%) - AN INTERESTING POINT CONSIDERING THAT WHILE IN THE ADOLESCENT YEARS, THE ADOLESCENT RATE AMONG AFRICAN AMERICAN'S IS SIGNIFICANTLY LOWER THAN THE NATIONAL AVERAGE NATIONALLY, THE ADOLESCENT RATES OVERALL HAVE DECREASED SINCE 2006 DATA COLLECTION, HOWEVER THE ONLY GROUP MEETING THE HEALTHY PEOPLE 2010 GOAL OF 16% IS THE AFRICAN AMERICAN ADOLESCENTS (11 6%) WITH THE HISPANIC GROUP CLOSE TO MEETING THE GOAL (16 7%) IT IS NOTED THAT THE HIGHEST PERCENTAGE OF SMOKERS IS FOUND N THE WHITE ADOLESCENT GROUP (23 2%) - 3 2% ABOVE THE NATIONAL RATE OF ALL ADOLESCENTS MALE ADOLESCENTS HAVE SLIGHTLY HIGHER RATES OF SMOKING THAN FEMALES (21 3% VS 18 7%) THE PHMC HOUSEHOLD SURVEY FOR 2008 SHOWS THAT AMONG ADULTS 18+ WHO SMOKE, ONLY 60 1% WERE ADVISED TO QUIT SMOKING IN THE PAST YEAR AND THAT 15 6% OF HOUSEHOLDS IN DELAWARE COUNTY HAVE SOMEONE WHO SMOKES INSIDE THE HOME CKHS COMMUNITY HEALTH EDUCATION'S TOBACCO PREVENTION AND CESSATION PROGRAM RECEIVES FUNDING FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH TO PROVIDE PREVENTION AND CESSATION PROGRAMMING TO YOUTH AND ADULTS AND FREE NICOTINE REPLACEMENT THERAPIES TO ADULTS IN DELAWARE COUNTY THE CROZER-KEYSTONE REGIONAL CANCER CENTERS' COMPREHENSIVE LUNG CANCER PROGRAMS PROVIDE SERVICES FOR THE PREVENTION, DIAGNOSIS, TREATMENT AND SUPPORT OF PEOPLE DIAGNOSED WITH LUNG CANCER THE PROGRAMS ALSO INCLUDE RESEARCH VIA CLINICAL TRIALS, WHEN DEEMED APPROPRIATE PROSTATE SCREENING PROSTATE CANCER IS THE SECOND LEADING CAUSE OF DEATH AMONG MALES IN THE U S LOCAL DATA SHOWS A DECREASE IN RATE OF PROSTATE SCREENING FROM 60 8% IN 2006 TO 68 4% IN 2008, ONLY A SMALL DIFFERENCE BETWEEN THE AFRICAN AMERICAN (68 8%) AND LATINO (66 7%) POPULATIONS THE LATINO RATE IS A SIGNIFICANT DIFFERENCE FROM THE 2006 RATE (25 9%) - 2006 DATA COULD BE INACCURATE DUE TO A POTENTIAL SMALL SAMPLE SIZE ALTHOUGH COUNTY-WIDE WE HAVE REACHED THE HEALTHY PEOPLE 2010 RATE FOR PROSTATE SCREENING (28 8%), WE SEE DISPARITIES IN THE AFRICAN AMERICAN MALE POPULATION WITH HIGHER INCIDENCE AND MORTALITY RATES NOTED FOR AFRICAN AMERICAN MALES BOTH IN DELAWARE COUNTY AND AT THE STATE LEVEL, DESPITE THE HIGH RATE OF SCREENING IN THIS POPULATION EDUCATION AND SCREENING OPPORTUNITIES FOR BOTH AFRICAN AMERICAN MALES IS STILL GREATLY NEEDED IN OUR COMMUNITY CKHS REGIONAL CANCER SCREENINGS OFFERS FREE PROSTATE SCREENING ANNUALLY IN SEPTEMBER THAT IS OPEN TO RESIDENTS OF DELAWARE COUNTY BREAST SCREENING DELAWARE COUNTY HAS EXCEEDED THE HEALTHY PEOPLE 2000 GOAL OF 60% FOR PHYSICAL BREAST EXAMS AND THE HEALTHY PEOPLE 2010 GOAL OF 70% FOR MAMMOGRAPHY SCREENING, HOWEVER THE DEATH RATE PER 100,000 FOR BREAST CANCER STILL SLIGHTLY EXCEEDS THAT OF THE STATE (27 2 DELCO VS 27 0 PA) ALSO NOTEWORTHY IS THE FACT THAT WHILE THE HIGHEST PERCENTAGE OF SCREENINGS SEEMS TO BE DONE IN THE AFRICAN AMERICAN COMMUNITY AND THE INCIDENCE RATES ARE LOWER AMONG AFRICAN AMERICANS, THE DEATH RATES PER 100,000 ARE HIGHER FOR THEM (36 5 DELCO VS 35 9 PA) CKHS OFFERS STATE-OF-THE-ART MAMMOGRAPHY SERVICES THE CKHS REGIONAL CANCER CENTERS HAVE PROGRAMS TO ASSIST WOMEN IN ACCESSING MAMMOGRAPHY SCREENING DESPITE THE ABILITY TO PAY COLORECTAL SCREENING THROUGH SIGMOIDOSCOPY WE ARE CURRENTLY EXCEEDING THE HP2010 GOAL FOR COLORECTAL SCREENING OVERALL FOR THE COUNTY ALSO NOTED IS THAT DESPITE MEETING THE SCREENING GOAL OVERALL, ONLY SMALL IMPROVEMENTS HAVE BEEN REALIZED IN THE DEATH RATE PER 100,000 FROM COLORECTAL CANCER (21 6 DELCO) WHERE WE CONTINUE TO EXCEED THE STATE RATE (20 1 PA) AND FAR EXCEED THE EXPECTED RATE FOR HP2010 (13 9) CONTINUED EDUCATION, OUTREACH AND SCREENING ARE NEEDED IN THIS AREA CKHS REGIONAL CANCER CENTERS OFFER FREE COLORECTAL SCREENING ANNUALLY IN MARCH THAT IS OPEN TO RESIDENTS OF DELAWARE COUNTY

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	IMPROVE CARDIOVASCULAR HEALTH - STROKE DELAWARE COUNTY DEATH RATE FROM STROKE IS 58 0 PER 100,000, WHICH IS GREATER THAN THE STATE DEATH RATE OF 51 1 PER 100,000 AND FAR FROM MEETING THE HEALTHY PEOPLE 2010 GOAL OF 48 PER 100,000 CONTINUED FOCUS ON EDUCATION, PREVENTION AND EARLY INTERVENTION IS NEEDED TO POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY DELAWARE COUNTY MEMORIAL HOSPITAL AND CROZER-CHESTER MEDICAL CENTER HAVE JOINED AN ELITE GROUP OF HOSPITALS THAT DELIVER EXPERT STROKE CARE BY BECOMING CERTIFIED PRIMARY STROKE CENTERS CERTIFIED BY THE JOINT COMMISSION THERE ARE APPROXIMATELY 400 HOSPITALS IN THE UNITED STATES THAT HAVE EARNED THIS DESIGNATION CERTIFICATION GUIDELINES REQUIRE APPLICANTS TO HAVE A STROKE TEAM AND NEUROSURGICAL SERVICES AVAILABLE AROUND THE CLOCK, WRITTEN DIAGNOSIS AND CARE PROTOCOLS, CLOSE COORDINATION BETWEEN THE EMERGENCY DEPARTMENT AND EMERGENCY TRANSPORT, AND A DEDICATED STROKE UNIT IN ADDITION TO SPECIFIC CLINICAL EXPECTATIONS VIOLENCE ACTS OF VIOLENCE CONTINUE TO AFFECT THE HEALTH AND WELL BEING OF THE COMMUNITY ACROSS ALL AGE, GENDER AND ETHNIC GROUPS IT IS NOTED IN THIS YEAR'S REPORT THAT THE RATE OF ASSAULTS ON FEMALES EXCEEDS THAT OF MALES CKHS WILL CONTINUE TO ADDRESS THE ISSUE OF VIOLENCE, WITH SPECIAL EMPHASIS ON DOMESTIC ABUSE AND ADOLESCENT VIOLENCE, THROUGH THE COLLABORATIVE WORKINGS OF THE DOMESTIC VIOLENCE HEALTHCARE ADVOCACY COALITION OF DELAWARE COUNTY AND THE CKHS/WIDENER UNIVERSITY/COMMUNITY PARTNERSHIP RESPONSIBLE SEXUAL BEHAVIOR - HIV, CHLAMYDIA, AND GONORRHEA THE DEATH RATE FOR HIV IS HIGHER IN DELAWARE COUNTY (5 2 PER 100,000) THAN THROUGHOUT THE STATE OF PA (3 4 PER 100,000) AND SIGNIFICANTLY HIGHER THAN THE HEALTHY PEOPLE 2010 TARGET (0 7 PER 100,000) A SIGNIFICANT INCREASE IN THE INCIDENCE RATE FOR CHLAMYDIA IS NOTED (305 8 PER 100,000 UP FROM 234 8 PER 100,000) AND GONORRHEA (86 9 PER 100,000 UP FROM 67 9 PER 100,000) CONTINUED EDUCATION, OUTREACH AND SCREENING ARE NEEDED IN THE AREA OF SEXUALLY TRANSMITTED DISEASES CKHS CONTINUES TO OFFER PEER LED EDUCATIONAL PROGRAMMING TO REDUCE ADOLESCENT RISK BEHAVIORS RELATED TO VIOLENCE, TEEN PREGNANCY, SEXUALLY TRANSMITTED DISEASES, AND USE OF ALCOHOL, TOBACCO AND OTHER DRUGS THROUGH THE CROZER WELLNESS CENTER TO YOUTH IN CHESTER THE CKHS CLINICS AT PEARL HALL ON THE CROZER CAMPUS PROVIDE HEALTH SCREENINGS FOR SEXUALLY TRANSMITTED DISEASES AND PROVIDE OB/GYN CARE CHESPENN HEALTH SERVICES, A FEDERALLY FUNDED HEALTH CENTER PROVIDES LOW COST CARE FOR DELAWARE COUNTY RESIDENTS CURRENT SITES INCLUDE THE CITY OF CHESTER, COMMUNITY HOSPITAL AND THE COLLABORATIVE WITH THE CKHS CENTER FOR FAMILY HEALTH IN UPPER DARBY CKHS HAS PROVIDED OVERSIGHT AND TECHNICAL ASSISTANCE FOR CHESPENN HEALTH SERVICES SINCE 1995 CROZER'S DRUG AND ALCOHOL RECOVERY CENTER AT COMMUNITY HOSPITAL OFFERS HIV TESTING PROCEDURES, RISK REDUCTION PREVENTION MEASURES, COUNSELING AND AIDS EDUCATION TO INDIVIDUALS IN THE COMMUNITY IT IS VITALLY IMPORTANT THAT ALL SECTORS OF THE COMMUNITY COLLABORATIVELY WORK TOGETHER TO ADDRESS THE COMMUNITY NEEDS AND ACHIEVE THE HEALTHY PEOPLE 2010 GOALS FOR DELAWARE COUNTY CKHS IS COMMITTED TO IMPROVING THE QUALITY OF LIFE FOR ALL WHO LIVE AND WORK IN OUR COMMUNITY CROZER-KEYSTONE COMMUNITY HEALTH GOALS 2010 ---------- - TOBACCO GOAL CKHS COMMUNITY HEALTH'S TOBACCO PREVENTION AND CESSATION PROGRAM WILL - OFFER CESSATION CLASSES AT COMMUNITY VENUES THAT ARE MORE ACCESSIBLE TO THE PUBLIC - PROVIDE TOBACCO PREVENTION CAPACITY BUILDING TRAININGS FOR TEACHERS AND SCHOOL STAFF WITHIN 8 DELAWARE COUNTY SCHOOL DISTRICTS - OFFER A LIBRARY OF TOBACCO PREVENTION AND CESSATION LITERATURE SPECIFIC TO POPULATIONS DISPARATELY AFFECTED BY TOBACCO RELATED CHRONIC DISEASE TO COMMUNITY PARTNERS - NUTRITION GOAL CKHS COMMUNITY HEALTH WILL PLAN PROGRAMMING TO MEET THE HEALTHY PEOPLE 2010 GOALS OF DECREASING OBESITY AND INCREASING FRUIT/VEGETABLE CONSUMPTION AND DAILY PHYSICAL ACTIVITY PROGRAM WILL OFFER OUTREACH EDUCATION TO PROMOTE THE IMPORTANCE OF HEALTHFUL EATING, PORTION SIZE CONTROL, AND THE IMPLEMENTATION OF DAILY PHYSICAL ACTIVITY FOR A HEALTHY LIFESTYLE IN THE FOLLOWING VENUES - WORK WITH 3 CHURCHES IN THE CHESTER COMMUNITY TO BUILD THE CAPACITY FOR CONTINUED NUTRITION EDUCATION PROGRAMMING AND PROMOTE CHURCH POLICY CHANGE THROUGH THE BODY AND SOUL PROGRAM, A COLLABORATION WITH FOX CHASE CANCER CENTER AND THE PA CANCER EDUCATION NETWORK - OFFER OUTREACH EDUCATION TO AT LEAST FOUR SCHOOL DISTRICTS IN DELAWARE COUNTY - OFFER OUTREACH EDUCATION IN COLLABORATION WITH CHESPENN HEALTH SERVICES TO AT LEAST 25 HEAD START LOCATIONS TO PRE-SCHOOL CHILDREN WITH PARENT MATERIALS SENT HOME - CKHS PARTNERSHIP WITH CHESTER UPLAND SCHOOL DISTRICT - DEVELOP THE SECOND YEAR CAREER TRACK WITH CKHS'S EMS DEPARTMENT TO TEACH THE FIRST EMT CLASS THIS WILL BE A REQUIREMENT FOR ALL 10TH GRADERS - BEHAVIORAL HEALTH SERVICES - COLLABORATE WITH COMMUNITY PARTNER IN THE PROVISION OF ONE NEW PROGRAM TO COMPLEMENT THE EXISTING PROGRAMS IN ADULT, CHILD AND ADOLESCENT AND SUBSTANCE ABUSE SERVICES - CHESTER YOUTH COLLABORATIVE - CROZER WELLNESS CHESTER IS THE FACILITATING ORGANIZATION FOR THE CHESTER YOUTH COLLABORATIVE, A CITY-WIDE NETWORK OF INDIVIDUALS AND ORGANIZATIONS FOCUSED ON INCREASING THE QUALITY AND NUMBER OF OPPORTUNITIES FOR YOUTH AGES 12-22 IN 2010 THE CHESTER YOUTH COLLABORATIVE WILL RESEARCH AND PREPARE A SERIES OF POLICY BRIEFS ON ISSUES RELATED TO THE LONG-TERM HEALTH AND WELLNESS OF YOUTH

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 10	THE ORGANIZATION IS THE PARENT ENTITY IN THE CROZER-KEYSTONE HEALTH SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO AND MADE AVAILABLE TO THE AUDIT COMMITTEE OF CROZER-KEYSTONE HEALTH SYSTEM FOR REVIEW BY ITS MEMBERS PRIOR TO FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE THE CROZER-KEYSTONE HEALTH SYSTEM BOARD OF DIRECTORS HAS DELEGATED TO ITS AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS FOLLOWING THIS REVIEW THE FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTH CARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THIS CPA FIRM MADE AN EDUCATIONAL PRESENTATION TO THE ORGANIZATION'S AUDIT COMMITTEE WITH RESPECT TO THE NEW FORM 990 RULES AND REGULATIONS INCLUDING, BUT NOT LIMITED TO, NEW DISCLOSURES AND FILING REQUIREMENTS THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE CROZER-KEYSTONE HEALTH SYSTEM AUDIT COMMITTEE THEREAFTER, THE FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE ORGANIZATION'S LEGAL DEPARTMENT AND VP/GENERAL COUNSEL FOR REVIEW THEREAFTER THE LEGAL DEPARTMENT AND VP/GENERAL COUNSEL PREPARE A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS THEREAFTER, THE VP/GENERAL COUNSEL OF THE ORGANIZATION PRESENTS THIS SUMMARY TO THE ORGANIZATION'S BOARD OF DIRECTORS FOR ITS REVIEW AND DISCUSSION

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION'S BOARD OF DIRECTORS MAINTAINS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHOM IS INDEPENDENT AND FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE HAS ADOPTED A WRITTEN COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OR CONCURS WITH THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT ADMINISTRATION & CHIEF INFORMATION OFFICER, AND SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER THE COMPENSATION COMMITTEE BYLAWS OUTLINE THE POWERS AND FUNCTIONS OF THE EXECUTIVE COMPENSATION COMMITTEE THE COMMITTEE RELIES UPON APPROPRIATE COMPARABLE DATA FROM AN INDEPENDENT CONSULTING FIRM WHICH SPECIALIZES IN REVIEWING HOSPITAL AND HEALTH CARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USES COMPARABLE GEOGRAPHICAL AND DEMOGRAPHIC MARKET DATA INCLUDING, BUT NOT LIMITED TO, SIMILARLY SIZED HEALTHCARE SYSTEMS AND HOSPITALS, NUMBER OF LICENSED BEDS, AND NET PATIENT REVENUE ON BOTH A REGIONAL AND NATIONAL BASIS THE COMMITTEE DOCUMENTS ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS ARE REVIEWED AND SUBSEQUENTLY APPROVED THE COMPENSATION AND BENEFITS OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER ARE REVIEWED BY THE COMMITTEE ON AN ANNUAL BASIS IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE THE COMPENSATION COMMITTEE THEN RECOMMENDS TO THE CKHS BOARD OF DIRECTORS APPROPRIATE COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER THE BOARD OF DIRECTOR'S THEN REVIEWS THE COMMITTEE'S RECOMMENDATION AND APPROVES THE COMPENSATION OF THE PRESIDENT/CHIEF EXECUTIVE OFFICER BASED ON THE COMMITTEE'S RECOMMENDATION THE PRESIDENT/CHIEF EXECUTIVE OFFICER ESTABLISHES, AFTER DISCUSSION WITH AND CONCURRENCE BY THE COMMITTEE, THE COMPENSATION LEVELS OF THE EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT ADMINISTRATION & CHIEF INFORMATION OFFICER, AND CERTAIN OTHER INDIVIDUALS DEEMED TO BE DISQUALIFIED PERSONS PURSUANT TO THE INTERNAL REVENUE SERVICE DEFINITION THIS IS DONE WITH COMPARABLE DATA PROVIDED BY AN INDEPENDENT CONSULTANT THE PRESIDENT/CHIEF EXECUTIVE OFFICER ALSO RECEIVES ASSISTANCE FROM THE CKHS HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH EACH INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR COMPENSATION REVIEW AND APPROVAL IS ALSO BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, AND EVALUATIONS THE ACTIVITIES AND PROCEDURES FOLLOWED BY THE COMMITTEE ENABLE THE ORGANIZATION TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF ALL INDIVIDUALS DISCLOSED ON THIS FORM 990, INCLUDING THE PRESIDENT/CEO, EXECUTIVE VICE PRESIDENT/COO, SENIOR VICE PRESIDENT ADMINISTRATION/CIO AND SENIOR VICE PRESIDENT/CFO

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION DISCLOSURE	CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS PLEASE REFER TO PART VII AND SCHEDULE J AND THE INFORMATION OUTLINED BELOW IN ADDITION, PART VII AND SCHEDULE J REFLECT TWO BOARD MEMBERS, DAVID B ARSHT, D O AND SUSAN L WILLIAMS, M D , AND TWO OF THE FIVE HIGHEST COMPENSATED EMPLOYEES AFTER OFFICERS, BRADLEY A PRECHTL AND WILLIAM MCCUNE, WORKING AN AVERAGE OF THREE HOURS PER WEEK HOWEVER, THESE INDIVIDUALS WORK MORE THAN FIFTY HOURS PER WEEK ON A FULL TIME BASIS IN THEIR RESPECTIVE ROLES AS EMPLOYEES OF CROZER KEYSTONE HEALTH NETWORK (DRS ARSHT AND WILLIAMS), PRESIDENT OF CROZER KEYSTONE HEALTH NETWORK AND PRESIDENT OF DELAWARE COUNTY MEMORIAL HOSPITAL, RESPECTIVELY, AND ARE REFLECTED AS SUCH ON THOSE ORGANIZATION'S RESPECTIVE FEDERAL FORMS 990 CROZER KEYSTONE HEALTH NETWORK AND DELAWARE COUNTY MEMORIAL HOSPITAL ARE BOTH RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS

Identifier	Return Reference	Explanation
BALANCE SHEET	CORE FORM, PART X	THE ORGANIZATION PROVIDES A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH IS AN UNFUNDED RETIREMENT PLAN THAT COVERS A GROUP OF CURRENT AND FORMER EXECUTIVES EXPENSES OF $988,000 AND $1,222,000 WERE RECORDED FOR THE YEARS ENDED JUNE 30, 2009 AND 2008, RESPECTIVELY THE ACCRUED LIABILITY RELATED TO THE SERP WAS $8,162,000 AND $8,448,000 AT JUNE 30, 2009 AND 2008, RESPECTIVELY FOR THE YEAR ENDED JUNE 30, 2009, THE AMOUNT RECOGNIZED AS A DECREASE TO ITS SERP LIABILITY IN UNRESTRICTED NET ASSETS IS $806,000

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XI, QUESTION 2	THE TAXPAYER IS THE PARENT ENTITY IN A TAX-EXEMPT, INTEGRATED HEALTH CARE DELIVERY SYSTEM A BIG FOUR INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2009 AND JUNE 30, 2008, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

Identifier	Return Reference	Explanation
FINANCIAL STATEMENTS AND REPORTING	CORE FORM, PART XI, QUESTION 3	THE ORGANIZATION IS THE PARENT ENTITY IN THE CROZER-KEYSTONE HEALTH SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTH CARE DELIVERY SYSTEM THE SYSTEM ENGAGED A BIG FOUR INDEPENDENT ACCOUNTING FIRM TO PREPARE AND ISSUE A SYSTEM WIDE CONSOLIDATED A-133 AUDIT THIS ORGANIZATION WAS INCLUDED IN THE SYSTEM WIDE A-133 AUDIT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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
CROZER-CHESTER FOUNDATION ONE MEDICAL CENTER BOULEVARD UPLAND, PA19013 22-2540853	FUNDRAISING	PA	501(C)(3)	509(a)(1)	CCMC
CROZER-CHESTER MEDICAL CENTER ONE MEDICAL CENTER BOULEVARD UPLAND, PA19013 23-1637191	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	CKHS
DELCO MEMORIAL FOUNDATION 501 NORTH LANSDOWNE AVENUE DREXEL HILL, PA19026 22-2980746	FUNDRAISING	PA	501(C)(3)	509(a)(3)	DCMH
DELAWARE COUNTY MEMORIAL HOSPITAL 501 NORTH LANSDOWNE AVENUE DREXEL HILL, PA19026 23-0517130	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	CKHS
DELCO SYSTEMS SERVICES INC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA19064 23-2215242	INACTIVE	PA	501(C)(3)	509(A)(2)	CKHS
HEALTH ACCESS NETWORK 2602 WEST 9TH STREET CHESTER, PA19013 23-2692637	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	CKHS

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, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

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
CROZER KEYSTONE SERVICES LAYTON HALL ONE MEDICAL CENTER BLV UPLAND, PA19013 23-2735284	HEALTH CARE SVCS	PA	CKHS	C CORP			100 %
CKS DELAWARE INC LAYTON HALL ONE MEDICAL CENTER BLV UPLAND, PA19013 52-2069540	INACTIVE	PA	NA	C CORP			
PENNSYLVANIA HEALTH CLUB INC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA19064 23-2658404	HEALTH CARE SVCS	PA	NA	C CORP			

Part V Transactions with Related Organizations

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

		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 **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-2540851
Name: CROZER-KEYSTONE HEALTH SYSTEM

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 501(c)(3))	(F) Direct Controlling Entity
CROZER-CHESTER FOUNDATION ONE MEDICAL CENTER BOULEVARD UPLAND, PA19013 22-2540853	FUNDRAISING	PA	501(C)(3)	509(a)(1)	CCMC
CROZER-CHESTER MEDICAL CENTER ONE MEDICAL CENTER BOULEVARD UPLAND, PA19013 23-1637191	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	CKHS
DELCO MEMORIAL FOUNDATION 501 NORTH LANSDOWNE AVENUE DREXEL HILL, PA19026 22-2980746	FUNDRAISING	PA	501(C)(3)	509(a)(3)	DCMH
DELAWARE COUNTY MEMORIAL HOSPITAL 501 NORTH LANSDOWNE AVENUE DREXEL HILL, PA19026 23-0517130	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	CKHS
DELCO SYSTEMS SERVICES INC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA19064 23-2215242	INACTIVE	PA	501(C)(3)	509(A)(2)	CKHS
HEALTH ACCESS NETWORK 2602 WEST 9TH STREET CHESTER, PA19013 23-2692637	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	CKHS

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	PENNSYLVANIA HEALTH CLUB INC	EIJKN	108,875
(2)	CROZER-CHESTER MEDICAL CENTER	DIJKN	77,576
(3)	CROZER-KEYSTONE SERVICES	EIJKN	127,932
(4)	CROZER-CHESTER MEDICAL CENTER	C	1,875,000
(5)	DELAWARE COUNTY MEMORIAL HOSPITAL	C	625,000
(6)	CROZER-CHESTER MEDICAL CENTER	K	28,293,280
(7)	DELAWARE COUNTY MEMORIAL HOSPITAL	K	8,916,480
(8)	HEALTH ACCESS NETWORK	K	1,796,052
(9)	CROZER-KEYSTONE SERVICES	K	80,148
(10)	PENNSYLVANIA HEALTH CLUB INC	K	200,112
(11)	HEALTH ACCESS NETWORK	B	5,943,000
(12)	CROZER-CHESTER MEDICAL CENTER	P	11,318,158
(13)	DELAWARE COUNTY MEMORIAL HOSPITAL	P	3,647,538
(14)	HEALTH ACCESS NETWORK	P	6,678,487

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2008

Attachment Sequence No **27**

Name(s) shown on return
CROZER-KEYSTONE HEALTH SYSTEM

Identifying number
22-2540851

1 Enter the gross proceeds from sales or exchanges reported to you for 2008 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

	(a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2							

3	Gain, if any, from Form 4684, line 45	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	7	
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

2004 AUDI	11-01-2003	09-01-2008	45,020		34,820	
2007 NISSAN	04-01-2007	02-01-2009	17,600	16,520	34,476	356

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7, or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 37 and 44a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	9,844
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 41, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*) .	20				
21 Cost or other basis plus expense of sale . .	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21 .	23				
24 Total gain Subtract line 23 from line 20 . .	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions) . .	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions) . . .	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976 . .	26d				
e Enter the **smaller** of line 26c or 26d . . .	26e				
f Sections 291 amount (corporations only) . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses . .	27a				
b Line 27a multiplied by applicable percentage (see instructions) .	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 39 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35		

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TY 2008 Category 3 filer statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
		CROZER-KEYSTONE HEALTH SYSTEM	100 W SPROUL ROAD SPRINGFIELD, PA 19064	22-2540851	
		THE CHESTER COUNTY HOSPITAL	C/O 100 W SPROUL ROAD SPRINGFIELD, PA 19064	23-0469150	
		GRANDVIEW HOSPITAL	C/O 100 W SPROUL ROAD SPRINGFIELD, PA 19064	23-1352181	
		EPHRATA COMMUNITY HOSPITAL	C/O 100 W SPROUL ROAD SPRINGFIELD, PA 19064	23-1370484	
		ABINGTON MEMORIAL HOSPITAL	1200 OLD YORK ROAD ABINGTON, PA 19001	23-1352152	
		RIDDLE HEALTH SYSTEM	C/O 100 W SPROUL ROAD SPRINGFIELD, PA 19064	22-2606535	

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TY 2008 Earnings and Profits Other Adjustments Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Amount
INCREASE IN LOSS RESERVES - TAX DISCOUNTED	6,573,551

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TY 2008 Earnings and Profits Other Adjustments Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Amount
FINANCIAL STATEMENTS	8,137,644

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TY 2008 Itemized Other Current Liabilities Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		ACCRUED EXPENSES	327,041	318,138

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TY 2008 Itemized Other Assets Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		REINSURANCE LOSS RESERVES		
		RECOVERABLE	26,240,791	22,727,363
		REINSURANCE BALANCES RECEIVABLE	820,620	868,396
		INTEREST RECEIVABLE	1,317,737	1,238,128
		PREPAID EXPENSES	9,102	11,820
		TRUST FUND ASSETS	244,921	0

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TY 2008 Other Deductions Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
REINSURANCE PREMIUMS CEDED		2,542,250
PROVISION FOR LOSSES & LOSS		
ADJUSTMENT EXPENSE		30,203,274
OTHER THAN TEMPORARY IMPAIRMENT		
LOSS		205,596
GENERAL AND ADMINISTRATIVE		674,359

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TY 2008 Itemized Other Investments Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		MARKETABLE SECURITIES	205,084,516	194,290,212

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TY 2008 Itemized Other Liabilities Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		IBNR RESERVE	136,009,267	143,770,542
		LOSS RESERVES	54,226,852	34,611,515
		REINSURANCE BALANCES PAYABLE	1,952,983	86,159
		TRUST FUND LIABILITIES	244,921	0
		PENDING TRADE	2,658,415	1,930,652

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TY 2008 Other Income Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Foreign Amount	Amount
PREMIUMS EARNED		37,801,401
INVESTMENT INCOME		3,771,138

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TY 2008 Paid-In or Capital Surplus Reconciliation Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Beginning Amount	Ending Amount
SHARE PREMIUM	75,000	75,000
BALANCE FORWARD	46,655,574	46,655,574
ADDITIONAL CONTRIBUTION	0	270,112

Additional Data

Software ID:
Software Version:
EIN: 22-2540851
Name: CROZER-KEYSTONE HEALTH SYSTEM

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
CROZER-CHESTER MEDICAL CENTER	231637191	03	Yes		Yes		Yes		0
DELAWARE COUNTY MEMORIAL HOSPITAL	230517130	03	Yes		Yes		Yes		0
HEALTH ACCESS NETWORK	232692637	07	Yes		Yes		Yes		5943000