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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07/01 **, 2010, and ending** 06/30**, 20** 11

B Check if applicable: Address change [ ] Name change [ ] Initial return [ ] Terminated [ ] Amended return [X] Application pending [ ]

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): 100 W. SPROUL ROAD HEALTHPLEX PAVILION II — Room/suite

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 $ 62,060,865.

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 [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

I Tax-exempt status [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.CROZER.ORG

H(c) Group exemption number ▶

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ — L Year of formation 1984 — M State of legal domicile PA

Part I Summary

Activities & Governance

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 net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	19.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	462.
6	Total number of volunteers (estimate if necessary)	6	0.
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	287,222.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	26,723.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,083,311.	3,721,903.
	9	Program service revenue (Part VIII, line 2g)	38,554,073.	39,128,436.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,183,790.	8,841,746.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,960,462.	1,124,177.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,781,636.	52,816,262.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,410,805.	6,092,226.
	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)	33,716,887.	34,759,686.
	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)	10,854,315.	8,990,938.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	49,982,007.	49,842,850.
	19	Revenue less expenses Subtract line 18 from line 12	799,629.	2,973,412.

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	108,240,532.	114,940,815.
	21	Total liabilities (Part X, line 26)	94,380,441.	94,820,347.
	22	Net assets or fund balances Subtract line 21 from line 20	13,860,091.	20,120,468.

RECEIVED
FEB 04 2013
OGDEN, UT

SCANNED FEB 22 2013

Part II Signature Block

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

Sign Here
▶ Signature of officer — Date 1/29/13
▶ Philip J. Ryan, SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ [ ]	PTIN
Scott MARIANI		1/28/2013		P00642486

Firm's name ▶ WITHUMSMITH+BROWN, PC — Firm's EIN ▶ 22-2027092
Firm's address ▶ 465 SOUTH ST STE 200 MORRISTOWN, NJ 07960-6497 — Phone no 973-898-9494

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . ☐

1 Briefly describe the organization's mission

ATTACHMENT 1

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 501(c)(4) organizations and section 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 $ 40,105,886. including grants of $ 6,092,226) (Revenue $ 39,415,658)

ATTACHMENT 2

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 ▶ 40,105,886.

Part IV Checklist of Required Schedules

		Line	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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b	X	
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, Parts II and IV*	15		X
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, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
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		
25 a	**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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* [X] Yes [ ] No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. . . . . ☐

				Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	124			
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	X	
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	462			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	X	
b If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	X	
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		X
b If "Yes," enter the name of the foreign country ▶ ______ See instructions for 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		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
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		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			13a		
Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand	13c				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . [X]

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 14		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X	
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	X	

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 Forms 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 [X] 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

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**

Check if Schedule O contains a response to any question in this Part VII . . . . [X]

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title ATTACHMENT 4	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) BRUCE G FISCHER CHAIRMAN - DIRECTOR	3.00	X		X				0.	0	0.
(2) PHILIP H BROWN II SECRETARY - DIRECTOR	3.00	X		X				0.	0	0.
(3) SARA B SCHUKRAFT TREASURER - DIRECTOR	3.00	X		X				0.	0	0.
(4) ELIZABETH L ALBRIGHT DIRECTOR	3.00	X						0.	0	0.
(5) DAVID B ARSHT DO DIRECTOR	3.00	X						0.	119,651.	34,628.
(6) ARTHUR G BAKER MD DIRECTOR	3.00	X						0.	0	0.
(7) ROBERT M BARBACANE CPA DIRECTOR	3.00	X						0.	0	0.
(8) CORLISS BOGGS DIRECTOR	3.00	X						0.	0	0.
(9) ROBERT J BRUCE DIRECTOR	3.00	X						0.	0	0.
(10) MARK H DAMBLY DIRECTOR	3.00	X						0.	0	0.
(11) NORMAN V EDMONSON DIRECTOR	3.00	X						0.	0	0.
(12) WALTER E FARNAM DIRECTOR	3.00	X						0.	0	0.
(13) SHAWN P OBRIEN DIRECTOR	3.00	X						0.	0	0.
(14) JEROME S PARKER PHD DIRECTOR	3.00	X						0.	0	0.
(15) THOMAS J PARKER DIRECTOR	3.00	X						0.	0	0.
(16) JOAN K RICHARDS DIRECTOR - PRESIDENT/CEO	40.00	X		X				980,348.	0	210,345.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(17) ROBERT N SPEARE ESQ DIRECTOR	3.00	X						0.	0.	0.
(18) JOHN D SPRANDIO MD DIRECTOR	3.00	X						0.	135,506.	0.
(19) SUSAN L WILLIAMS MD DIRECTOR	3.00	X						0.	409,193.	32,500.
(20) RICHARD I BENNETT EXECUTIVE VP/COO	40.00			X				607,937.	0.	257,488.
(21) DONALD W LEGREID ESQ ASST SEC-VP/GENERAL COUNSEL	40.00			X				329,405.	0.	35,602.
(22) PHILIP J RYAN CPA ASST TREASURER - SVP/CFO	40.00			X				433,948.	0.	124,709.
(23) ROBERT E WILSON ASST SECRETARY-SVP/ADMIN & CIO	46.00			X				549,742.	0.	162,615.
(24) ERIC DOBKIN VP, QUALITY & PATIENT SAFETY	40.00					X		409,557.	0.	43,082.
(25) JAMES A STUCCIO PRESIDENT, HAN	3.00					X		363,551.	0.	40,082.
(26) WILLIAM MCCUNE PRESIDENT, DCMH	3.00					X		311,993.	0.	41,274.
(27) ELIZABETH JAEKLE VP, BUSINESS DEVELOPMENT	40.00					X		288,930.	0.	45,106.
(28) KEVIN M FOSNOCHT AVP, QUALITY & PATIENT SAFETY	40.00					X		290,116.	0.	17,443.
1b Sub-total ▶								4,565,527.	664,350.	1,044,874.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 3 ▶								266,049.	0	29,464.
d Total (add lines 1b and 1c) ▶								4,831,576.	664,350.	1,074,338.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 46

		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	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 17

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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 1,221,903.				
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 ▶		3,721,903			
Program Service Revenue		Business Code				
2a	NET PATIENT SERVICE REVENUE	541900	16,555	16,555		
b	MANAGEMENT FEE REVENUE	541610	39,111,881	39,111,881.		
c						
d						
e						
f	All other program service revenue					
g	**Total.** Add lines 2a-2f ▶		39,128,436			
Other Revenue						
3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 6 ▶		8,506,690			8,506,690.
4	Income from investment of tax-exempt bond proceeds ▶		0.			
5	Royalties ▶		0.			
		(i) Real / (ii) Personal				
6a	Gross Rents	(i) 8,061,282				
b	Less rental expenses	(i) 9,060,208				
c	Rental income or (loss)	(i) -998,926				
d	Net rental income or (loss) ▶		-998,926		27,723.	-1,026,649.
		(i) Securities / (ii) Other				
7a	Gross amount from sales of assets other than inventory	(i) 0 / (ii) 519,451				
b	Less cost or other basis and sales expenses	(i) 184,395 / (ii) 0.				
c	Gain or (loss)	(i) -184,395 / (ii) 519,451				
d	Net gain or (loss) ▶		335,056.			335,056
8a	Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18	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	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	611600	2,123,103		259,499.	1,863,604.
b						
c						
d	All other revenue					
e	**Total.** Add lines 11a-11d ▶		2,123,103			
12	**Total revenue.** See instructions ▶		52,816,262.	39,128,436.	287,222.	9,678,701.

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	6,092,226.	6,092,226.		
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	3,692,138.	2,953,711.	738,427.	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	22,663,928.	18,131,143.	4,532,785.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	214,484.	171,587.	42,897.	
9 Other employee benefits	6,589,521.	5,271,616.	1,317,905.	
10 Payroll taxes	1,599,615.	1,279,692.	319,923.	
11 Fees for services (non-employees)				
a Management	45,864.		45,864.	
b Legal	584,974.		584,974.	
c Accounting	295,000.		295,000.	
d Lobbying	209,208.		209,208.	
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	4,155,108.	3,324,235.	830,873.	
12 Advertising and promotion	114,649.	110,011.	4,638.	
13 Office expenses	887,648.	699,737.	187,911.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	939,554.	751,643.	187,911.	
17 Travel	102,142.	81,714.	20,428.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	835,106.	668,085.	167,021.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	79,366.	63,493.	15,873.	
23 Insurance	65,255.	52,204.	13,051.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DUES AND SUBSCRIPTIONS	375,810.	367,907.	7,903.	0.
b STAFF DEV./RECRUITMENT	108,602.	86,882.	21,720.	0.
c REPAIRS AND MAINTENANCE	21,259.	0.	21,259.	0.
d OTHER EXPENSES	171,393.	0.	171,393.	0.
e				
f All other expenses				0.
25 **Total functional expenses** Add lines 1 through 24f	49,842,850.	40,105,886.	9,736,964.	0.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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	11,514.	1	11,514.
	2	Savings and temporary cash investments	17,679,093.	2	19,180,822.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,952,597.	4	1,812,347.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net ATCH 7	15,121,233.	7	14,608,367.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	508,983.	9	471,074.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 41,705,943.			
	b	Less accumulated depreciation 10b 22,839,422.	19,812,119.	10c	18,866,521.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	46,754,522.	13	52,931,239.
	14	Intangible assets	305,847.	14	253,326.
	15	Other assets See Part IV, line 11	6,094,624.	15	6,805,605.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	108,240,532.	16	114,940,815.
Liabilities	17	Accounts payable and accrued expenses	11,363,969.	17	12,849,291.
	18	Grants payable		18	
	19	Deferred revenue	10,140,771.	19	9,479,974.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables 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 ATCH 8	30,706,050.	23	30,272,819.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	42,169,651.	25	42,218,263.
	26	**Total liabilities.** Add lines 17 through 25	94,380,441.	26	94,820,347.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	13,860,091.	27	20,120,468.
	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	13,860,091.	33	20,120,468.
	34	Total liabilities and net assets/fund balances	108,240,532.	34	114,940,815.

Form **990** (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . . [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	52,816,262.
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,842,850.
3	Revenue less expenses Subtract line 2 from line 1	3	2,973,412.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,860,091.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,286,965.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	20,120,468.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . . [X]

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis			
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	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CROZER KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state ____________________
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [ ] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)
9 [ ] An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 [X] 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 [X] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [X] 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 . . . . . [X]

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 supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(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? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support
(A) ATTACHMENT 1									
(B)									
(C)									
(D)									
(E)									
Total									6,092,226.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section 501(c)(3) organization, check this box and **stop here** . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . 15 %

16a **33 1/3 % support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

b **33 1/3 % support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2010.** 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 - 2009.** 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 organzation meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
CROZER-CHESTER MEDICAL CENTER	23-1637191	03	X	X	X	0
DELAWARE COUNTY MEMORIAL HOSPITAL	23-0517130	03	X	X	X	0
HEALTH ACCESS NETWORK	23-2692637	03	X	X	X	6,092,226.
TOTAL AMOUNT OF SUPPORT						6,092,226.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

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), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV

2 Political expenditures . . . ▶ $

3 Volunteer hours . . .

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

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

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

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

4a Was a correction made? . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ [X] 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)	209,208.	209,208.
c Total lobbying expenditures (add lines 1a and 1b)	209,208.	209,208.
d Other exempt purpose expenditures	58,693,850.	852,874,792.
e Total exempt purpose expenditures (add lines 1c and 1d)	58,903,058.	853,084,000.
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000.	1,000,000.

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

	(a) Filing organization's totals	(b) Affiliated group totals
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? [ ] Yes [X] 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable 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	188,783.	213,493.	209,861.	209,208.	821,345.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	0.	0.	0.	0.	0.

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

		(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 1c through 1i)?			
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 similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total Add lines 1c through 1i			
2 a	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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information *(continued)*

LOBBYING ACTIVITIES

SCHEDULE C, PART II-B; QUESTION 1

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE CROZER-KEYSTONE HEALTH SYSTEM AND CONTROLLED AFFILIATES ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE 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 EMPLOYEE TIME UTILIZING A TIME STUDY FOR THE PRESIDENT/CEO AND VICE-PRESIDENT, MARKETING FOR THEIR TIME SPENT ON LOBBYING EFFORTS ON BEHALF OF CROZER-KEYSTONE HEALTH SYSTEM AND AFFILIATES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

			Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d	

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other ________________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 **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 the arrangement 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 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	Net investment earnings, gains, and 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 **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) Accumulated depreciation	(d) Book value
1a	Land		1,527,226.		1,527,226.
b	Buildings		27,631,522.	11,958,359.	15,673,163.
c	Leasehold improvements		4,456,945.	2,945,833.	1,511,112.
d	Equipment		8,090,250.	7,935,230.	155,020.
e	Other		0.	0.	0.
Total.	Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				18,866,521.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must 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
(1) INVESTMENTS IN VARIOUS HEALTH		
(2) CARE ACTIVITIES	40,923,402.	FMV
(3) CASH & CASH EQUIVALENTS;		
(4) LIMITED USE	150,041.	FMV
(5) CERTIFICATES OF DEPOSIT	2,045,457.	FMV
(6) CORPORATE BONDS	2,889,699.	FMV
(7) U.S. GOVERNMENT OBLIGATIONS	6,922,640.	FMV
(8)		
(9)		
(10)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	52,931,239.	

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

(a) Description	(b) Book value
(1) OTHER ASSETS	6,805,605.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	6,805,605.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUE TO AFFILIATES	28,360,671.
(3) OTHER LIABILITIES	13,857,592.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	42,218,263.

2. FIN 48 (ASC 740) Footnote 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 (ASC 740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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	Other losses	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 must 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 IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE

SCHEDULE D, PART X

CROZER-KEYSTONE HEALTH SYSTEM ("CKHS") IS THE TAX-EXEMPT PARENT ORGANIZATION OF THE CROZER-KEYSTONE HEALTH SYSTEM ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE 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.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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? . . . . . [X] Yes [ ] No

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	1	1	PROGRAM SERVICES	FINANCIAL VEHICLE	17,720,039
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	1.			17,720,039.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1.	1			17,720,039.

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 . . . . ▶ ☐

Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . [X] Yes [ ] No

2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)* . . . . [ ] Yes [X] No

3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . [X] Yes [ ] No

4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . [ ] Yes [X] No

5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . [ ] Yes [X] No

6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . [ ] Yes [X] No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method), Part II, line 1 (accounting method); Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions)

MONITORING GRANT FUNDS

SCHEDULE F, PART I

THIS ORGANIZATION PAID CASSATT INSURANCE COMPANY, LTD. $6,440,878, $8,209,200 AND $3,069,961 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.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047
2010
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? . . . . . [X] 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" to 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. Part II can be duplicated 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
(1) HEALTH ACCESS NETWORK 2602 WEST 9TH STREET CHESTER, PA 19013	23-2692637	501(C)(3)	6,092,226				CONTRIBUTION
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (2010)**

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. Part III can be duplicated if additional space is needed.

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

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

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.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

Part I Questions Regarding Compensation

		Line	Yes	No
1a	Check the appropriate 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 ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 ☒ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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		X
b	Any related organization? If "Yes" to line 5a or 5b, describe in Part III	5b		X
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		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III	6b		X
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	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule J (Form 990) 2010**

JSA
0E1290 1 000

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

For each individual whose compensation must be reported 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) Retirement and other 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 reportable compensation				
1 DAVID B ARSHT DO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	119,017.	0.	634.	8,800.	25,828.	154,279.	0.
2 JOAN K RICHARDS	(i)	680,450.	195,360.	104,538.	193,436.	16,909.	1,190,693.	90,040.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SUSAN L WILLIAMS MD	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	332,534.	58,608.	18,051.	16,700.	15,800.	441,693.	0.
4 RICHARD I BENNETT	(i)	472,839.	121,730.	13,368.	231,076.	26,412.	865,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 DONALD W LEGREID ESQ	(i)	276,023.	51,060.	2,322.	15,700.	19,902.	365,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PHILIP J RYAN CPA	(i)	338,382.	80,290.	15,276.	86,777.	37,932.	558,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 ROBERT E WILSON	(i)	368,085.	93,240.	88,417.	151,060.	11,555.	712,357.	86,095.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ERIC DOBKIN	(i)	346,527.	61,050.	1,980.	15,700.	27,382.	452,639.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JAMES A STUCCIO	(i)	306,014.	54,761.	2,776.	15,700.	24,382.	403,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 WILLIAM MCCUNE	(i)	259,835.	48,100.	4,058.	16,700.	24,574.	353,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 ELIZABETH JAEKLE	(i)	243,069.	45,325.	536.	15,700.	29,406.	334,036.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 KEVIN M FOSNOCHT	(i)	222,306.	67,000.	810.	15,700.	1,743.	307,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 GERALD MILLER	(i)	258,525.	0.	7,524.	0.	29,464.	295,513.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(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.

COMPENSATION INFORMATION

PART VII AND SCHEDULE J

TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2010 FORMS W-2.

COMPENSATION INFORMATION

SCHEDULE J, PART I; 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 2010 FORM W-2, AS TAXABLE MEDICARE WAGES:

- JOAN K. RICHARDS, $90,040
- ROBERT E. WILSON, $86,095.

HOWEVER, THE INDIVIDUALS DID NOT ACTUALLY RECEIVE ALL OF THESE FUNDS. THE

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.

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 457(B) EMPLOYEE CONTRIBUTIONS, (2) IMPUTED LONG-TERM DISABILITY INSURANCE, (3) PERSONAL USAGE OF AUTO ALLOWANCE, (4) IMPUTED GROUP TERM LIFE INSURANCE, AND (5) PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP"). THE FOLLOWING AMOUNTS WERE INCLUDED IN EACH INDIVIDUAL'S 2010 FORM W-2, AS TAXABLE MEDICARE WAGES:

- DAVID B. ARSHT, D.O. - IMPUTED GROUP TERM LIFE INSURANCE - $634;

- JOAN K. RICHARDS - IMPUTED LONG-TERM DISABILITY INSURANCE - $2,587; PERSONAL USAGE OF AUTO ALLOWANCE - $7,010 AND IMPUTED GROUP TERM LIFE

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.

INSURANCE - $4,902;

- SUSAN L. WILLIAMS, M.D. - IRC SECTION 457(B) EMPLOYEE CONTRIBUTIONS - $16,500 AND IMPUTED GROUP TERM LIFE INSURANCE - $1,551;

- RICHARD I. BENNETT - IMPUTED LONG-TERM DISABILITY INSURANCE - $2,640; PERSONAL USAGE OF AUTO ALLOWANCE - $8,106 AND IMPUTED GROUP TERM LIFE INSURANCE - $2,622;

- DONALD W. LEGREID, ESQ. - IMPUTED GROUP TERM LIFE INSURANCE - $2,322 ;

- PHILIP J. RYAN, CPA - IMPUTED LONG-TERM DISABILITY INSURANCE - $2,574; PERSONAL USAGE OF AUTO ALLOWANCE - $10,992 AND IMPUTED GROUP TERM LIFE INSURANCE - $1,710;

- ROBERT E. WILSON - IMPUTED GROUP TERM LIFE INSURANCE - $2,322;

- ERIC DOBKIN - IMPUTED LONG-TERM DISABILITY INSURANCE - $1,980;

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.

- JAMES A. STUCCIO - IMPUTED LONG-TERM DISABILITY INSURANCE, $1,967 AND IMPUTED GROUP TERM LIFE INSURANCE - $810;

- WILLIAM MCCUNE - IMPUTED LONG-TERM DISABILITY INSURANCE - $1,736 AND IMPUTED GROUP TERM LIFE INSURANCE - $2,322;

- ELIZABETH JAEKLE - IMPUTED GROUP TERM LIFE INSURANCE - $535;

- KEVIN M. FOSNOCHT - IMPUTED GROUP TERM LIFE INSURANCE - $810;

- GERALD MILLER - IMPUTED GROUP TERM LIFE INSURANCE - $7,524.

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

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.

INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2010 FORM W-2, AS TAXABLE MEDICARE WAGES:

- DAVID B. ARSHT, D.O. - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION, $7,800;

- JOAN K. RICHARDS - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000; ACTUARIAL INCREASE IN PENSION - $14,700 AND SERP - $176,736;

- SUSAN L. WILLIAMS, M.D. - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000 AND ACTUARIAL INCREASE IN PENSION - $14,700;

- RICHARD I. BENNETT - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000; ACTUARIAL INCREASE IN PENSION - $14,700 AND SERP - $214,376;

- DONALD W. LEGREID, ESQ. - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $14,700;

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.

- PHILIP J. RYAN, CPA - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000; ACTUARIAL INCREASE IN PENSION - $14,700 AND SERP - $70,077;

- ROBERT E. WILSON - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000; ACTUARIAL INCREASE IN PENSION - $14,700 AND SERP - $134,360;

- ERIC DOBKIN - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $14,700;

- JAMES A. STUCCIO - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $14,700;

- WILLIAM MCCUNE - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $2,000 AND ACTUARIAL INCREASE IN PENSION - $14,700;

- ELIZABETH JAEKLE - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $14,700; AND

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.

- KEVIN M. FOSNOCHT - IRC SECTION 403(B) EMPLOYER MATCH CONTRIBUTIONS - $1,000 AND ACTUARIAL INCREASE IN PENSION - $14,700.

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 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AS FOLLOWS:

- JOAN K. RICHARDS, $90,040 AND
- ROBERT E. WILSON, $86,095.

THESE AMOUNTS WERE REPORTED ON PRIOR YEAR FORMS 990 AS ACCRUED NON-TAXABLE BENEFITS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

AMENDED FORM 990

CORE FORM, PART III

THE FORM 990 WAS AMENDED BASED UPON CHANGES MADE TO CROZER-CHESTER MEDICAL CENTER AND DELAWARE COUNTY MEMORIAL HOSPITAL RESPECTIVE SCHEDULE H; HOSPITALS, COMMUNITY BENEFIT ACTIVITIES AND ASSOCIATED REVENUE AND COSTS.

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

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

IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE RELATED ORGANIZATIONS, INCLUDING CROZER-CHESTER MEDICAL CENTER, 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 HEALTHCARE DELIVERY SYSTEM IN PENNSYLVANIA, CKHS AND ITS AFFILIATES STRIVE TO CONTINUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE 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 HEALTHCARE 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 37,700 INPATIENTS, 558,900 OUTPATIENTS, 12,700 SAME DAY SURGERY PATIENTS, 136,500 EMERGENCY DEPARTMENT PATIENTS AND DELIVERS MORE THAN 3,400 BABIES ANNUALLY.

CKHS INCLUDES APPROXIMATELY 6,969 EMPLOYEES AND 968 VOLUNTEERS.

AS OUTLINED HEREIN, CKHS PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL

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

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.

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

CKHS HOSPITALS AND MEDICAL CENTERS

==================================

CKHS PROVIDES SUBSTANTIAL COMMUNITY BENEFIT. CKHS INCLUDES THE FOLLOWING HOSPITALS AND MEDICAL CENTERS:

1. CROZER-CHESTER MEDICAL CENTER INCLUDING TAYLOR HOSPITAL, SPRINGFIELD HOSPITAL AND COMMUNITY HOSPITAL
2. DELAWARE COUNTY MEMORIAL HOSPITAL

PURSUANT TO ITS CHARITABLE PURPOSES, EACH CKHS HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE 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 HEALTHCARE SERVICES TO ALL INDIVIDUALS 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;

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

3. MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS;

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; AND

5. SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES, AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES.

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

========================

CROZER-KEYSTONE

HEALTH SYSTEM

COMMUNITY BENEFIT FY'11

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

INVENTORY (7/1/10-6/30/11)	GRAND TOTAL	FY'11 CKHS/HAN	FY'11 CCMC	FY'11 DCMH
COMMUNITY HEALTH SERVICES				
COMMUNITY HEALTH EDUCATION	$1,592,245	$428,752	$761,098	$402,395
COMMUNITY BASED CLINICAL SVCS	25,382		18,455	6,927
HEALTHCARE SUPPORT SVCS	1,634		1,604	30
FAMILY PLANNING SVCS	173,776		173,776	
WIC SERVICES	1,781,876		1,781,876	
HEALTHY START	805,793	805,793		
NURSE FAMILY PARTNERSHIP	382,402	382,402		
SUB-TOTAL	$4,763,108	$1,616,947	$2,736,809	$409,352
HEALTH PROFESSIONS EDUCATION				
PHYSICIANS/MEDICAL STUDENTS	$8,676,787		$8,676,787	
SCHOLARSHIPS/FUNDING FOR PROFESSIONAL EDUCATION	1,300,528		1,300,528	
TECHNICIANS	183,040			$183,040
OTHER	28,014		28,014	
SUB-TOTAL	$10,188,369		$10,005,329	$183,040

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

SUBSIDIZED HEALTH SERVICES

EMERGENCY AND TRAUMA SERVICES	$4,028,570		$4,028,570	
NEONATAL INTENSIVE CARE	1,189,917		320,225	$869,692
HOSPITAL OUTPATIENT SERVICES	1,336,799		1,336,799	
WOMEN AND CHILDREN'S SERVICES	4,998,380	$839,910	2,859,091	1,299,379
MENTAL HEALTH SERVICES	3,515,364		3,515,364	
DRUG AND ALCOHOL SERVICES	418,224		418,224	
SUB-TOTAL	$15,487,254	$839,910	$12,478,273	$2,169,071

RESEARCH

CLINICAL RESEARCH	$219,127		$58,828	$160,299

FINANCIAL CONTRIBUTIONS

CASH DONATIONS	$13,500		$13,000	$500
GRANTS	25,821		22,500	3,321
IN-KIND DONATIONS	56,194		56,194	
SUB-TOTAL	$95,515		$91,694	$3,821

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

COMMUNITY BENEFIT OPERATIONS

DEDICATED STAFF	$329,560		$250,586	$78,974
CHARITY CARE, AT COST	$19,516,767		$14,487,069	$5,029,698

GOVERNMENT SPONSORED HEALTHCARE

MEDICAID	$20,898,587		$12,960,406	$7,938,181
GRAND TOTAL	$71,498,287	$2,456,857	$53,068,994	$15,972,436

PLEASE NOTE THAT THE GRAND TOTAL OUTLINED ABOVE EXCLUDES A MEDICARE SHORTFALL OF $14,906,831 AND $9,240,120 FOR CCMC AND DCMH; RESPECTIVELY. IN ADDITION, THE GRAND TOTAL OUTLINED ABOVE ALSO EXCLUDES $37,136,921 OF CHARGES AT AN ESTIMATED COST OF $4,122,207 FOR CCMC AND $14,235,912 OF CHARGES AT AN ESTIMATED COST OF $1,694,084 FOR DCMH DUE TO THOSE PATIENTS UNABLE TO PAY CO-INSURANCE/DEDUCTIBLES, AND OTHER WRITE-OFFS FOR WHICH CKHS WAS UNABLE TO DEMONSTRATE ELIGIBILITY FOR CHARITY CARE, THUS CLASSIFIED AS BAD DEBT. UNABLE TO PAY CO-INSURANCE/DEDUCTIBLES, AND OTHER WRITE-OFFS FOR WHICH CKHS WAS UNABLE TO DEMONSTRATE ELIGIBILITY FOR CHARITY CARE, THUS CLASSIFIED AS BAD DEBT.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

FOR PURPOSES OF FORM 990, SCHEDULE H REPORTING AND IN ACCORDANCE WITH CURRENT IRS RULES AND REGULATIONS, CCMC AND DCMH BOTH UTILIZED THE CATHOLIC HEALTH ASSOCIATION ("CHA") MODEL WHEN QUANTIFYING COMMUNITY BENEFIT COSTS. UNDER THE CHA METHODOLOGY FOR QUANTIFYING COMMUNITY BENEFIT COSTS CCMC'S AND DCMH'S FISCAL YEAR ENDED JUNE 30, 2011 NET COMMUNITY BENEFIT COSTS WERE APPROXIMATELY $53,068,994 AND $15,972,436 OR APPROXIMATELY 9.78% AND 8.64%; RESPECTIVELY OF EACH ORGANIZATIONS TOTAL FISCAL YEAR ENDED JUNE 30, 2011 EXPENSES LESS PROVISION FOR BAD DEBT. THE CHA METHODOLOGY DOES NOT INCLUDE MEDICARE SHORTFALLS AND CERTAIN COSTS RELATED TO BAD DEBT.

UTILIZING THE MODEL ADOPTED BY THE AMERICAN HOSPITAL ASSOCIATION ("AHA"), WHICH CCMC AND DCMH BOTH BELIEVE MORE CLEARLY REPRESENTS ACTUAL COMMUNITY BENEFIT, WHEN QUANTIFYING ITS ESTIMATED TOTAL COMMUNITY BENEFIT COSTS FOR THE FISCAL YEAR ENDED JUNE 30, 2011 WOULD RESULT IN A SIGNIFICANTLY HIGHER COMMUNITY BENEFIT PERCENTAGE. UNDER THE AHA MODEL, A HOSPITAL MAY INCLUDE MEDICARE SHORTFALLS (THE AMOUNT BY WHICH YOUR COSTS EXCEED REIMBURSEMENTS), BAD DEBT AT ESTIMATED COST AND COMMUNITY BUILDING ACTIVITIES. UNDER THE AHA MODEL FOR THE 2010 FORM 990, CCMC AND DCMH INCURRED NET COMMUNITY BENEFIT COSTS OF APPROXIMATELY $72,123,181 AND $26,906,640; WHICH ACCOUNTED FOR APPROXIMATELY 12.43% AND 13.53%; RESPECTIVELY OF EACH ORGANIZATIONS TOTAL FISCAL YEAR ENDED JUNE 30, 2011 EXPENSES. NET COSTS MEANS COSTS AFTER ALL ASSOCIATED REIMBURSEMENTS.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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

=======================

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

-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

=======

CKHS 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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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
========================

CHESTER UPLAND SCHOOL DISTRICT/CKHS ALLIED HEALTH HIGH SCHOOL

THIS SCHOOL IS A COLLABORATE EFFORT THAT PREPARES AND MOTIVATES STUDENTS TO PURSUE FURTHER EDUCATION TOWARD A CAREER IN THE MEDICAL SCIENCES THROUGH SPECIALIZED CURRICULUM AND COMMUNITY BASED PARTNERSHIPS. STUDENTS

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

WILL HAVE BOTH THEORETICAL AND PRACTICAL EXPERIENCES IN THE HEALTH SCIENCES. IN 2009-2010, THE SCHOOL OPENED UP WITH ANOTHER SUCCESSFUL YEAR ADDING 100 NEW STUDENTS. MANY STUDENTS ARE CPR CERTIFIED AND ARE TAKING THEIR EMERGENCY MEDICAL SERVICES EXAM. ALL STUDENTS WILL EARN AN EMT AND CNA CERTIFICATION UPON GRADUATION.

SMEDLEY HIGH SCHOOL FOR HEALTH CAREERS UPDATE

BACKGROUND INFORMATION:

NINETY PERCENT OF THE STUDENTS THAT ATTEND SMEDLEY HIGH SCHOOL FOR HEALTH CAREERS (SMEDLEY) ARE ELIGIBLE FOR FREE AND REDUCED LUNCH UNDER THE FEDERAL TITLE I PROGRAM. MANY OF THE STUDENTS THAT ATTEND SMEDLEY LIVE WITH GRANDPARENTS OR EXTENDED FAMILY MEMBERS.

THE STUDENTS ENROLLED IN THE HEALTH CAREERS PROGRAM ARE BEING PROVIDED AN OPPORTUNITY TO BREAK THE CHAINS OF POVERTY THAT HAVE PLAGUED THEIR FAMILIES GENERATION AFTER GENERATION . THE MAJORITY OF THE SMEDLEY 2012 GRADUATES WILL BE THE FIRST IN THEIR FAMILIES TO ATTEND COLLEGE.

THE MAJORITY OF STUDENTS HAVE NEVER LEFT THE CITY LIMITS OF CHESTER. THROUGH FIELD TRIPS, AND THE GENEROUS CONTRIBUTIONS FROM LOCAL AND COMMUNITY PARTNERS, STUDENTS ARE GIVEN AN OPPORTUNITY TO EXPERIENCE OTHER CULTURES AND OTHER PLACES. THREE TO FIVE FIELD TRIPS A YEAR ARE PLANNED

FOR EACH GRADE LEVEL.

SCHOOL COMPETITIONS AND AWARDS:

- THE HEALTH CAREERS STUDENTS BEAT OUT THREE OTHER DELAWARE COUNTY HIGH SCHOOLS AT THE 2ND ANNUAL DELAWARE COUNTY READING OLYMPICS.
- HEALTH CAREERS STUDENTS WON THE DELAWARE COUNTY STROKE AWARENESS VIDEO AWARD. SEVERAL STUDENTS CREATED A VIDEO THAT INFORMED THE PUBLIC ABOUT THE IMPORTANCE OF STROKE AWARENESS.
- THIRTY-FIVE STUDENTS WON THE CITY OF CHESTER'S MAYOR'S AWARD FOR THEIR HIGH ACADEMIC ACHIEVEMENTS. NO OTHER SCHOOL HAD THIS LARGE NUMBER OF STUDENTS QUALIFY FOR THIS ANNUAL AWARD.
- OVER HALF OF THE STUDENTS IN EACH GRADE SIGNED UP TO TAKE AN HONORS COURSE IN EITHER: MATHEMATICS, SCIENCE, HISTORY OR ENGLISH.
- HEALTH CAREERS STUDENTS CREATE LITERATURE TO DISTRIBUTE AND SHARE WITH THE COMMUNITY ABOUT SEVERAL HEALTH RELATED TOPICS RANGING FROM STD'S TO BREAST CANCER TO STROKE AWARENESS.
- THE STUDENTS ALSO MADE SUBSTANTIAL CONTRIBUTIONS TO THE HAITI RELIEF FUND AND OTHER LOCAL CHARITIES.

MEASURING STUDENT PROGRESS/4 SIGHT:

NINETY PERCENT OF THE STUDENTS IN THE HEALTH CAREERS PROGRAM ARE MEETING OR EXCEEDING THE STATE'S EXPECTATION IN BOTH READING AND MATHEMATICS. NO HIGH SCHOOL IN THE CHESTER-UPLAND DISTRICT HAS EVER ATTAINED THESE HIGH

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

PERCENTAGES IN ANY SUBJECT AREA.

HONOR ROLL:

ONE THIRD OF THE TOTAL POPULATION OF THE SCHOOL HAS MADE THE HONOR ROLL THREE OUT OF FOUR MARKING PERIODS. STUDENTS AGREE THAT THE COURSES ARE RIGOROUS AND CHALLENGING. THE 2010-2011 SCHOOL YEAR WILL MARK THE START OF HONORS CLASSES AT SMEDLEY. THE FOLLOWING YEAR ADVANCED PLACEMENT CLASSES WILL BE OFFERED.

GRADUATION RATE:

SMEDLEY HIGH SCHOOL WILL HAVE 9TH, 10TH AND 11TH GRADERS IN THE 2010-2011 SCHOOL YEAR. EACH YEAR THE SCHOOL HAS PROMOTED EVERY STUDENT. NO STUDENT HAS EVER BEEN RETAINED. THE SCHOOL'S FOCUS AND GOAL IS TO HAVE EVERY SENIOR STUDENT GRADUATE IN 2012.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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.

NEW MOMS/NEW PARENT PROJECT AND IDECIDE CAMPAIGN

CKHS' WOMEN AND CHILDREN'S HEALTH SERVICES IN DELAWARE COUNTY, PENNSYLVANIA, IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTMENT OF HEALTH, WAS AWARDED A TWO-YEAR FEDERAL GRANT TO CREATE A SOCIAL MARKETING DEMONSTRATION PROJECT. THIS WAS ONE OF THIRTEEN GRANTS AWARDED NATIONALLY, WITH THE CROZER-KEYSTONE GRANT BEING THE ONLY ONE AWARDED IN PENNSYLVANIA. THE ULTIMATE GOAL OF THIS PROJECT WAS TO LEARN WHAT SOCIAL MARKETING STRATEGIES WORK TOWARD PROMOTION AND EDUCATION ON PRECONCEPTION CARE AND MATERNAL HEALTH; BOTH CONTRIBUTING LONG TERM TO LOWERING THE INFANT MORTALITY AND MORBIDITY RATE IN DELAWARE COUNTY, PA. THIS SOCIAL MARKETING DEMONSTRATION PROJECT WAS NAMED THE NEW MOMS/NEW PARENTS PROJECT.

IN ORDER TO ACHIEVE THESE GOALS, THE NEW MOMS/NEW PARENTS PROJECT CREATED

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

A HEALTH EDUCATION AND MARKETING CAMPAIGN TARGETING AN AUDIENCE OF 13-25 YEAR OLD WOMEN CALLED IDECIDE. THE IDECIDE CAMPAIGN HAS FOCUSED ON SEVEN MAIN HEALTH TOPICS WITHIN PRECONCEPTION CARE AND MATERNAL HEALTH INCLUDING: THE IMPORTANCE OF A MEDICAL HOME, SEXUAL HEALTH, SAFE RELATIONSHIPS, NUTRITION, EXERCISE, MENTAL HEALTH/STRESS, AND FOLIC ACID. ADDITIONALLY, THE IMPORTANCE OF GIRLS AND WOMEN TAKING CARE OF THEMSELVES WELL BEFORE THEY GET PREGNANT OR CONSIDER PREGNANCY WAS ALSO STRESSED IN ORDER TO HELP INCREASE THE CHANCES THAT IN THE FUTURE THEY WILL HAVE A HEALTHY BABY. THE GIRLS AND WOMEN THE CAMPAIGN TARGETED LIVED IN LOW INCOME AREAS AND OFTEN LACKED THE HEALTH LITERACY AND AWARENESS TO UNDERSTAND HOW TO BE HEALTHY AND HOW TO STAY HEALTHY.

TO CREATE THE IDECIDE CAMPAIGN AND TO VALIDATE THE PROJECT WITH DATA, THE PROJECT PARTNERED WITH THE PUBLIC HEALTH MANAGEMENT CORPORATION (PHMC) TO CONDUCT EXTENSIVE FOCUS GROUPS AND STREET INTERCEPTS WITH THE IDENTIFIED TARGET AUDIENCE TO LEARN ABOUT THEIR OPINIONS AND ATTITUDES TOWARDS PRECONCEPTION CARE, INTERCONCEPTION CARE, AND HEALTH IN GENERAL. THE PROCESS EVALUATION FOUND THAT GIRLS AND WOMEN AGED 13-25 FELT THAT THEY WERE OFTEN TOO BUSY TO EAT HEALTHY AND THAT MOST WOMEN THEIR AGE ATE POORLY OUT OF CONVENIENCE. THOSE SURVEYED ALSO EXPRESSED THAT THEY FELT THAT ALL OF THE PROJECT'S THEMES WERE IMPORTANT, BUT BECAUSE LIFE IS OFTEN BUSY AND HECTIC, IT IS HARD TO STAY PHYSICALLY, MENTALLY, AND SEXUALLY HEALTHY. LASTLY, THEY FELT THAT PREGNANCY AND SEXUAL HEALTH NEEDED TO BE DISCUSSED MORE WITH TEENS. PHMC ALSO CONDUCTED A FOCUS GROUP WITH HEALTHCARE PROVIDERS TO GAUGE PROBLEMS AND CONCERNS ABOUT THEIR

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

PATIENTS IN THE AGE RANGE, AS WELL AS TO LEARN WHAT AREAS DOCTORS AND CARE GIVERS FELT THAT GIRLS 13-25 LACKED IN KNOWLEDGE.

WHILE TEEN PREGNANCY HAS BEEN SLOWLY DECLINING IN PENNSYLVANIA, THERE HAS ACTUALLY BEEN A SLIGHT INCREASE IN CHESTER. WITH THE IDECIDE CAMPAIGN, IT WAS HOPED THE STRATEGIES EMPLOYED WOULD HELP TO DECREASE TEEN UNPLANNED PREGNANCIES AND HELP EMPOWER GIRLS AND YOUNG WOMEN TO HELP THEMSELVES AND THEIR COMMUNITIES.

ONCE THE RESEARCH WAS EVALUATED, THE PROJECT BEGAN TO IMPLEMENT THE INTERACTIVE IDECIDE CAMPAIGN. THE MAIN FOCUS OF THE CAMPAIGN WAS TO CONDUCT HEALTH PRESENTATIONS IN DELAWARE COUNTY SCHOOLS ABOUT THE IDENTIFIED FOCUS TOPICS. THE PROCESS BEGAN BY CONTACTING MIDDLE AND HIGH SCHOOLS ACROSS THE COUNTY TO MARKET THE CAMPAIGN AND PROMOTE INTEREST. ONCE A SCHOOL WAS INTERESTED IN THE CAMPAIGN, SPECIFIC SCHOOL NEED WAS DETERMINED. THE MOST POPULAR FOCUS TOPIC WAS NUTRITION FOLLOWED BY SAFE RELATIONSHIPS. BY TALKING WITH THE SCHOOLS, PROJECT STAFF LEARNED OF ADDITIONAL AREAS TO PRESENT THAT SCHOOLS FELT WERE "PROBLEM AREAS" WITHIN THE STUDENT BODY. FROM THESE MEETINGS, ADDITIONAL PRESENTATIONS WERE ADDED TO THE CAMPAIGN ON HYGIENE, BODY IMAGE, AND CYBER BULLYING. PRESENTATIONS LASTED FORTY-FIVE MINUTES TO AN HOUR AND WERE COMPLETELY INTERACTIVE INCLUDING VIDEOS, ACTIVITIES, AND ROLE-PLAYING SITUATIONS. TO MEASURE THE OUTCOMES OF THE HEALTH PRESENTATION, PHMC CREATED A PRE-TEST AND A POST-TEST ASKING GIRLS QUESTIONS REGARDING ATTITUDES, KNOWLEDGE, AND BEHAVIORS.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

IN ADDITION TO HEALTH PRESENTATIONS IN SCHOOLS, THE PROJECT ALSO LAUNCHED AN EXTENSIVE VIRTUAL CAMPAIGN. BY USING NEW MEDIA TECHNOLOGIES SUCH AS FACEBOOK, TWITTER, AND AN INTERACTIVE WEBSITE, THE CAMPAIGN WAS ABLE TO REACH THE TARGET AUDIENCE MORE EFFECTIVELY WITH TOOLS THAT THEY USE EVERY DAY. FOR THE SOCIAL MEDIA NETWORK SITES, THE CAMPAIGN PUBLISHED A "TIP OF THE DAY" THAT RELATED TO THE HEALTH TOPICS. THE CAMPAIGN ALSO IMPLEMENTED STRATEGIES TO ENGAGE THE AUDIENCE THROUGH DISCUSSION QUESTIONS ON A MESSAGE BOARD AS WELL AS COMMENTS TO THEIR ACTUAL PAGES. WITH THE WEBSITE, INTERACTIVE FEATURES WERE POSTED INCLUDING A HEALTH QUIZ, VIDEOS, HOT TOPICS, RESOURCES, AND UPCOMING EVENTS. WHEN WORKING WITH AN AUDIENCE WHOSE TRENDS CHANGE WEEKLY, IT WAS VERY IMPORTANT TO SPEAK IN A LANGUAGE THAT THEY UNDERSTAND, THROUGH TOOLS THAT THEY KNOW HOW TO USE EFFECTIVELY.

THROUGH THE PROJECT'S PRE AND POST- TEST EVALUATIONS, IT WAS LEARNED THAT THERE WERE SUCCESSES IN RAISING AWARENESS ABOUT THE TOPIC AREAS AND THAT THE GIRLS THAT PARTICIPATED ENJOYED THE STYLE AND LOOK OF THE IDECIDE CAMPAIGN. BY COMBINING THE VARIOUS BACKGROUNDS OF THE TEAM, USING NEW AND INNOVATIVE MEDIA, AND UTILIZING TRADITIONAL TIME-TESTED METHODS SUCH AS INTERACTIVE PRESENTATIONS, THE CAMPAIGN DEVELOPED A CUTTING-EDGE PROGRAM FOR THE TARGET AUDIENCE THAT WAS BOTH INTERESTING AND ENGAGING. THE NEW MOMS/NEW PARENTS PROJECT ENDED THE TWO-YEAR DEMONSTRATION PROJECT ON AUGUST 31, 2010.

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

COMMUNITY PROGRAM ACTIVITIES FOR '09-'10 REACHED APPROXIMATELY 44,506 INDIVIDUALS IN THE PENNSYLVANIA, NEW JERSEY AND DELAWARE TRI-STATE AREA (DUE IN PART TO THE ELECTRONIC MEDIA COMPONENTS OF THE PROJECT).

TOBACCO PREVENTION ART CONTEST

THE TOBACCO PREVENTION & CESSATION PROGRAM RECEIVED DONATIONS IN THE MEMORY OF A LOCAL RESIDENT KATHLEEN JONES. THESE FUNDS MADE IT POSSIBLE FOR CKHS COMMUNITY HEALTH EDUCATION'S TOBACCO PREVENTION AND CESSATION PROGRAM TO HOST AN ANTI-TOBACCO ART CONTEST FOR 10TH GRADERS IN THE CHESTER-UPLAND SCHOOL DISTRICT. MORE THAN 450 10TH GRADE STUDENTS THROUGHOUT THE DISTRICT WERE EDUCATED ABOUT THE DANGERS OF TOBACCO USE, TOBACCO MARKETING TACTICS TOWARDS YOUTH AND THE EFFECTS OF SECONDHAND SMOKE. THE STUDENTS CREATED A PIECE OF ART THAT WOULD PROMOTE A TOBACCO-FREE AND HEALTHY LIFESTYLE. ONE OF THE TOP ENTRIES SUMMED UP THE MESSAGE EMBODIED IN THIS OUTREACH PROGRAM FOR YOUNG ADULTS AS: "DON'T LET YOUR DREAMS END UP IN SMOKE!" IN THE COMING YEAR, THE PROGRAM WILL EDUCATE MORE YOUTHS ABOUT THE DANGERS OF TOBACCO USE TO PREVENT TODAY'S YOUTHS FROM BECOMING TOMORROW'S TOBACCO VICTIMS.

DELAWARE COUNTY HEAD START COLLABORATION FOR NUTRITION AND PHYSICAL ACTIVITY OUTREACH

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

CKHS COMMUNITY HEALTH OFFERS PROGRAMMING TO MEET THE HEALTHY PEOPLE 2010 GOALS OF DECREASING OBESITY AND INCREASING FRUIT AND VEGETABLE CONSUMPTION AND DAILY PHYSICAL ACTIVITY. PROGRAMS PROVIDE EDUCATION TO PROMOTE THE IMPORTANCE OF HEALTHFUL EATING, PORTION SIZE CONTROL, AND THE IMPLEMENTATION OF DAILY PHYSICAL ACTIVITY. IT IS BEST TO BEGIN EDUCATING CHILDREN ABOUT HEALTHFUL BEHAVIORS FROM AN EARLY AGE, AND THEREFORE CKHS COMMUNITY HEALTH PARTNERS WITH CHESPENN HEALTH SERVICES AND THE DELAWARE COUNTY INTERMEDIATE UNIT (DCIU) TO PROVIDE THIS EDUCATION TO ITS YOUNGEST STUDENTS. APPROXIMATELY 500 STUDENTS BETWEEN THE AGES OF 3 AND 5 IN DELAWARE COUNTY HEAD START PROGRAMS PARTICIPATED IN INTERACTIVE EDUCATION PROGRAMS FOCUSED ON PROMOTING HEALTHFUL NUTRITION AND PHYSICAL ACTIVITY BEHAVIORS. THE PROGRAM IS IN ITS SECOND YEAR AND HAS BEEN WELL RECEIVED BY HEAD START FACILITIES AND THE DCIU. THE PROGRAM WILL CONTINUE AND LOOKS TO EXPAND ITS REACH WITHIN THE COMING YEAR.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

BODY AND SOUL: A CELEBRATION OF HEALTHY LIVING FOR AFRICAN AMERICAN CHURCHES

THE CKHS COMMUNITY HEALTH EDUCATION PROGRAM WAS CHOSEN BY THE PA DEPARTMENT OF HEALTH AND FOX CHASE CANCER CENTER TO PARTICIPATE IN THE BODY AND SOUL PROGRAM. CKHS COMMUNITY HEALTH EDUCATION DEPARTMENTS HAS A LONG STANDING POSITIVE RELATIONSHIP WITH THE CHESTER AND VICINITY

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

MINISTERIAL COMMITTEE, THE AFRICAN-AMERICAN CHURCHES AND PARISH NURSES IN CHESTER WHICH ENABLED THE PROGRAM TO ENLIST FIVE LOCAL CHURCHES TO PARTICIPATE IN THE BODY AND SOUL PROGRAM. BODY AND SOUL IS A WELLNESS PROGRAM FOR AFRICAN-AMERICAN CHURCHES. IT IS A PROVEN PROGRAM THAT EMPOWERS CHURCH MEMBERS TO LIVE HEALTHIER LIFESTYLES.

THE CKHS STAFF EDUCATED CHURCH MEMBERS REGARDING WAYS TO MAKE PERMANENT CHANGES IN DAILY LIVING FOR BETTER HEALTH AND CANCER PREVENTION, INCLUDING EATING A DIET RICH IN FRUITS AND VEGETABLES AND INCREASING PHYSICAL ACTIVITY. THE CHURCHES WERE THEN SUPPORTED BY THE CKHS STAFF AS THEY IMPLEMENTED ACTIVITIES THAT ENCOURAGED CHURCH MEMBERS TO INCORPORATE THE CONCEPTS LEARNED INTO EVERYDAY LIVING, CHURCH ACTIVITIES AND CHURCH POLICY. THE ACTIVITIES INCLUDED SUCH THINGS AS TASTE-TESTINGS OF HEALTHY FOODS, SERVING HEALTHY FOODS AT CHURCH FUNCTIONS, AND EXERCISE CLASSES. THE PROGRAM WAS AN ENORMOUS SUCCESS AT EACH CHURCH. CHURCHES WERE OFFERED SMALL STIPENDS TO PAY FOR THE PURCHASE OF FRUITS AND VEGETABLES, EXERCISE VIDEOS, DOOR PRIZES, ETC. AS A RESULT OF THIS PROGRAM'S SUCCESS, SUPPLEMENTAL FUNDS FROM THE PENNSYLVANIA DEPARTMENT OF HEALTH WERE AWARDED TO INCLUDE A TOBACCO EDUCATION COMPONENT TO THE SERVICES OFFERED TO CHESTER BODY AND SOUL CHURCHES. KEEPING OUR BODIES HEALTHY - TOBACCO AWARENESS IS A CULTURALLY-APPROPRIATE TOBACCO EDUCATION SESSION BASED ON THE PATHWAYS TO FREEDOM GUIDE FOR AFRICAN-AMERICANS. THE CKHS STAFF EDUCATED CHURCH MEMBERS ON THE IMPACT OF TOBACCO USE ON THE AFRICAN-AMERICAN COMMUNITY; HOW TOBACCO PRODUCTS AFFECT THE BODY; WAYS TO QUIT SUCCESSFULLY OR HELP LOVED-ONES AS THEY QUIT; AND

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

CULTURALLY-TAILORED EDUCATIONAL RESOURCES WERE MADE AVAILABLE FOR USE IN THE CHURCH.

CHESTER HOME ASTHMA PREVENTION PROGRAM

FUNDING WAS APPROVED BY THE PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION AND THE ENVIRONMENTAL PROTECTION AGENCY FOR A THREE-YEAR PILOT PROGRAM THAT HAS ENABLED THE KIDS ASTHMA MANAGEMENT PROGRAM TO ADD A NEW COMPONENT TO ACCENTUATE THEIR CURRENT EDUCATION AND OUTREACH EFFORTS FOR CHILDREN WITH ASTHMA LIVING IN CHESTER. THE PROGRAM ENTITLED CHESTER HOME ASTHMA PREVENTION PROGRAM IS A HOME BASED ASTHMA ENVIRONMENTAL TRIGGER EDUCATION AND REMEDIATION SERVICE OFFERED TO CHESTER CITY RESIDENTS. THREE PART TIME PEER COUNSELORS FROM CHESTER WERE HIRED IN MAY 2010 AND HAVE BEEN TRAINED TO REACH FAMILIES OF CHILDREN AGE 5-17 WHO HAVE UNCONTROLLED ASTHMA IN THEIR HOMES; TO REDUCE ASTHMA TRIGGERS; AND TO PROVIDE FAMILIES WITH "ASTHMA-FRIENDLY HOME REMEDIATION KITS" TO SUPPORT WAYS TO REDUCE EXPOSURE TO HOUSEHOLD ASTHMA TRIGGERS. FAMILIES ARE CO-MANAGED WITH THE K.A.M.P. PROGRAM MANAGER AND TRACKED TO ASSESS HOW WELL THEY CAN MAINTAIN ENVIRONMENTAL MITIGATION OF ASTHMA TRIGGERS IN THEIR HOMES. MAYOR WENDELL BUTLER, JR. AND THE CHESTER CITY COUNCIL ACKNOWLEDGED CHAPP'S KICK-OFF DURING ITS ASTHMA AWARENESS MONTH PROCLAMATION ON MAY 12, 2010. THE CHESTER ENVIRONMENTAL PARTNERSHIP COLLABORATES WITH CKHS IN IMPLEMENTING CHAPP AND PROVIDES NEIGHBORHOOD CLEAN UPS TO ADDRESS OUTDOOR ENVIRONMENTAL ASTHMA TRIGGERS.

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

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 LICENSED 424-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 19,150 PATIENTS, TREATS APPROXIMATELY 56,700 EMERGENCY DEPARTMENT PATIENTS, AND DELIVERS ABOUT 1,900 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,

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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
- FULL RANGE OF MUSCULOSKELETAL SERVICES, INCLUDING 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 COUNTY
- 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

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

- NATIONALLY RECOGNIZED NATHAN SPEARE REGIONAL BURN TREATMENT CENTER (LARGEST IN REGION)

- PARKINSON'S DISEASE AND MOVEMENT DISORDER CENTER

- DIALYSIS ACCESS CENTER

- CERTIFIED PRIMARY STROKE CENTER

- MULTIPLE SCLEROSIS CENTER

- PEDIATRIC SLEEP CENTER

- INPATIENT AND OUTPATIENT SERVICES

- VASCULAR AND ENDOVASCULAR CARE

DELAWARE COMMUNITY MEMORIAL HOSPITAL

====================================

DELAWARE COUNTY MEMORIAL HOSPITAL ("DCMH"), ONE OF THE FOUNDING HOSPITALS OF CKHS, IS A 225-BED NOT-FOR-PROFIT COMMUNITY HOSPITAL THAT OFFERS A BROAD RANGE OF ACUTE AND SPECIALIZED SERVICES. FOUNDED IN 1925, DCMH CURRENTLY ADMITS APPROXIMATELY 10,000 PATIENTS, TREATS 40,000 EMERGENCY DEPARTMENT PATIENTS, AND DELIVERS ABOUT 1,500 BABIES EACH YEAR. FEATURED SERVICES INCLUDE:

- CARDIAC SERVICES

- EMERGENCY DEPARTMENT AND 14-BED CRITICAL INTENSIVE CARE UNIT

- FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP: THE DELAWARE COUNTY REGIONAL CANCER CENTER

- MRI

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

- 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
- FULL RANGE OF MUSCULOSKELETAL SERVICES INCLUDING ORTHOPEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVICES.
- HEALTHLINE SERVICES FOR COMMUNITY EDUCATION
- CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE
- SLEEP CENTER
- CYBERKNIFE SERVICES WITH CK CENTER OF PHILADELPHIA, LLC
- CENTER FOR BREAST HEALTH
- CENTER FOR MATERNAL FETAL MEDICINE AND PERINATAL TESTING CENTER
- CROZER KEYSTONE HOME CARE AND HOSPICE
- GASTROENTEROLOGY SERVICES INCLUDING ENDOSCOPY LABORATORY
- DCMH CENTER FOR REGIONAL REHABILITATION
- INTERVENTIONAL RADIOLOGY AND VASCULAR LABORATORY
- VASCULAR AND ENDOVASCULAR CARE

TAYLOR HOSPITAL

==============

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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 ABOUT 7,000 PATIENTS AND RECEIVES ABOUT 28,000 EMERGENCY DEPARTMENT VISITS. FEATURED SERVICES INCLUDE:

- EMERGENCY DEPARTMENT
- FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP
- FULL RANGE OF MUSCULOSKELETAL SERVICES INCLUDING ORTHOPEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVICES
- CARDIAC CATHETERIZATION LABORATORY AND CARDIOVASCULAR LABORATORY
- CARDIAC SERVICES
- ADULT MEDICAL AND SURGICAL SERVICES
- INPATIENT AND OUTPATIENT SURGERY
- CROZER KEYSTONE SLEEP DISORDERS CENTER AT TAYLOR HOSPITAL
- THE TAYLOR CENTER FOR REGIONAL REHABILITATION
- CERTIFIED AS PRIMARY STROKE CENTER
- CERTIFIED IN HIP AND KNEE REPLACEMENT SURGERY
- GASTROENTEROLOGY SERVICES, INCLUDING AN ENDOSCOPY LABORATORY
- VASCULAR AND ENDOVASCULAR CARE

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

SPRINGFIELD HOSPITAL

==================

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

FOUNDED IN 1960, 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 ABOUT 1,800 PATIENTS AND RECEIVES 12,600 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 & DIABETIC EDUCATION
- CARDIAC AND PULMONARY REHABILITATION
- DIAGNOSTIC IMAGING CENTER, INCLUDING POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY (PET/CT) IMAGING
- FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP
- FULL RANGE OF MUSCULOSKELETAL SERVICES INCLUDING ORTHOPEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVICES
- GASTROENTEROLOGY SERVICES
- 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
- CENTER FOR MINIMALLY INVASIVE SURGERY, FEATURING THE DA VINCI SURGICAL

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

SYSTEM

- CENTER FOR DIZZINESS AND BALANCE
- MOORE EYE INSTITUTE
- PAIN MANAGEMENT CENTER

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 6,500 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.

COMMUNITY HOSPITAL

=================

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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:

- OUTPATIENT 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
- OUTPATIENT SUBSTANCE ABUSE SERVICES
- THE WELLNESS CENTER AND CHESTER YOUTH COLLABORATIVE

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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, HEALTHCARE 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

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

LOCATED AT CROZER-CHESTER MEDICAL CENTER, THE FOUR-STORY CANCER CENTER BRINGS 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 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

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

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)

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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

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

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,

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

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.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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.

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

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.

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 CKHS HOSPITALS.

CKHS HAS THE LONGEST HISTORY OF PROVIDING CARDIOVASCULAR CARE TO THE

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

PEOPLE OF DELAWARE COUNTY, AND WE'RE PROUD OF OUR MANY ACCOMPLISHMENTS.

IN DELAWARE COUNTY, WE'RE THE FIRST HEALTHCARE 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, CKHS 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

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

MEMORIAL HOSPITAL THAN BY ANY OTHER HEALTH SYSTEM IN DELAWARE COUNTY.

APPROXIMATELY 1,900 BABIES ARE BORN AT CCMC EVERY YEAR, WHILE DCMH DELIVERS ABOUT 1,500.

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.

CCMC HAS OVER 15 PRACTICING OBSTETRICIANS WHILE DCMH PROVIDES OBSTETRICAL SERVICES BY OBSTETRICIANS, FAMILY PHYSICIANS AND MIDWIVES. CROZER-KEYSTONE'S MATERNITY HEALTHCARE 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

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

POSSIBLE START IN LIFE BY CHOOSING A PROVIDER TO CARE FOR YOU AND YOUR BABY THROUGHOUT YOUR PREGNANCY AND BEYOND. AT CCMC 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 HEALTHCARE 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

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

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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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 HEALTHCARE 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.

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

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.

COMMUNITY BENEFIT STATEMENT CONTINUED
CORE FORM, PART III

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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

TRAINING TAKES PLACE AT CCMC, A NOT-FOR-PROFIT TERTIARY-CARE TEACHING HOSPITAL WITH 424 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. CKHS 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.

ALLIED HEALTH PROGRAMS

======================

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

CCMC CAN OPEN THE DOOR TO YOUR FUTURE, AND IT'S CLOSER THAN YOU THINK. WHEN YOU ENROLL IN ONE OF CCMC'S EIGHT ALLIED HEALTH EDUCATION PROGRAMS, YOU'LL BE ON YOUR WAY TO STARTING AN EXCITING CAREER IN MEDICINE - WITHIN JUST A YEAR OR TWO.

AS AN ALLIED HEALTH PROFESSIONAL IN THE GROWING FIELDS OF RADIOLOGIC TECHNOLOGY, RADIATION THERAPY, DIAGNOSTIC ULTRASOUND, SCHOOL OF RADIATION THERAPY, CLINICAL NEUROPHYSIOLOGY, RESPIRATORY THERAPY, EMERGENCY MEDICAL SERVICES OR NURSE ANESTHESIA, YOU'LL BECOME A VALUABLE MEMBER OF A HEALTHCARE TEAM. A CCMC EDUCATION IS COMPREHENSIVE YET AFFORDABLE, AND COMES WITH MANY REWARDS. YOU'LL LIKELY EARN A COMPETITIVE SALARY UPON GRADUATION AND THE PERSONAL FULFILLMENT ASSOCIATED WITH HELPING TO PREVENT ILLNESS, PROMOTE WELLNESS AND SAVE LIVES.

HEALTHPLEX SPORTS CLUB

======================

THE HEALTHPLEX SPORTS CLUB OFFERS A SPACIOUS, STATE-OF-THE-ART FACILITY TO MEET ALL OF YOUR HEALTH AND FITNESS NEEDS. FROM ITS SWIMMING POOLS TO ITS BASKETBALL COURTS TO ITS BUSY FITNESS AREA, YOU WILL DISCOVER NEW WAYS OF ENHANCING YOUR HEALTH. CKHS' FIRST-CLASS FACILITY HAS EVERY AMENITY YOU WILL NEED, AND CKHS WORKS EVERY DAY TO KEEP IT LOOKING LIKE IT DID ON ITS VERY FIRST DAY OF BUSINESS.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

FROM FITNESS AND PERSONAL TRAINING CLASSES TO GROUP FITNESS PROGRAMS, WELLNESS PROGRAMS AND AQUATICS CLASSES, THERE'S SOMETHING FOR EVERYONE AT THE HEALTHPLEX!

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.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

- 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

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

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. RESEARCH IS SYSTEMATICALLY

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

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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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 CCMC EMERGENCY DEPARTMENT TO OPEN BEDS IN THE MEDICAL CENTER.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

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. CKHS 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

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

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 OVERSEES THE COMMUNITY OUTREACH ACTIVITIES OF THE CKHS PEACEFUL JOURNEY PARTNERSHIP.

COMMUNITY PROGRAM ACTIVITIES FOR '09-'10 REACHED APPROXIMATELY 8,806 INDIVIDUALS IN THE COMMUNITY.

- 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 '09-'10 REACHED APPROXIMATELY 8,627 INDIVIDUALS IN THE COMMUNITY.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

- 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 HEALTHCARE 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 HEALTHCARE 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 '09-'10 REACHED APPROXIMATELY 177 INDIVIDUALS IN THE COMMUNITY.

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

GRAND TOTAL EDUCATIONAL OUTREACH FOR COMMUNITY HEALTH EDUCATION DEPARTMENT FOR '09-'10 REACHED APPROXIMATELY 17,550 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.

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

COMMUNITY PROGRAM ACTIVITIES FOR HEALTHY START '09 -'10 REACHED APPROXIMATELY 15,000 INCLUDING 477 ENROLLED PROGRAM PARTICIPANTS AND OVER 14,500 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 '09-'10 REACHED APPROXIMATELY 14,138 FAMILIES IN THE COMMUNITY.

CKHS/DCMH CONGREGATIONAL NURSE OUTREACH

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

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 '09-'10 APPROXIMATELY 1,667 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

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

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 AND TO THE UPPER DARBY SCHOOL DISTRICT IN 2008.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

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 (WHEN APPROVED BY THE SCHOOL DISTRICTS), PEAK FLOW METERS, AND OTHER TOOLS FOR EFFECTIVE ASTHMA MANAGEMENT TO

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

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.

A NEW K.A.M.P. PROGRAM MANAGER WAS HIRED IN JANUARY 2010. SUBSEQUENT TO HER ORIENTATION AND MEETINGS WITH SCHOOL NURSES IN ALL THREE DISTRICTS, THE NEW K.A.M.P. PROGRAM MANAGER CONDUCTED 16 ASTHMA PRESENTATIONS FOR STUDENTS, PARENTS AND SCHOOL STAFF, INCLUDING TWO OPEN AIRWAYS SERIES FOR GRADES 1-5 AT SENKOW ELEMENTARY SCHOOL, REACHING A TOTAL OF 745 PARTICIPANTS DURING THESE PRESENTATIONS. ASTHMA AWARENESS MONTH WAS PROMOTED AT PRESENTATIONS DURING MAY 2010. PARTICIPATING SCHOOLS INCLUDED GARRETTFORD, DREXEL NEUMAN, STONEHURST, BEVERLY HILLS, BYWOOD AND HIGHLAND PARK. ADDITIONALLY THE KELLY ELEMENTARY SCHOOL'S PRESENTATION INCORPORATED AN ASTHMA SCREENING FOR FIRST AND SECOND GRADERS. THE K.A.M.P. PROGRAM MANAGER PROMOTED AND HELPED STAFF CROZER-KEYSTONE'S ANNUAL SUMMER ASTHMA DAY CAMP AT THE HEATHPLEX SPORTS CLUB. THE ASTHMA DAY CAMP WAS HELD THE WEEK OF JUNE 21, 2010 FOR TWENTY-FIVE CHILDREN AGES 7 TO 12. CAMP ACTIVITIES INCLUDED YOGA, SWIMMING, TENNIS, BASKETBALL AND FITNESS WHILE TEACHING SELF MANAGEMENT SKILLS. CHILDREN RECEIVED PEAK FLOW METERS, SPACERS AND THE YOU CAN CONTROL ASTHMA WORKBOOK, AN EVIDENCED-BASED CURRICULUM DEVELOPED BY GEORGETOWN UNIVERSITY'S DIVISION OF CHILDREN'S HEALTH PROMOTION/DEPARTMENT OF FAMILY MEDICINE THAT WAS USED TO CONDUCT LESSONS EACH DAY OF THE CAMP.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

DCMH EMERGENCY DEPARTMENT DRUG AND ALCOHOL PREVENTION PROGRAM

AS A COMMUNITY SERVICE, THE DCMH EMERGENCY DEPARTMENT 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 BULLYING PROGRAM THAT WAS PILOTED TO 500 ELEMENTARY SCHOOL STUDENTS IN FOUR SCHOOLS (TWO PUBLIC SCHOOLS/TWO PAROCHIAL SCHOOLS). THIS PROGRAM FOCUSES ON IDENTIFYING WHAT BULLYING IS; WHY PEOPLE BULLY; AND THE EFFECTS OF BULLYING. IT IS AN INTERACTIVE PROGRAM ABOUT BULLYING BOTH IN SCHOOL AND OUT OF SCHOOL AND THE IMPACT BULLYING CAN HAVE ON AN INDIVIDUAL AND THE COMMUNITY. IT ALSO IDENTIFIES HOW ONE'S PERCEPTION OF AN INDIVIDUAL MAY BE MISLEADING. MORE WORK WILL BE DONE WITH THIS PROGRAM IN THE UPCOMING YEAR TO DEVELOP MEASUREMENT TOOLS TO VALIDATE THE PROGRAM'S IMPACT.

COMMUNITY PROGRAM ACTIVITIES FOR '09-'10 REACHED APPROXIMATELY 10,632 INDIVIDUALS IN THE COMMUNITY.

DCMH HEALTHLINE SERVICES

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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. PARTICIPATION 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 6,000 STUDENTS AND THE STRIDE (STUDENTS TAKING RESPONSIBILITY IN DRUG EDUCATION) PROGRAM, REACHING 500 STUDENTS EACH YEAR IN AREA SCHOOLS.

COMMUNITY PROGRAM ACTIVITIES FOR '09-'10 REACHED APPROXIMATELY 61,351 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.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

(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 2010 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 2010 WERE:

- CHESTER YOUTH COUNCIL:

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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 IN 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

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

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 2010 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 4 YEARS AGO.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

- CROZER MENTORING PROGRAM:

CROZER MENTORING PROGRAM LINKS CHESTER UPLAND SCHOOL DISTRICT HIGH SCHOOL STUDENTS (GRADES 9-12) WITH ELEMENTARY STUDENTS AT COLUMBUS SCHOOL. FISCAL 2010 WAS THE 2ND 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

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

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 2010 HOST

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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 2010 THE CROZER WELLNESS CENTER ALUMNI FELLOWSHIP ENGAGED PARTICIPANTS IN 1,920 HOURS.

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 2010 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,

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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 2010, 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. 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 DFC 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, HEALTHCARE ENTITIES, AND GOVERNMENT OFFICES CONCERNED WITH SUBSTANCE ABUSE. DFC PARTNERS WORK WITH STAFF TOWARD

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

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 2010 WERE HEALTH SYSTEMS AND RECOGNIZED THE VALUE OF HAVING HEALTH SYSTEMS LEADING SUBSTANCE ABUSE EFFORTS IN COMMUNITIES. 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

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

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 3,000 OUTPATIENT VISITS ANNUALLY. WE ALSO TREAT NON-BURN INJURIES, SUCH AS "ROAD RASH" AND "STEVENS JOHNSON," 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 '09-'10 REACHED APPROXIMATELY 4,160 INDIVIDUALS IN THE COMMUNITY.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

CKHS CENTER FOR DIABETES

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

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

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

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

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 HEALTHCARE 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

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

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 '09-'10 REACHED: 3,700 INDIVIDUALS VIA PATIENT VISITS AND 3,800 INDIVIDUALS VIA COMMUNITY VISITS, FOR A GRAND TOTAL OF 7,500 INDIVIDUALS REACHED.

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 HEALTHCARE PROFESSIONALS TO THE UNIQUE NEEDS OF OUR GROWING SENIOR COMMUNITY. THESE INITIATIVES

FOCUS ON ENHANCING THE SKILLS OF THE HEALTHCARE 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". 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

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

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 HEALTHCARE 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 HEALTHCARE 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 HEALTHCARE 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

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

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 '09-'10 REACHED APPROXIMATELY 10,725 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.

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

COMMUNITY OUTREACH ACTIVITIES FOR '09-'10 REACHED APPROXIMATELY 1,300 INDIVIDUALS IN THE COMMUNITY.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

NUTRITION SERVICES

REGISTERED DIETITIANS AT CCMC OFFER SERVICES INTERNALLY TO OUR PATIENTS AND EXTERNALLY FOR THE COMMUNITY. NUTRITION COUNSELING WAS PROVIDED AT THE OUTPATIENT NUTRITION AND BARIATRIC CENTERS TO 2,920 CLIENTS. APPROXIMATELY 600 MEMBERS OF THE COMMUNITY INQUIRED ABOUT NUTRITION EDUCATION MATERIALS AND PRODUCTS THROUGH VARIOUS HEALTH FAIRS ATTENDED BY REGISTERED DIETITIANS FROM CCMC.

COMMUNITY OUTREACH ACTIVITIES FOR '09-'10 REACHED APPROXIMATELY 2,920 INDIVIDUALS.

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

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

LOCATED IN DELAWARE COUNTY. CURRENTLY THE WIC PROGRAM IN DELAWARE COUNTY HAS A CASELOAD ASSIGNMENT OF 9,206 PARTICIPANTS, WHICH IS A 3% INCREASE OVER THE PREVIOUS YEAR'S ASSIGNMENT. THE CURRENT BREAKDOWN IN PARTICIPATION IS 2,098 PREGNANT AND POSTPARTUM WOMEN, 2,515 INFANTS, AND 4,554 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 2,488 INDIVIDUAL LUNCHES AT OUR CHESTER CLINIC.

NUTRITION AND BREASTFEEDING GOALS FOR THE 09-10 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

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

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. 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

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

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 '09-'10 REACHED APPROXIMATELY 968 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 '09-'10 REACHED APPROXIMATELY 5,734 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

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

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 HEALTHCARE 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.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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% GREATER 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. CKHS ALSO OFFERS A LEVEL II NEONATAL INTENSIVE CARE NURSERY AT DCMH, AND A LEVEL III INTENSIVE CARE NURSERY AT CROZER, THAT PROVIDE THE ESSENTIAL MEDICAL CARE NECESSARY FOR "HIGH RISK"

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

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.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

EARLY PRENATAL CARE:

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

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 CCMC'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,

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

WITH A CURRENT RATE OF 78.8%. 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 TO 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.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer Identification number: 22-2540851

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 DCMH AND CCMC 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:

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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 CKHS REGIONAL CANCER CENTERS' COMPREHENSIVE LUNG CANCER PROGRAMS PROVIDE SERVICES FOR

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

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 INCREASE 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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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.

COMMUNITY BENEFIT STATEMENT CONTINUED

CORE FORM, PART III

IMPROVE CARDIOVASCULAR HEALTH - STROKE:

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

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. DCMH AND CCMC 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.

Name of the organization
CROZER KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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 CCMC 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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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

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

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.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 11A

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY IN THE CROZER-KEYSTONE HEALTH SYSTEM ("SYSTEM"); A TAX-EXEMPT INTEGRATED HEALTHCARE 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 WITH THE INTERNAL REVENUE SERVICE ("IRS"). 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. 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.

AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE 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.

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

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.

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.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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.

DISCLOSURE INFORMATION

CORE FORM, PART VI, SECTION B; QUESTION 15

THE ORGANIZATION'S BOARD OF DIRECTORS MAINTAINS A 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 COMPENSATION COMMITTEE. THE COMMITTEE RELIES UPON APPROPRIATE COMPARABLE DATA FROM AN INDEPENDENT CONSULTING FIRM WHICH SPECIALIZES IN REVIEWING HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USES COMPARABLE GEOGRAPHICAL

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

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.

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

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.

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.

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

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

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 OTHER THAN OFFICERS AND KEY EMPLOYEES, JAMES A. STUCCIO 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 HEALTH ACCESS NETWORK (DRS. ARSHT AND WILLIAMS); PRESIDENT OF HEALTH ACCESS NETWORK AND PRESIDENT OF DELAWARE COUNTY MEMORIAL HOSPITAL; RESPECTIVELY, AND ARE REFLECTED AS SUCH ON THOSE ORGANIZATION'S RESPECTIVE FEDERAL FORMS 990. HEALTH ACCESS NETWORK AND DELAWARE COUNTY MEMORIAL HOSPITAL ARE BOTH RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS.

OTHER CHANGES IN NET ASSETS

CORE FORM, PART XI; QUESTION 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE:

- LOSS ON EXTINGUISHMENT OF DEBT; ($102,029);
- CHANGE IN NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS; $3,193,470;
- OTHER CHANGES IN PENSION AND OTHER ACCRUED RETIREMENT BENEFITS

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

LIABILITIES; $195,524

AUDITED FINANCIAL STATEMENTS

CORE FORM, 'PART XII; QUESTION 2

THE TAXPAYER IS THE PARENT ENTITY IN A TAX-EXEMPT, INTEGRATED HEALTHCARE 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, 2011 AND JUNE 30, 2010; 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.

FINANCIAL STATEMENTS AND REPORTING

CORE FORM, PART XII; 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.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

ATTACHMENT 1

FORM 990, PART III, LINE 1 - 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.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. MOREOVER, IN THIS ROLE, THE ORGANIZATION PROVIDES MANAGEMENT SERVICES, FISCAL OVERSIGHT, STRATEGIC PLANNING AND RESOURCE ALLOCATION FOR VARIOUS HOSPITALS. THE SYSTEM ALSO SPONSORS CERTAIN OTHER SERVICE PROGRAMS AND

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

ATTACHMENT 2 (CONT'D)

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.

ATTACHMENT 3

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES
(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION (1)(2)(3)(4)(5)(6)	COMPENSATION FROM (D) ORG.	(E) REL. ORG.	(F) OTHER
29 GERALD MILLER FORMER OFFICER	0.00	X	266,049.	0.	29,464.

ATTACHMENT 4

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
BRUCE G FISCHER CHAIRMAN - DIRECTOR	6.00
PHILIP H BROWN II SECRETARY - DIRECTOR	0.00
SARA B SCHUKRAFT TREASURER - DIRECTOR	0.00
ELIZABETH L ALBRIGHT DIRECTOR	0.00
DAVID B ARSHT DO DIRECTOR	6.00
ARTHUR G BAKER MD DIRECTOR	0.00
ROBERT M BARBACANE CPA DIRECTOR	0.00
CORLISS BOGGS	

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

ATTACHMENT 4 (CONT'D)

DIRECTOR	9.00
ROBERT J BRUCE	
DIRECTOR	0.00
MARK H DAMBLY	
DIRECTOR	0.00
NORMAN V EDMONSON	
DIRECTOR	0.00
WALTER E FARNAM	
DIRECTOR	0.00
SHAWN P OBRIEN	
DIRECTOR	0.00
JEROME S PARKER PHD	
DIRECTOR	6.00
THOMAS J PARKER	
DIRECTOR	0.00
JOAN K RICHARDS	
DIRECTOR - PRESIDENT/CEO	15.00
ROBERT N SPEARE ESQ	
DIRECTOR	9.00
JOHN D SPRANDIO MD	
DIRECTOR	3.00
SUSAN L WILLIAMS MD	
DIRECTOR	52.00
RICHARD I BENNETT	
EXECUTIVE VP/COO	15.00
DONALD W LEGREID ESQ	
ASST SEC-VP/GENERAL COUNSEL	15.00
PHILIP J RYAN CPA	
ASST TREASURER - SVP/CFO	15.00
ROBERT E WILSON	
ASST SECRETARY-SVP/ADMIN & CIO	9.00
ERIC DOBKIN	
VP, QUALITY & PATIENT SAFETY	15.00
JAMES A STUCCIO	
PRESIDENT, HAN	52.00
WILLIAM MCCUNE	
PRESIDENT, DCMH	52.00
ELIZABETH JAEKLE	
VP, BUSINESS DEVELOPMENT	15.00
KEVIN M FOSNOCHT	
AVP, QUALITY & PATIENT SAFETY	15.00
GERALD MILLER	
FORMER OFFICER	0.00

ATTACHMENT 5

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

ATTACHMENT 5 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MEDASSETS, INC. 100 NORTH POINT CENTER EAST, SUITE 200 ALPHARETTA, GA 30022	BILLING	772,036.
RIP BROOKES GENERAL SERVICES, INC. 324 LAUREL AVENUE ALDAN, PA 19018	TELECOMMUNICATIONS	472,487.
IMA CONSULTING 3 CHRISTY DRIVE, SUITE 100 CHADDS FORD, PA 19317	CONSULTING	393,637.
SEARCHAMERICA 6450 WEDGWOOD ROAD, SUITE 100 MAPLE GROVE, MN 55311	BILLING	352,197.
ROCKBURN INSTITUTE 6581 BELMONT WOODS ROAD ELKRIDGE, MD 21075-5202	CONSULTING	317,712.
TOTAL COMPENSATION		2,308,069.

ATTACHMENT 6

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST AND INVESTMENT INCOME	254,923.			254,923.
INCOME FROM JOINT VENTURES	8,251,767.			8,251,767.
TOTALS	8,506,690.			8,506,690.

ATTACHMENT 7

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER: DUE FROM AFFILIATES

BEGINNING BALANCE DUE	15,121,233.
ENDING BALANCE DUE	14,608,367.

Name of the organization: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

ATTACHMENT 7 (CONT'D)

TOTAL BEGINNING NOTES AND LOANS RECEIVABLE	15,121,233.
TOTAL ENDING NOTES AND LOANS RECEIVABLES	14,608,367.

ATTACHMENT 8

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: WACHOVIA NATIONAL BANK
ORIGINAL AMOUNT: 7,000,000.
INTEREST RATE: 3.250000
DATE OF NOTE: 12/31/2008
MATURITY DATE: 12/31/2011
REPAYMENT TERMS: MONTHLY PAYMENTS
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: WORKING CAPITAL

BEGINNING BALANCE DUE	7,000,000.
ENDING BALANCE DUE	7,000,000.

LENDER: TD BANK
ORIGINAL AMOUNT: 9,600,000.
INTEREST RATE: 7.000000
DATE OF NOTE: 03/01/2003
MATURITY DATE: 04/01/2013
REPAYMENT TERMS: MONTHLY PAYMENTS
SECURITY PROVIDED: COLLATERIZED BY SPECIFIC REVENUE
PURPOSE OF LOAN: WORKING CAPITAL

BEGINNING BALANCE DUE	4,505,159.
ENDING BALANCE DUE	4,020,928.

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

ATTACHMENT 8 (CONT'D)

LENDER: DELAWARE COUNTY AUTHORITY
ORIGINAL AMOUNT: 25,000,000.
INTEREST RATE: 1.500000
DATE OF NOTE: 10/01/1996
MATURITY DATE: 12/01/2021
REPAYMENT TERMS: ANNUAL PAYMENTS
SECURITY PROVIDED: GROSS RECEIPTS OF OBLIGATED GROUP
PURPOSE OF LOAN: BUILDING CONSTRUCTION

BEGINNING BALANCE DUE	7,130,000.
ENDING BALANCE DUE	7,181,000.

LENDER: HEALTHPLEX PAV II - FINANCING OBLIGATION
ORIGINAL AMOUNT: 7,150,000.
INTEREST RATE: 10.852000
DATE OF NOTE: 10/07/2009
MATURITY DATE: 10/01/2029
REPAYMENT TERMS: MONTHLY PAYMENTS

BEGINNING BALANCE DUE	7,070,891.
ENDING BALANCE DUE	7,070,891.

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

ATTACHMENT 8 (CONT'D)

LENDER: SUSQUEHANNA BANK
ORIGINAL AMOUNT: 5,000,000.
INTEREST RATE: 3.250000
DATE OF NOTE: 12/18/2009
MATURITY DATE: 03/01/2012
REPAYMENT TERMS: MONTHLY PAYMENTS
SECURITY PROVIDED: UNSECURED
PURPOSE OF LOAN: WORKING CAPITAL

BEGINNING BALANCE DUE	5,000,000.
ENDING BALANCE DUE	5,000,000.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	30,706,050.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	30,272,819.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2010
Open to Public Inspection

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

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

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) CROZER-CHESTER FOUNDATION 22-2540853 ONE MEDICAL CENTER BOULEVARD UPLAND, PA 19013	FUNDRAISING	PA	501(C)(3)	509(A)(1)	CCMC		X
(2) CROZER-CHESTER MEDICAL CENTER 23-1637191 ONE MEDICAL CENTER BOULEVARD UPLAND, PA 19013	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	CKHS	X	
(3) DELCO MEMORIAL FOUNDATION 22-2980746 501 NORTH LANSDOWNE AVENUE DREXEL HILL, PA 19026	FUNDRAISING	PA	501(C)(3)	509(A)(2)	DCMH		X
(4) DELAWARE COUNTY MEMORIAL HOSPITAL 23-0517130 501 NORTH LANSDOWNE AVENUE DREXEL HILL, PA 19026	HEALTH SVCS.	PA	501(C)(3)	HOSPITAL	CKHS	X	
(5) DELCO SYSTEMS SERVICES, INC. 23-2215242 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA 19064	INACTIVE	PA	501(C)(3)	509(A)(2)	CKHS	X	
(6) HEALTH ACCESS NETWORK 23-2692637 2602 WEST 9TH STREET CHESTER, PA 19013	HEALTH SVCS.	PA	501(C)(3)	509(A)(1)	CKHS	X	
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CROZER-KEYSTONE SERVICES 23-2735284 LAYTON HALL, ONE MEDICAL CENTER BLVD. UPLAND, PA 19013	HEALTHCARE SVCS	PA	CKHS	C CORP.	2,859,151.	1,605,438.	100.0000
(2) CKS DELAWARE, INC. 52-2069540 LAYTON HALL, ONE MEDICAL CENTER BLVD. UPLAND, PA 19013	INACTIVE	PA	N/A	C CORP.			
(3) PENNSYLVANIA HEALTH CLUB, INC. 23-2658404 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA 19064	HEALTHCARE SVCS	PA	N/A	C CORP.			
(4)							
(5)							
(6)							
(7)							

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

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

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

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	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	CROZER-KEYSTONE SERVICES	DIJKNOP	300,000.	COST
(2)	CROZER-CHESTER MEDICAL CENTER	EIJKNOP	698,018.	COST
(3)	CROZER-CHESTER MEDICAL CENTER	DIJKNOP	341,344.	COST
(4)	CROZER-CHESTER MEDICAL CENTER	DIJKNOP	106,209.	COST
(5)	DELAWARE COUNTY MEMORIAL HOSPITAL	EIJKNOP	121,022.	COST
(6)	HEALTH ACCESS NETWORK	DIJKNOP	815,463.	COST

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

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

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

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	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	HEALTH ACCESS NETWORK	B	6,092,226.	COST
(2)	CROZER-CHESTER MEDICAL CENTER	C	1,875,000.	COST
(3)	DELAWARE COUNTY MEMORIAL HOSPITAL	C	625,000.	COST
(4)	CROZER-CHESTER MEDICAL CENTER	K	25,680,840.	COST
(5)	DELAWARE COUNTY MEMORIAL HOSPITAL	K	9,599,592.	COST
(6)	HEALTH ACCESS NETWORK	K	3,458,040.	COST

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

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

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

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	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	CROZER-KEYSTONE SERVICES	K	88,464.	COST
(2)	HEALTH ACCESS NETWORK	P	6,440,878.	COST
(3)	CROZER-CHESTER MEDICAL CENTER	P	8,209,200.	COST
(4)	DELAWARE COUNTY MEMORIAL HOSPITAL	P	3,069,961.	COST
(5)	CROZER-CHESTER MEDICAL CENTER	A	433,631.	COST
(6)	DELAWARE COUNTY MEMORIAL HOSPITAL	A	1,030,893.	COST

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

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

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	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1)	HEALTH ACCESS NETWORK	A	1,525,000.	COST
(2)	CROZER-KEYSTONE SERVICES	A	246,314.	COST
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

0E7000 1 000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
CROZER KEYSTONE HEALTH SYSTEM	22-2540851

DESCRIPTION OF PROPERTY

RENTAL INCOME

	Yes		No	Did you actively participate in the operation of the activity during the tax year?

REAL RENTAL INCOME			
OTHER INCOME			
RENTAL INCOME		8,061,282.	
TOTAL GROSS INCOME			8,061,282.
OTHER EXPENSES:			
SEE ATTACHMENT			
DEPRECIATION (SHOWN BELOW)	1,007,870.		
LESS: Beneficiary's Portion			
AMORTIZATION			
LESS: Beneficiary's Portion			
DEPLETION			
LESS: Beneficiary's Portion			
TOTAL EXPENSES			9,060,208.
TOTAL RENT OR ROYALTY INCOME (LOSS)			-998,926.
Less Amount to			
Rent or Royalty			
Depreciation			
Depletion			
Investment Interest Expense			
Other Expenses			
Net Income (Loss) to Others			
Net Rent or Royalty Income (Loss)			-998,926.
Deductible Rental Loss (if Applicable)			

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
SEE ATTACHMENT									
Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME	8,061,282.
	8,061,282.

OTHER DEDUCTIONS

CLEANING	381,464.
INSURANCE	318.
MANAGEMENT FEES	31,849.
REPAIRS	93,038.
SUPPLIES	2,349.
TAXES	511,029.
UTILITIES	610,029.
SALARIES & BENEFITS	53,527.
OCCUPANCY	3,940,485.
INTEREST	1,433,863.
OTHER EXPENSES	994,387.
	8,052,338.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL INCOME	8,061,282.	1,007,870.	8,052,338.	-998,926.
TOTALS	8,061,282.	1,007,870.	8,052,338.	-998,926.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ **Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).**

OMB No 1545-0092

2010

Name of estate or trust: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

Note: *Form 5227 filers need to complete* ***only*** *Parts I and II*

Part I — Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	-184,395.
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2009 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f) Enter here and on line 13, column (3) on the back ▶	5	-184,395.

Part II — Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a						

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2009 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f) Enter here and on line 14a, column (3) on the back ▶	12	

Part III Summary of Parts I and II
Caution: *Read the instructions before completing this part*

			(1) Beneficiaries' (see instr)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			-184,395.
14	**Net long-term gain or (loss):**				
a	Total for year	14a			
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			-184,395.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and* **do not** *complete Part IV If line 15, column (3), is a net loss, complete Part IV and the* **Capital Loss Carryover Worksheet**, *as necessary*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust) , the **smaller** of.
a The loss on line 15, column (3) **or b** $3,000 .... 16 (3,000.)

Note: *If the loss on line 15, column (3), is more than $3,000,* **or** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* **Capital Loss Carryover Worksheet** *on page 7 of the instructions to figure your capital loss carryover*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if*
- *Either line 14b, col (2) or line 14c, col (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col (2) or line 14c, col (2) is more than zero

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	
22	Subtract line 21 from line 20 If zero or less, enter -0-	22	
23	Subtract line 22 from line 17 If zero or less, enter -0-	23	
24	Enter the **smaller** of the amount on line 17 or $2,300	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26, go to line 27 and check the "No" box ☐ **No.** Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30, go to line 31 ☐ **No.** Enter the smaller of line 17 or line 22	27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	
29	Subtract line 28 from line 27	29	
30	Multiply line 29 by 15% (15)	30	
31	Figure the tax on the amount on line 23 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31	
32	Add lines 30 and 31	32	
33	Figure the tax on the amount on line 17 Use the 2010 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33	
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34	

SCHEDULE D-1
(Form 1041)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ See instructions for Schedule D (Form 1041).
▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2010

Name of estate or trust: CROZER KEYSTONE HEALTH SYSTEM

Employer identification number: 22-2540851

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a VARIOUS SECURITIES	VARIOUS	VARIOUS	0.	184,395.	-184,395.

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b . . . . -184,395.