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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ 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) | Room/suite
100 W SPROUL ROAD HEALTHPLEX PAVIL

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

D Employer identification number
22-2540851

E Telephone number
(610)447-6252

G Gross receipts $ 60,703,696

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CROZER ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1984 | **M** State of legal domicile PA

Part I Summary

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

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its 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 2011 (Part V, line 2a)	**5**	435
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	355,995
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	30,089

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,721,903	3,935,626
9	Program service revenue (Part VIII, line 2g)	39,128,436	41,902,189
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,841,746	2,994,947
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,124,177	2,718,127
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,816,262	51,550,889
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,092,226	3,830,866
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)	34,759,686	37,302,096
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–24e)	8,990,938	8,230,159
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	49,842,850	49,363,121
19	Revenue less expenses Subtract line 18 from line 12	2,973,412	2,187,768

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	114,940,815	118,132,800
21	Total liabilities (Part X, line 26)	94,820,347	95,185,908
22	Net assets or fund balances Subtract line 21 from line 20	20,120,468	22,946,892

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

****** | 2013-04-29
Signature of officer | Date

PHILIP J RYAN CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions)

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

EIN ▶

Phone no ▶ (973) 898-9494

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 39,196,683 including grants of $ 3,830,866) (Revenue $ 42,258,184)

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 CHARITY SERVICES WHICH PROVIDE SUBSTANTIAL BENEFIT TO THE BROADER COMMUNITY SUCH PROGRAMS INCLUDE SERVICES TO NEEDY POPULATIONS THAT REQUIRE SPECIAL SERVICES AND SUPPORT, INCLUDING COMMUNITY SERVICE PROGRAMS AND CHARITY SERVICES FOR THE BENEFIT OF PROGRAMS FOR THE ELDERLY, SUBSTANCE ABUSE, CHILD ABUSE AS WELL AS HEALTH PROMOTION AND EDUCATION PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

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

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

4e **Total program service expenses** ▶ $ 39,196,683

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

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**	Yes	
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**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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**	116		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	435			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
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**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *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 lines 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 . . . . . ☑

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

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

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

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE G FISCHER CHAIRMAN - DIRECTOR	1 0	X		X				0	0	0
(2) JEROME S PARKER PHD SECRETARY - DIRECTOR	1 0	X		X				0	0	0
(3) SARA B SCHUKRAFT TREASURER - DIRECTOR	1 0	X		X				0	0	0
(4) ELIZABETH L ALBRIGHT DIRECTOR	1 0	X						0	0	0
(5) DAVID B ARSHT DO DIRECTOR	1 0	X						0	86,557	17,814
(6) ARTHUR G BAKER MD DIRECTOR	1 0	X						0	0	0
(7) ROBERT M BARBACANE CPA DIRECTOR	1 0	X						0	0	0
(8) CORLISS BOGGS DIRECTOR	1 0	X						0	0	0
(9) PHILIP H BROWN II DIRECTOR	1 0	X						0	0	0
(10) ROBERT J BRUCE DIRECTOR	1 0	X						0	0	0
(11) MARK H DAMBLY DIRECTOR	1 0	X						0	0	0
(12) NORMAN V EDMONSON DIRECTOR	1 0	X						0	0	0
(13) WALTER E FARNAM DIRECTOR	1 0	X						0	0	0
(14) SHAWN P OBRIEN DIRECTOR	1 0	X						0	0	0
(15) THOMAS J PARKER DIRECTOR	1 0	X						0	0	0
(16) JOAN K RICHARDS DIRECTOR - PRESIDENT/CEO	55 0	X		X				1,150,678	0	222,391
(17) ROBERT N SPEARE ESQ DIRECTOR	1 0	X						0	0	0

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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN D SPRANDIO MD DIRECTOR	1 0	X						0	69,163	0
(19) SUSAN L WILLIAMS MD DIRECTOR	55 0	X						0	448,191	33,035
(20) RICHARD I BENNETT EXECUTIVE VP/COO(TERM 7/29/11)	55 0			X				1,960,593	0	259,923
(21) DONALD W LEGREID ESQ ASST SEC-VP/GENERAL COUNSEL	55 0			X				332,447	0	36,293
(22) PHILIP J RYAN CPA ASST TREASURER - SVP/CFO	55 0			X				510,592	0	145,141
(23) ROBERT E WILSON ASST SECRETARY-SVP/ADMIN & CIO	55 0			X				698,848	0	172,986
(24) PATRICK J GAVIN SVP, PRES HOSPITAL OPERATIONS	55 0				X			0	443,120	42,272
(25) ERIC DOBKIN VP, QUALITY & PATIENT SAFETY	55 0					X		446,689	0	43,082
(26) JAMES A STUCCIO PRESIDENT, HAN	55 0					X		376,309	0	40,082
(27) WILLIAM MCCUNE PRESIDENT, DCMH	55 0					X		315,830	0	41,274
(28) ELIZABETH JAEKLE VP, BUSINESS DEVELOPMENT	55 0					X		295,278	0	42,881
(29) WILLIAM KREIDER VP, HUMAN RESOURCES	55 0					X		269,865	7,843	43,472
(30) GERALD MILLER FORMER OFFICER	0 0						X	199,649	0	28,960
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								6,556,778	1,054,874	1,169,606

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 53

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed 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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIEMENS MEDICAL SOLUTIONS USA INC 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	IT	4,852,768
MEDASSETS INC 100 NORTH POINT CENTER EAST SUITE ALPHARETTA, GA 30022	BILLING	794,451
IMA CONSULTING 3 CHRISTY DRIVE SUITE 100 CHADDS FORD, PA 19317	CONSULTING	369,899
SEARCHAMERICA 6450 WEDGWOOD ROAD SUITE 100 MAPLE GROVE, MN 55311	BILLING	341,808
ERNST YOUNG LLP 200 PLAZA DRIVE SECAUCUS, NJ 07094	AUDITING/ACCOUNTING	321,025

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 19

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	1,435,626			
	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		3,935,626			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	16,940	16,940		
	b	MANAGEMENT FEE REVENUE	541610	41,885,249	41,885,249		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		41,902,189			
	3	Investment income (including dividends, interest and other similar amounts)		2,463,496			2,463,496
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	8,139,948				
	b	Less rental expenses	9,152,807				
	c	Rental income or (loss)	-1,012,859				
	d	Net rental income or (loss)		-1,012,859		31,089	-1,043,948
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		531,451			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		531,451			
	d	Net gain or (loss)		531,451			531,451
Other Revenue	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	3,730,986		324,906	3,406,080
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		3,730,986			
	12	**Total revenue.** See Instructions		51,550,889	41,902,189	355,995	5,357,079

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,830,866	3,830,866		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	5,489,893	4,391,914	1,097,979	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	23,140,838	18,512,671	4,628,167	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	168,404	134,723	33,681	
9	Other employee benefits	6,735,942	5,388,754	1,347,188	
10	Payroll taxes	1,767,019	1,413,615	353,404	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	596,004		596,004	
c	Accounting	295,000		295,000	
d	Lobbying	219,997		219,997	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	3,589,872	2,839,313	750,559	
12	Advertising and promotion	5,371	3,566	1,805	
13	Office expenses	801,727	641,383	160,344	
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	920,213	736,170	184,043	
17	Travel	125,350	100,280	25,070	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	756,904	605,523	151,381	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	60,923	48,738	12,185	
23	Insurance	65,336	52,269	13,067	
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	363,846	363,846	0	0
b	STAFF DEVELOPMENT	107,160	85,728	21,432	0
c	REPAIRS AND MAINTENANCE	32,961	0	32,961	0
d	OTHER EXPENSES	289,495	47,324	242,171	0
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	49,363,121	39,196,683	10,166,438	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		19,180,822	2	16,255,470
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,812,347	4	1,399,511
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		14,608,367	7	14,584,772
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		471,074	9	601,796
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 41,753,096			
	b	Less accumulated depreciation	10b 23,825,535	18,866,521	10c	17,927,561
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		52,931,239	13	60,388,015
	14	Intangible assets		253,326	14	231,167
	15	Other assets See Part IV, line 11		6,805,605	15	6,732,994
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		114,940,815	16	118,132,800
Liabilities	17	Accounts payable and accrued expenses		12,849,291	17	13,649,114
	18	Grants payable		0	18	0
	19	Deferred revenue		9,479,974	19	8,960,524
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		30,272,819	23	29,780,415
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		42,218,263	25	42,795,855
	26	**Total liabilities.** Add lines 17 through 25		94,820,347	26	95,185,908
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		20,120,468	27	22,946,892
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		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		20,120,468	33	22,946,892
	34	Total liabilities and net assets/fund balances		114,940,815	34	118,132,800

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	51,550,889
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,363,121
3	Revenue less expenses Subtract line 2 from line 1	3	2,187,768
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	20,120,468
5	Other changes in net assets or fund balances (explain in Schedule O)	5	638,656
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	22,946,892

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 ☑ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

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 **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 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

h Provide the following information about the 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	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
(A) CROZER-CHESTER MEDICAL CENTER	231637191	03	Yes		Yes		Yes		0
(B) DELAWARE COUNTY MEMORIAL HOSPITAL	230517130	03	Yes		Yes		Yes		0
(C) HEALTH ACCESS NETWORK	232692637	03	Yes		Yes		Yes		3,820,866
Total									3,820,866

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation 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).

Facts And Circumstances Test

Explanation

Additional Data

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

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) CROZER-CHESTER MEDICAL CENTER	231637191	03	Yes		Yes		Yes		0
(B) DELAWARE COUNTY MEMORIAL HOSPITAL	230517130	03	Yes		Yes		Yes		0
(C) HEALTH ACCESS NETWORK	232692637	03	Yes		Yes		Yes		3820866

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

If the organization answered "Yes," 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, line 35c (Proxy Tax), then

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

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

Part I-A 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 funtion activities ▶ $

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	219,997	219,997
c Total lobbying expenditures (add lines 1a and 1b)	219,997	219,997
d Other exempt purpose expenditures	58,295,931	807,335,003
e Total exempt purpose expenditures (add lines 1c and 1d)	58,515,928	807,555,000
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☑ **No**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	213,493	209,861	209,208	219,997	852,559
d Grassroots non-taxable 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 lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

Identifier	Return Reference	Explanation
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

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,519,686		1,519,686
b Buildings		27,631,522	12,616,016	15,015,506
c Leasehold improvements		4,509,322	3,242,002	1,267,320
d Equipment		8,085,027	7,967,517	117,510
e Other		7,539	0	7,539
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				17,927,561

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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CARE ACTIVITIES	45,832,293	F
(2) LIMITED USE	172,541	F
(3) CERTIFICATES OF DEPOSIT	4,014,905	F
(4) CORPORATE BONDS	2,153,885	F
(5) U S GOVERNMENT OBLIGATIONS	8,214,391	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	60,388,015	

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

(a) Description	(b) Book value
(1) OTHER ASSETS	6,732,994
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,732,994

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO AFFILIATES	25,361,454
OTHER LIABILITIES	17,434,401
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	42,795,855

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 (ASC740)

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

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

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

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

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	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 should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
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 IN 2006, FASB INTERPRETATION NO 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, AN INTERPRETATION OF SFAS NO 109, ACCOUNTING FOR INCOME TAXES, WAS ISSUED FIN 48 CREATES A SINGLE MODEL TO ADDRESS UNCERTAINTY IN TAX POSITION AND CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM RECOGNITION THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS UNDER THE REQUIREMENTS OF FIN 48, A TAX-EXEMPT ORGANIZATION MAY BE REQUIRED TO RECORD AN OBLIGATION AS THE RESULT OF A TAX POSITION HISTORICALLY TAKEN ON VARIOUS TAX EXPOSURES ITEMS PRIOR TO FIN 48, THE DETERMINATION OF WHEN TO RECORD A LIABILITY FOR A TAX EXPOSURE WAS BASED ON WHETHER A LIABILITY WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE IN ACCORDANCE WITH SFAS NO 5, ACCOUNTING FOR CONTINGENCIES ON JULY 1, 2007, CKHS ADOPTED FIN 48 THE IMPACT OF THE ADOPTION OF FIN 48 ON CKHS'S CONSOLIDATED FINANCIAL STATEMENTS IS NOT SIGNIFICANT

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ 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

2011

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(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 region/investments in region
Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	12,963,880
3a Sub-total	1	1			12,963,880
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	1			12,963,880

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Part V if additional space is needed.

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

2 Enter total number of 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. Use Part V if additional space is needed.

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

Part IV 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 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
MONITORING GRANT FUNDS	SCHEDULE F, PART I	THIS ORGANIZATION PAID CASSATT INSURANCE COMPANY, LTD $4,994,356, $5,881,460 AND $2,088,064, A FINANCIAL VEHICLE, 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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 NETWORK2602 WEST 9TH STREET CHESTER,PA 19013	23-2692637	501(C)(3)	3,820,866				GENERAL SUPPORT
(2) CROZER-CHESTER FOUNDATIONONE MEDICAL CENTER BOULEVARD UPLAND,PA 190133995	22-2540853	501(C)(3)	10,000				GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(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) JOAN K RICHARDS	(i)	739,591	198,800	212,287	205,482	16,909	1,373,069	198,044
	(ii)	0	0	0	0	0	0	0
(2) SUSAN L WILLIAMS MD	(i)	0	0	0	0	0	0	0
	(ii)	367,809	62,160	18,222	16,700	16,335	481,226	0
(3) RICHARD I BENNETT	(i)	298,017	117,453	1,545,123	233,976	25,947	2,220,516	1,293,013
	(ii)	0	0	0	0	0	0	0
(4) DONALD W LEGREID ESQ	(i)	280,775	49,350	2,322	15,700	20,593	368,740	0
	(ii)	0	0	0	0	0	0	0
(5) PHILIP J RYAN CPA	(i)	398,550	95,550	16,492	107,209	37,932	655,733	0
	(ii)	0	0	0	0	0	0	0
(6) ROBERT E WILSON	(i)	383,887	93,100	221,861	161,431	11,555	871,834	218,297
	(ii)	0	0	0	0	0	0	0
(7) PATRICK J GAVIN	(i)	0	0	0	0	0	0	0
	(ii)	379,310	63,000	810	15,700	26,572	485,392	0
(8) ERIC DOBKIN	(i)	377,427	64,750	4,512	15,700	27,382	489,771	0
	(ii)	0	0	0	0	0	0	0
(9) JAMES A STUCCIO	(i)	318,184	55,125	3,000	15,700	24,382	416,391	0
	(ii)	0	0	0	0	0	0	0
(10) WILLIAM MCCUNE	(i)	264,999	46,550	4,281	16,700	24,574	357,104	0
	(ii)	0	0	0	0	0	0	0
(11) ELIZABETH JAEKLE	(i)	249,148	43,750	2,380	15,700	27,181	338,159	0
	(ii)	0	0	0	0	0	0	0
(12) WILLIAM KREIDER	(i)	226,790	39,375	3,700	16,700	26,772	313,337	0
	(ii)	7,843	0	0	0	0	7,843	0
(13) GERALD MILLER	(i)	199,649	0	0	0	28,960	228,609	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2011 FORMS W-2
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4A	RICHARD I BENNETT WAS THE EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER FROM 7/1/2011 THROUGH 7/29/2011 HE RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $189,916 THIS AMOUNT WAS INCLUDED IN HIS 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES
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 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOAN K RICHARDS, $198,044, ROBERT E WILSON, $218,297 AND RICHARD I BENNETT, $1,293,013 HOWEVER, THE INDIVIDUALS DID NOT ACTUALLY RECEIVE ALL OF THESE FUNDS THE INDIVIDUALS ONLY RECEIVED AN AMOUNT SUFFICIENT TO COVER THEIR RESPECTIVE INDIVIDUAL FEDERAL AND STATE TAX LIABILITIES ASSOCIATED WITH THEIR GROSS AMOUNT IN ADDITION THESE FUNDS STILL REMAIN SUBJECT TO A RISK OF RECEIPT BY THE INDIVIDUALS UNTIL THEIR RETIREMENT FROM EMPLOYMENT AT THE CROZER-KEYSTONE HEALTH SYSTEM THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THESE INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOAN K RICHARDS, $188,782, PHILIP J RYAN, CPA, $90,509, ROBERT E WILSON, $144,731 AND RICHARD I BENNETT, $217,276
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7	CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2011 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
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 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AS FOLLOWS JOAN K RICHARDS, $198,044, ROBERT E WILSON, $218,297 AND RICHARD I BENNETT, $1,293,013 THESE AMOUNTS WERE REPORTED ON PRIOR YEAR FORMS 990 AS ACCRUED NON-TAXABLE BENEFITS

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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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III	CROZER-KEYSTONE HEALTH SYSTEM ========== CROZER-KEYSTONE HEALTH SYSTEM IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM ENSURES THAT IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL S IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, R ELIGION OR ABILITY TO PAY CROZER-CHESTER MEDICAL CENTER ("CCMC") AND DELAWARE COUNTY MEMO RIAL HOSPITAL ("DCMH") ARE AFFILIATES WITHIN THE SYSTEM AND BOTH FILE THEIR OWN SEPARATE F ORM 990 WHICH BOTH INCLUDE A SUPPLEMENTAL SCHEDULE H, HOSPITALS FOR PURPOSES OF FORM 990, SCHEDULE H REPORTING AND IN ACCORDANCE WITH CURRENT IRS RULES AND REGULATIONS, CCMC AND D CMH BOTH UTILIZED THE CATHOLIC HEALTH ASSOCIATION ("CHA") MODEL WHEN QUANTIFYING COMMUNITY BENEFIT COSTS UNDER THE CHA METHODOLOGY FOR QUANTIFYING COMMUNITY BENEFIT COSTS CCMC'S A ND DCMH'S FISCAL YEAR ENDED JUNE 30, 2012 NET COMMUNITY BENEFIT COSTS WERE APPROXIMATELY $ 51,784,013 AND $17,969,606 OR APPROXIMATELY 9 53% AND 9 57%, RESPECTIVELY OF EACH ORGANIZA TIONS TOTAL FISCAL YEAR ENDED JUNE 30, 2012 EXPENSES LESS PROVISION FOR BAD DEBT THE CHA METHODOLOGY DOES NOT INCLUDE MEDICARE SHORTFALLS AND CERTAIN COSTS RELATED TO BAD DEBT UT ILIZING THE MODEL ADOPTED BY THE AMERICAN HOSPITAL ASSOCIATION ("AHA"), WHICH CCMC AND DCM H BOTH BELIEVE MORE CLEARLY REPRESENTS ACTUAL COMMUNITY BENEFIT, WHEN QUANTIFYING ITS ESTI MATED TOTAL COMMUNITY BENEFIT COSTS FOR THE FISCAL YEAR ENDED JUNE 30, 2012 WOULD RESULT I N 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 D EBT AT ESTIMATED COST AND COMMUNITY BUILDING ACTIVITIES UNDER THE AHA MODEL FOR THE 2011 FORM 990, CCMC AND DCMH INCURRED NET COMMUNITY BENEFIT COSTS OF APPROXIMATELY $77,889,851 AND $28,578,442, WHICH ACCOUNTED FOR APPROXIMATELY 14 2% AND 15 1%, RESPECTIVELY OF EACH O RGANIZATIONS TOTAL FISCAL YEAR ENDED JUNE 30, 2012 EXPENSES NET COSTS MEANS COSTS AFTER A LL ASSOCIATED REIMBURSEMENTS CROZER-KEYSTONE HEALTH SYSTEM ("CKHS") IS A NOT FOR-PROFIT T AX-EXEMPT ORGANIZATION WITH ITS CENTRAL OFFICE IN SPRINGFIELD, PENNSYLVANIA CKHS IS THE S OLE CORPORATE MEMBER OF VARIOUS HEALTHCARE RELATED ORGANIZATIONS, INCLUDING CROZER-CHESTER MEDICAL CENTER, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES THE INTERNAL REVENUE SERVI CE HAS RECOGNIZED CKHS AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE ("IR C") SECTION 501(C)(3) AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DE LIVERY SYSTEM IN PENNSYLVANIA, CKHS AND ITS AFFILIATES STRIVE TO CONTINUALLY DEVELOP AND O PERATE A MULTI-HOSPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THR OUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING DELAWARE, CHESTER, MONTGOMERY AND PHIL ADELPHIA, PENNSYLVANIA, SOUTHERN NEW JERSEY AND NORTHERN DELAWARE CKHS ENSURES THAT ITS S YSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF RA CE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO INDIVIDUALS ARE DEN IED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE CKHS ADMISSIONS AND OBSERVATIONS TOTALED 37,700, CKHS PROVIDES TREATMENT AND SERVICES TO APPROXIMATELY 607,700 OUTPATIENTS, 11,900 SAME DAY SURGERY PATIENTS, 141,000 EMERGENCY DEPARTMENT PATIENTS AND DELIVERS MORE THAN 3 ,500 BABIES ANNUALLY CKHS INCLUDES APPROXIMATELY 7,000 EMPLOYEES AND 1,000 VOLUNTEERS MI SSION ======= 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 ENCOURAG E HEALTHY LIFE CHOICES VOLUNTEER SERVICES ---------- VOLUNTEER SERVICES AT CKHS O FFER NUMEROUS PROGRAMS AND SERVICES TO THE COMMUNITY AT LARGE AND TO THE PATIENTS AT OUR H OSPITALS AMONG THESE SERVICES ARE MONTHLY BLOOD PRESSURE SCREENINGS, STUDENT MENTORING, P ATIENT ADVOCACY, YOUTH LEADERSHIP, AND DONATION PROGRAMS RESIDENCY/EDUCATION ========== ======= CKHS OFFERS NUMEROUS CHALLENGING AND FULLY ACCREDITED RESIDENCY PROGRAMS AS ONE OF THE LEADING HEALTHCARE SYSTEMS IN THE DELAWARE VALLEY NOTABLY, CKHS OFFERS STELLAR ALLOP ATHIC RESIDENTS IN FAMILY PRACTICE, INTERNAL MEDICINE, OBSTETRICS AND GYNECOLOGY, PEDIATRI CS AND TRANSITIONAL YEAR, AS WELL AS OSTEOPATHIC INTERNAL MEDICINE, PODIATRIC RESIDENCY AN D A VARIETY OF OSTEOPATHIC AND ALLIED HEALTH TRAINING PROGRAMS CKHS IS A TOP-RATED REGION AL 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 RESI DENCY PROGRAMS EACH YEAR, APPROXIMATELY 97 TO 100 PERCENT OF CKHS' HIGHLY COMPETITIVE ALL OPATHIC RESIDENCY POSITIONS ARE FILLED THROUGH THE

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III	NATIONAL RESIDENT MATCHING PROGRAM AS A WHOLE, CKHS' RESIDENCIES ARE COMMITTED TO DEVELO PING 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' RESIDEN TS 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 PROU D OF THE OUTSTANDING PERFORMANCES ITS GRADUATES CONTINUE TO ACHIEVE ON NATIONAL BOARD EXAM INATIONS FOSTERING A WELL-ROUNDED EDUCATIONAL EXPERIENCE, CKHS RESIDENCIES PROVIDE STRONG DIDACTIC INSTRUCTION THAT REINFORCES THE CLINICAL, ETHICAL AND PRACTICE-MANAGEMENT ASPECT S 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 INTERACTION S AND PATIENT EDUCATION MATERIALS AS THEY TRAIN, CKHS RESIDENTS HAVE THE OPPORTUNITY TO U SE CKHS' OWN CUTTING-EDGE FACILITIES, AS WELL AS THOSE OF OUR WORLD-CLASS EDUCATIONAL AFFI LIATES THE MAJORITY OF RESIDENCY TRAINING TAKES PLACE AT CROZER-CHESTER MEDICAL CENTER (" CCMC"), A NOT-FOR-PROFIT TERTIARY-CARE TEACHING HOSPITAL SELECTED ACCOMPLISHMENTS ======= ========== CHESTER UPLAND SCHOOL DISTRICT/CKHS ALLIED HEALTH HIGH SCHOOL ---------- ---------- ---------- THIS SCHOOL IS A COLLABORATE EFFORT TH AT PREPARES AND MOTIVATES STUDENTS TO PURSUE FURTHER EDUCATION TOWARD A CAREER IN THE MEDI CAL SCIENCES THROUGH SPECIALIZED CURRICULUM AND COMMUNITY BASED PARTNERSHIPS STUDENTS WIL L HAVE BOTH THEORETICAL AND PRACTICAL EXPERIENCES IN THE HEALTH SCIENCES IN 2009-2010, TH E 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 EAR N AN EMT AND CNA CERTIFICATION UPON GRADUATION SMEDLEY HIGH SCHOOL FOR HEALTH CAREERS UPD ATE ---------- ---------- BACKGROUND INFORMATION NINETY PERCENT O F 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 A TTEND 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 POVERT Y THAT HAVE PLAGUED THEIR FAMILIES GENERATION AFTER GENERATION THE MAJORITY OF THE SMEDLE Y 2012 GRADUATES WILL BE THE FIRST IN THEIR FAMILIES TO ATTEND COLLEGE THE MAJORITY OF ST UDENTS HAVE NEVER LEFT THE CITY LIMITS OF CHESTER THROUGH FIELD TRIPS, AND THE GENEROUS C ONTRIBUTIONS FROM LOCAL AND COMMUNITY PARTNERS, STUDENTS ARE GIVEN AN OPPORTUNITY TO EXPER IENCE OTHER CULTURES AND OTHER PLACES THREE TO FIVE FIELD TRIPS A YEAR ARE PLANNED FOR EA CH GRADE LEVEL SCHOOL COMPETITIONS AND AWARDS - THE HEALTH CAREERS STUDENTS BEAT OUT THR EE OTHER DELAWARE COUNTY HIGH SCHOOLS AT THE 2ND ANNUAL DELAWARE COUNTY READING OLY MPICS - HEALTH CAREERS STUDENTS WON THE DELAWARE COUNTY STROKE AWARENESS VIDEO AWARD SEVERAL ST UDENTS 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 ACH IEVEMENTS 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 D ISTRIBUTE AND SHARE WITH THE COMMUNITY ABOUT SEVERAL HEALTH RELATED TOPICS RANGING FROM SE XUALLY TRANSMITED DISEASES ("STD'S") TO BREAST CANCER TO STROKE AWARENESS - THE STUDENTS ALSO MADE SUBSTANTIAL CONTRIBUTIONS TO THE HAITI RELIEF FUND AND OTHER LOCAL CHARITIES

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	MEASURING STUDENT PROGRESS/4 SIGHT NINETY PERCENT OF THE STUDENTS IN THE HEALTH CAREERS P ROGRAM ARE MEETING OR EXCEEDING THE STATE'S EXPECTATION IN BOTH READING AND MATHEMATICS N O HIGH SCHOOL IN THE CHESTER-UPLAND DISTRICT HAS EVER ATTAINED THESE HIGH PERCENTAGES IN A NY 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 MARKED THE START OF HONORS CLASSES AT SMEDLEY DURING THE CURRENT YEAR ADVANCED PLACEMENT CLASSES WERE OFFERED GRADUATION RATE SMEDLEY HAD 9TH, 10TH AND 11TH GRADERS IN THE 2010-2011 SCHOOL YEAR EACH YEAR THE SCHOOL HAS PRO MOTED EVERY STUDENT NO STUDENT HAS EVER BEEN RETAINED THE SCHOOL'S FOCUS AND GOAL IS TO HAVE EVERY SENIOR STUDENT GRADUATE IN 2012 CHESTER YOUTH COLLABORATIVE EXPANSION -------- ---------- THE CHESTER YOUTH COLLABORATIVE ("CYC") IS A CITY-WIDE NETWO RK AIMED AT INCREASING THE QUALITY AND NUMBER OF OPPORTUNITIES FOR YOUTH IN CHESTER AND TO SUPPORT YOUTH IN TRANSITIONING INTO HEALTHY, PRODUCTIVE MEMBERS OF SOCIETY CROZER WELLNE SS 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 CR OZER WELLNESS CENTER HAS BEEN EXTREMELY SUCCESSFUL IN ACHIEVING THE OUTCOMES DICTATED BY T HE 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 REFER TO CROZER WELLNESS CENTER'S INFORMATION FOR DETAILS NEW MOMS/NEW PARENT PROJECT AND IDECIDE CAMPAIGN ---------- CKHS' WOMEN AND CHILDREN'S HEALT H SERVICES IN DELAWARE COUNTY, PENNSYLVANIA, IN PARTNERSHIP WITH THE PENNSYLVANIA DEPARTME NT OF HEALTH, WAS AWARDED A TWO-YEAR FEDERAL GRANT TO CREATE A SOCIAL MARKETING DEMONSTRAT ION 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 PRECONCEPTI ON 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 A HEALTH EDUCATION AND MARKETING CAMPAIGN TARGETING AN AUDIENCE O F 13-25 YEAR OLD WOMEN CALLED IDECIDE THE IDECIDE CAMPAIGN HAS FOCUSED ON SEVEN MAIN HEAL TH TOPICS WITHIN PRECONCEPTION CARE AND MATERNAL HEALTH INCLUDING THE IMPORTANCE OF A MED ICAL HOME, SEXUAL HEALTH, SAFE RELATIONSHIPS, NUTRITION, EXERCISE, MENTAL HEALTH/STRESS, A ND FOLIC ACID ADDITIONALLY, THE IMPORTANCE OF GIRLS AND WOMEN TAKING CARE OF THEMSELVES W ELL BEFORE THEY GET PREGNANT OR CONSIDER PREGNANCY WAS ALSO STRESSED IN ORDER TO HELP INCR EASE 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 AWAR ENESS TO UNDERSTAND HOW TO BE HEALTHY AND HOW TO STAY HEALTHY TO CREATE THE IDECIDE CAMPA IGN AND TO VALIDATE THE PROJECT WITH DATA, THE PROJECT PARTNERED WITH THE PUBLIC HEALTH MA NAGEMENT CORPORATION ("PHMC") TO CONDUCT EXTENSIVE FOCUS GROUPS AND STREET INTERCEPTS WITH THE IDENTIFIED TARGET AUDIENCE TO LEARN ABOUT THEIR OPINIONS AND ATTITUDES TOWARDS PRECON CEPTION CARE, INTERCONCEPTION CARE, AND HEALTH IN GENERAL THE EVALUATION PROCESS FOUND TH AT GIRLS AND WOMEN AGED 13-25 FELT THAT THEY WERE OFTEN TOO BUSY TO EAT HEALTHY AND THAT M OST 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 T HAT PREGNANCY AND SEXUAL HEALTH NEEDED TO BE DISCUSSED MORE WITH TEENS PHMC ALSO CONDUCTE D A FOCUS GROUP WITH HEALTHCARE PROVIDERS TO GAUGE PROBLEMS AND CONCERNS ABOUT THEIR PATIE NTS IN THE AGE RANGE, AS WELL AS TO LEARN WHAT AREAS DOCTORS AND CARE GIVERS FELT THAT GIR LS 13-25 LACKED IN KNOWLEDGE WHILE TEEN PREGNANCY HAS BEEN SLOWLY DECLINING IN PENNSYLVAN IA, THERE HAS ACTUALLY BEEN A SLIGHT INCREASE IN CHESTER WITH THE IDECIDE CAMPAIGN, IT WA S 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 IN ADDITION TO HEALTH PRESENTATIONS IN SCHOOLS, THE PROJECT ALSO LAUNCHED AN EXTENSIVE VIRTUAL CAMPAIGN BY US

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	ING NEW MEDIA TECHNOLOGIES SUCH AS FACEBOOK, TWITTER, AND AN INTERACTIVE WEBSITE, THE CAMP AIGN 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 R ELATED TO THE HEALTH TOPICS THE CAMPAIGN ALSO IMPLEMENTED STRATEGIES TO ENGAGE THE AUDIEN CE THROUGH DISCUSSION QUESTIONS ON A MESSAGE BOARD AS WELL AS COMMENTS TO THEIR ACTUAL PAG ES WITH THE WEBSITE, INTERACTIVE FEATURES WERE POSTED INCLUDING A HEALTH QUIZ, VIDEOS, HO T TOPICS, RESOURCES, AND UPCOMING EVENTS WHEN WORKING WITH AN AUDIENCE WHOSE TRENDS CHANG E 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 EVALUATIO NS, IT WAS LEARNED THAT THERE WERE SUCCESSES IN RAISING AWARENESS ABOUT THE TOPIC AREAS AN D 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 UTILIZI NG TRADITIONAL TIME-TESTED METHODS SUCH AS INTERACTIVE PRESENTATIONS, THE CAMPAIGN DEVELOP ED 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, 20 10 TOBACCO PREVENTION ART CONTEST ---------- THE TOBACCO PREVENTION & CESSATION PROGRAM RECEIVED DONATIONS IN THE MEMORY OF A LOCAL RESIDENT KATHLEEN JONES TH ESE FUNDS MADE IT POSSIBLE FOR CKHS COMMUNITY HEALTH EDUCATION'S TOBACCO PREVENTION AND CE SSATION 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 OUTR EACH PROGRAM FOR YOUNG ADULTS AS "DON'T LET YOUR DREAMS END UP IN SMOKE!" IN THE COMING Y EAR, THE PROGRAM WILL EDUCATE MORE YOUTHS ABOUT THE DANGERS OF TOBACCO USE TO PREVENT TODA Y'S YOUTHS FROM BECOMING TOMORROW'S TOBACCO VICTIMS DELAWARE COUNTY HEAD START COLLABORAT ION FOR NUTRITION AND PHYSICAL ACTIVITY OUTREACH ---------- ---------- CKHS COMMUNITY HEALTH OFFERS PROGRAMMING TO MEET THE HEALTHY PE OPLE 2010 GOALS OF DECREASING OBESITY AND INCREASING FRUIT AND VEGETABLE CONSUMPTION AND D AILY PHYSICAL ACTIVITY PROGRAMS PROVIDE EDUCATION TO PROMOTE THE IMPORTANCE OF HEALTHFUL EATING, PORTION SIZE CONTROL, AND THE IMPLEMENTATION OF DAILY PHYSICAL ACTIVITY IT IS BES T TO BEGIN EDUCATING CHILDREN ABOUT HEALTHFUL BEHAVIORS FROM AN EARLY AGE, AND THEREFORE C KHS COMMUNITY HEALTH PARTNERS WITH CHESPENN HEALTH SERVICES AND THE DELAWARE COUNTY INTERM EDIATE 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 AC TIVITY BEHAVIORS THE PROGRAM HAS BEEN WELL RECEIVED BY HEAD START FACILITIES AND THE DCIU THE PROGRAM WILL CONTINUE AND LOOKS TO EXPAND ITS REACH WITHIN THE COMING Y EAR

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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 PARTICIP ATE IN THE BODY AND SOUL PROGRAM CKHS COMMUNITY HEALTH EDUCATION DEPARTMENT HAS A LONG ST ANDING POSITIVE RELATIONSHIP WITH THE CHESTER AND VICINITY MINISTERIAL COMMITTEE, THE AFRI CAN-AMERICAN CHURCHES AND PARISH NURSES IN CHESTER, WHICH ENABLED THE PROGRAM TO ENLIST FI VE 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 MEMBER S TO LIVE HEALTHIER LIFESTYLES THE CKHS STAFF EDUCATED CHURCH MEMBERS REGARDING WAYS TO M AKE PERMANENT CHANGES IN DAILY LIVING FOR BETTER HEALTH AND CANCER PREVENTION, INCLUDING E ATING 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 CHURC H 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, SER VING 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 FR UITS AND VEGETABLES, EXERCISE VIDEOS, DOOR PRIZES, ETC AS A RESULT OF THIS PROGRAM'S SUCC ESS, 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 EDUCATI ON SESSION BASED ON THE PATHWAYS TO FREEDOM GUIDE FOR AFRICAN-AMERICANS THE CKHS STAFF ED UCATED 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 QUI T, AND CULTURALLY-TAILORED EDUCATIONAL RESOURCES WERE MADE AVAILABLE FOR USE IN THE CHURCH CHESTER HOME ASTHMA PREVENTION PROGRAM ---------- ---------- FUNDING WA S APPROVED BY THE PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION AND THE ENVIRONMENTA L PROTECTION AGENCY FOR A THREE-YEAR PILOT PROGRAM THAT HAS ENABLED THE KIDS ASTHMA MANAGE MENT PROGRAM TO ADD A NEW COMPONENT TO ACCENTUATE THEIR CURRENT EDUCATION AND OUTREACH EFF ORTS 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 WE RE 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 WI TH "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 HO MES BRINGING PEOPLE TO THE TABLE ---------- THE COMMUNITY HEALTH COMMIT TEE 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-KEYSTONE HEALTH SYSTEM SERVICES ========== ========== CROZER-KEYSTONE HEALTH SYSTEM PROVIDES SUBSTANTIAL COMMUNITY BENEFIT IT S SYSTEM INCLUDES THE FOLLOWING ACUTE CARE HOSPITALS LOCATED THROUGHOUT THE COMMONWEALTH O F PENNSYLVANIA 1 CROZER-CHESTER MEDICAL CENTER INCLUDING TAYLOR HOSPITAL, SPRINGFIELD HO SPITAL AND COMMUNITY HOSPITAL 2 DELAWARE COUNTY MEMORIAL HOSPITAL EACH HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDE S MEDICALLY NECESSARY HEALTHCARE SERVICES IN A NON-DISCRIMINATORY MANNER TO ALL INDIVIDUAL S REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY, INCL UDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 OPERATES AN ACTIVE EMERGE NCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSI CIANS, 4 CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUST EES OF CROZER-KEYSTONE HEALTH SYSTEM, THE TAX-EXEMPT PARENT ORGANIZATION OF CROZER-KEYSTON E HEALTH SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINEN T MEMBERS OF THE COMMUNITY 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CA RE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	FACTORS OUTLINED ABOVE AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT TH E USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND THAT NO PART OF TH E INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF ANY PRIVATE INDIVIDU AL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY CROZER-CHESTER MEDICA L CENTER ========== CROZER-CHESTER MEDICAL CENTER (''CCMC''), A SUBSIDIAR Y OF CKHS, IS A LICENSED 426-BED NOT-FOR-PROFIT TEACHING HOSPITAL CROZER-CHESTER MEDICAL CENTER WAS ESTABLISHED IN 1963 WITH THE MERGER OF CHESTER HOSPITAL (C 1883) AND CROZER HO SPITAL (C 1902), AND BECAME ONE OF THE FOUNDING HOSPITALS OF CKHS IN 1990 TODAY, CCMC AD MISSIONS AND OBSERVATIONS EXCEED 20,800, CCMC TREATS APPROXIMATELY 59,400 EMERGENCY DEPART MENT PATIENTS, AND DELIVERS ABOUT 1,800 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 ENHANC ED 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 SPE CIALISTS AND IN 2008, THE BERTRAM SPEARE OUTPATIENT PAVILION OPENED, OFFERING IMPROVED AC CESS FOR PEOPLE COMING TO THE HOSPITAL FOR OUTPATIENT PROCEDURES CCMC'S FEATURED SERVICES INCLUDE - ACUTE CARE OF ELDERS (ACE) UNIT - COMPREHENSIVE CARDIAC SERVICES, INCLUDING OP EN HEART SURGERY - CENTER FOR MATERNAL FETAL MEDICINE - CENTER FOR MINIMALLY INVASIVE AND BARIATRIC SURGERY - CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE - FULL RANGE OF MUSCU LOSKELETAL SERVICES, INCLUDING ORTHOPEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVI CES, AS WELL AS A DEDICATED JOINT/SPINE UNIT FOR INPATIENTS - CROZER REGIONAL TRAUMA CENTE R, THE ONLY ONE OF ITS KIND IN THE COUNTY - CROZER REPRODUCTIVE ENDOCRINOLOGY AND FERTILIT Y CENTER - EMERGENCY DEPARTMENT - FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP CROZER REG IONAL CANCER CENTER - INPATIENT PEDIATRIC UNIT - INTERVENTIONAL PAIN MANAGEMENT CENTER - I NTERVENTIONAL RADIOLOGY - LEVEL III INTENSIVE CARE NURSERY - MATERNITY CENTER AND COMPREHE NSIVE GYNECOLOGIC SERVICES - ADVANCED INPATIENT AND OUTPATIENT MEDICAL IMAGING SERVICES, I NCLUDING MRI AND WOMEN'S IMAGING - NATIONALLY RECOGNIZED NATHAN SPEARE REGIONAL BURN TREAT MENT CENTER (LARGEST IN REGION) - PARKINSON'S DISEASE AND MOVEMENT DISORDER CENTER - DIALY SIS ACCESS CENTER - CERTIFIED PRIMARY STROKE CENTER - MULTIPLE SCLEROSIS CENTER - PEDIATRI C SLEEP CENTER - INPATIENT AND OUTPATIENT SERVICES - VASCULAR AND ENDOVASCULAR CARE - CERT IFIED BY THE JOINT COMMISSION IN HIP AND KNEE REPLACEMENT SURGERY - CROZER-KEYSTONE REGION AL KIDNEY TRANSPLANT CENTER AT CROZER-CHESTER MEDICAL CENTER

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	SPRINGFIELD HOSPITAL ========== FOUNDED IN 1960, SPRINGFIELD HOSPITAL, A DIVISIO N OF CROZER-CHESTER MEDICAL CENTER, IS A 33-BED NOT-FOR-PROFIT COMMUNITY HOSPITAL THAT PRO VIDES COMPREHENSIVE ACUTE-CARE SERVICES AND WELLNESS CARE. EACH YEAR, SPRINGFIELD HOSPITAL 'S ADMISSIONS AND OBSERVATIONS EXCEED 2,000 AND SPRINGFIELD HOSPITAL RECEIVES 13,600 EMERG ENCY DEPARTMENT VISITS. SPRINGFIELD HOSPITAL IS CONNECTED TO THE PAVILIONS THAT HOUSE CKHS ' CORPORATE OFFICES AND THE HEALTHPLEX SPORTS CLUB. SPRINGFIELD'S CLINICAL OFFERINGS INCLU DE - EMERGENCY DEPARTMENT - CRITICAL CARE UNIT - CENTER FOR DIABETES & DIABETIC EDUCATION - CARDIAC AND PULMONARY REHABILITATION - DIAGNOSTIC IMAGING CENTER, INCLUDING POSITRON EM ISSION 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 OCCUPATI ONAL HEALTH AND A DESIGNATED UNITED STATES OLY MPIC COMMITTEE SPORTS SCIENCE AND TECHNOLOGY NATIONAL NETWORK SITE - CENTER FOR MINIMALLY INVASIVE SURGERY, FEATURING THE DA VINCI SUR GICAL SYSTEM - CENTER FOR DIZZINESS AND BALANCE - MOORE EYE INSTITUTE - PAIN MANAGEMENT CE NTER ESTABLISHED IN 1996 TO COMPLEMENT THE FULL RANGE OF HEALTH AND WELLNESS PROGRAMS AT S PRINGFIELD HOSPITAL AND THROUGHOUT CKHS, THE HEALTHPLEX SPORTS CLUB IS CONSIDERED ONE OF T HE 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 PRO GRAMS AND SERVICES - COURTS FOR TENNIS, RACQUETBALL, SQUASH AND HANDBALL - 1/5 MILE INDOO R RUNNING TRACK - THREE BASKETBALL COURTS - COMPREHENSIVE EQUIPMENT FOR CARDIOVASCULAR TRA INING AND STRENGTH AND CONDITIONING - A SIX-LANE, 25-YARD LAP POOL AND A THERAPY POOL - FU LL-SERVICE SALON AND CHILD CARE - MORE THAN A DOZEN COMPREHENSIVE WELLNESS PROGRAMS FOR PE OPLE OF ALL AGES AND CONDITIONS, INCLUDING AQUA ARTHRITIS, OSTEO FIT, AQUA MOM AND A VARIE TY OF "MOMS IN MOTION" OFFERINGS. COMMUNITY HOSPITAL ========== COMMUNITY HOSPITAL , A DIVISION OF CROZER-CHESTER MEDICAL CENTER, COORDINATES A FULL RANGE OF OUTPATIENT BEHA VIORAL 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 - FEDERA LLY FUNDED COMMUNITY HEALTH CENTERS - COMMUNITY HOSPITAL HAS BECOME A TRUE COMMUNITY ASSET. FEATURED SERVICES INCLUDE - OUTPATIENT MENTAL HEALTH SERVICES - ADULT AND PEDIATRIC PRI MARY CARE, DENTISTRY THROUGH THE CHESPENN CENTER FOR FAMILY HEALTH - WOMEN'S AND CHILDREN' S HEALTH SERVICES, INCLUDING THE CROZER-KEYSTONE HEALTHY START PROGRAM - OUTPATIENT SUBSTA NCE ABUSE SERVICES - THE WELLNESS CENTER AND CHESTER YOUTH COLLABORATIVE CROZER MEDICAL PL AZA AT BRINTON LAKE ========== THE CROZER MEDICAL PLAZA AT BRINT ON LAKE, WHICH OPENED IN 2005, IS A COMPREHENSIVE OUTPATIENT CENTER LOCATED JUST OFF ROUTE 1 IN GLEN MILLS AT THE SHOPPES AT BRINTON LAKE. THE FACILITY PROVIDES WESTERN DELAWARE CO UNTY AND CHESTER COUNTY RESIDENTS WITH CONVENIENT ACCESS TO AN ARRAY OF DIAGNOSTIC, SURGIC AL, AND PHYSICIAN SERVICES, INCLUDING FULL-SERVICE MEDICAL IMAGING AND OUTPATIENT SURGERY CENTERS. FEATURED SERVICES INCLUDE - ASTHMA AND ALLERGY - CARDIOLOGY - DIABETES EDUCATION - DIALYSIS ACCESS CENTER - EAR, NOSE AND THROAT - ENDOCRINOLOGY - FAMILY MEDICINE - GASTR OENTEROLOGY - GENERAL SURGERY - GYNECOLOGIC ONCOLOGY - LABORATORY SERVICES - MEDICAL IMAGI NG/RADIOLOGY - NEUROLOGY - OB/GYN - OPHTHALMOLOGY - ORTHOPAEDICS AND SPORTS MEDICINE - OUT PATIENT PHYSICAL THERAPY - PAIN MANAGEMENT - PODIATRY - PULMONARY - SURGERY CENTER AT BRIN TON LAKE (OUTPATIENT SURGERY CENTER - UROGYNECOLOGY - VASCULAR SURGERY - VEIN CENTER CROZE R HEALTH PAVILION ========== THE OUTPATIENT FACILITY IS LOCATED JUST ACROSS RO UTE 1 FROM CROZER MEDICAL PLAZA AT BRINTON LAKE. FEATURED SERVICES INCLUDE - FAMILY MEDIC INE - CROZER-KEYSTONE SLEEP CENTER AT BRINTON LAKE. CROZER MEDICAL PLAZA AND CROZER-KEYSTON E CANCER CENTER AT BRINTON LAKE ========== ========== CROZER-KEYSTONE'S NEWEST OUTPATIENT CENTER FEATURES A FULL-SERVICE CANCER CEN TER, AN ENDOSCOPY CENTER AND OTHER SPECIALTIES. FEATURED SERVICES INCLUDE - DERMATOLOGY - ENDOSCOPY CENTER - GASTROENTEROLOGY - HEMATOLOGY/ONCOLOGY - MEDICAL IMAGING (PET-CT) - PS YCHOTHERAPY SERVICES - PULMONOLOGY - RADIATION ONCOLOGY - UROLOGY. MEDIA MEDICAL PLAZA ==== ========== TO PROVIDE MORE CONVENIENT ACCESS

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	TO CROZER-KEYSTONE'S CLINICAL SERVICES AND PHYSICIANS, THE HEALTH SYSTEM EXPANDED MEDIA MEDICAL IMAGING IN 2006 TO BECOME THE MEDIA MEDICAL PLAZA FEATURED SERVICES INCLUDE - FAMILY PRACTICE - CENTER FOR GERIATRIC MEDICINE - GASTROENTEROLOGY - INTERNAL MEDICINE - LABORATORY SERVICES - MEDIA MEDICAL IMAGING (MEDICAL IMAGING/RADIOLOGY, INCLUDING WOMEN'S IMAGING AND MRI) - OB/GYN - ORTHOPAEDICS AND SPORTS MEDICINE, INCLUDING AN URGENT CARE CENTER S ELECT CENTERS OF EXCELLENCE ========== CENTERS OF EXCELLENCE AT CROZER-KEYSTONE HEALTH SYSTEM'S ACUTE CARE HOSPITALS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING CROZER REGIONAL CANCER CENTER (CROZER-CHESTER MEDICAL CENTER) ---------- ---------- ---------- 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 COMPLIMENTARY TREATMENT RESOURCES IN ONE LOCATION THE CANCER CENTER HAS RECEIVED APPROVAL WITH COMMENDATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS THE CANCER CENTER'S APPROACH TO TREATING PEOPLE WITH CANCER IS BASED UPON A PATIENT'S INDIVIDUAL NEEDS TO MEET THESE NEEDS, A MULTIDISCIPLINARY TEAM OF SPECIALISTS THAT MAY INCLUDE MEDICAL ONCOLOGISTS, SURGEONS, PATHOLOGISTS AND RADIATION ONCOLOGISTS PROVIDE COORDINATED TREATMENTS FOR PATIENTS THE CANCER CENTER IS DESIGNED TO NOT ONLY DELIVER HIGH TECH TREATMENTS, BUT TO SOOTHE THE SPIRIT INTERIOR GARDENS, WATERFALLS AND OTHER FEATURES PROVIDE PATIENTS WITH A BRIEF HAVEN FROM THE OUTSIDE WORLD PATIENTS ALSO BENEFIT FROM THE STRENGTH OF THE NEW CLINICAL AND RESEARCH PARTNERSHIP BETWEEN CKHS AND FOX CHASE CANCER CENTER THE FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP, WHICH EXPANDS ON THE SUCCESSFUL PARTNERSHIP BETWEEN FOX CHASE CANCER CENTER AND DELAWARE COUNTY REGIONAL CANCER CENTER, WILL PROVIDE PATIENTS WITH AN EVEN GREATER LEVEL OF ACCESS TO CLINICAL TRIALS AND PROGRAMS TO PREVENT AND TREAT CANCER IN ADDITION, THE CANCER CENTER OFFERS CANCER SUPPORT GROUPS THAT BRING PATIENTS AND THEIR FAMILIES AND LOVED ONES TOGETHER WITH OTHERS WHO SHARE AND UNDERSTAND THEIR EXPERIENCES THROUGH THESE SUPPORT GROUPS, PATIENTS CAN EXPLORE COMPLIMENTARY ALTERNATIVE APPROACHES - MASSAGE THERAPY AND YOGA, FOR EXAMPLE -- TO COPING WITH SIDE EFFECTS, AS WELL AS LEARN TECHNIQUES TO HELP THEM LOOK THEIR BEST DURING CANCER TREATMENT CANCER SERVICES ARE ALSO PROVIDED AT TAYLOR HOSPITAL AND SPRINGFIELD HOSPITAL DELAWARE COUNTY REGIONAL CANCER CENTER (DELAWARE COUNTY MEMORIAL HOSPITAL) - ---------- THE DELAWARE COUNTY REGIONAL CANCER CENTER (''DCRCC'') PROVIDES A COMPREHENSIVE APPROACH TO CANCER CARE, COMBINING STATE-OF-THE-ART DIAGNOSIS AND TREATMENT WITH SUPPORTIVE CARE PHYSICIANS AND STAFF WORK AS A MULTIDISCIPLINARY TEAM, USING THE NEWEST TECHNOLOGIES AND THERAPIES, TO TAILOR TREATMENT TO EACH PATIENT'S CONDITION AND SITUATION THE TREATMENT OPTIONS AVAILABLE INCLUDE SURGERY, RADIATION THERAPY AND MEDICAL ONCOLOGY OUR SERVICES ARE PROVIDED TO PATIENTS BY A TALENTED, SPECIALLY TRAINED AND COMPASSIONATE TEAM OF PHYSICIANS, NURSES AND STAFF MEMBERS DCRCC PROFESSIONALS REMAIN ON THE FOREFRONT OF CANCER CARE, EXPLORING AND IMPLEMENTING THE LATEST TECHNOLOGY TO ENHANCE EACH PATIENT'S TREATMENT PLAN THE MEMBERS OF YOUR TEAM WORK CLOSELY TOGETHER TO PLAN AND CARRY OUT TREATMENT THE CANCER CENTER IS PARTNERED WITH FOX CHASE CANCER CENTER, WHICH HAS BEEN DESIGNATED A COMPREHENSIVE CANCER CENTER BY THE NATIONAL CANCER INSTITUTE THE CANCER CENTER OFFERS ALL OF THE BENEFITS OF A LARGE ACADEMIC MEDICAL CENTER, INCLUDING ACCESS TO CLINICAL TRIALS

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	SELECT CENTERS OF EXCELLENCE ========== CENTERS OF EXCELLENCE AT CROZER-KEYSTONE HEALTH SYSTEM'S ACUTE CARE HOSPITALS INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWI NG CROZER REGIONAL CANCER CENTER (CROZER-CHESTER MEDICAL CENTER) ---------- ---------- ---------- LOCATED AT CROZER-CHESTER MEDICAL CENTER, THE FOUR-S TORY CANCER CENTER BRINGS ADVANCED TECHNOLOGY, PROGRAMS AND SERVICES TOGETHER IN ONE LOCAT ION - PROVIDING A LEVEL OF CARE THAT RIVALS ANY UNIVERSITY-BASED CANCER CENTER IN THE WORL D AS PART OF CKHS, THE CANCER CENTER HOUSES COMPREHENSIVE DIAGNOSTIC AND TREATMENT PROGRA MS, AS WELL AS PREVENTION, EDUCATION AND COMPLIMENTARY TREATMENT RESOURCES IN ONE LOCATION THE CANCER CENTER HAS RECEIVED APPROVAL WITH COMMENDATION BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS THE CANCER CENTER'S APPROACH TO TREATING PEOPLE WITH CA NCER 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 RADIA TION ONCOLOGISTS PROVIDE COORDINATED TREATMENTS FOR PATIENTS THE CANCER CENTER IS DESIGNE D TO NOT ONLY DELIVER HIGH TECH TREATMENTS, BUT TO SOOTHE THE SPIRIT INTERIOR GARDENS, WA TERFALLS AND OTHER FEATURES PROVIDE PATIENTS WITH A BRIEF HAVEN FROM THE OUTSIDE WORLD PA TIENTS ALSO BENEFIT FROM THE STRENGTH OF THE NEW CLINICAL AND RESEARCH PARTNERSHIP BETWEEN CKHS AND FOX CHASE CANCER CENTER THE FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP, WHICH EXPANDS ON THE SUCCESSFUL PARTNERSHIP BETWEEN FOX CHASE CANCER CENTER AND DELAWARE COUNTY REGIONAL CANCER CENTER, WILL PROVIDE PATIENTS WITH AN EVEN GREATER LEVEL OF ACCESS TO CLI NICAL TRIALS AND PROGRAMS TO PREVENT AND TREAT CANCER IN ADDITION, THE CANCER CENTER OFFE RS CANCER SUPPORT GROUPS THAT BRING PATIENTS AND THEIR FAMILIES AND LOVED ONES TOGETHER WI TH OTHERS WHO SHARE AND UNDERSTAND THEIR EXPERIENCES THROUGH THESE SUPPORT GROUPS, PATIEN TS CAN EXPLORE COMPLIMENTARY ALTERNATIVE APPROACHES - MASSAGE THERAPY AND YOGA, FOR EXAMPL E -- TO COPING WITH SIDE EFFECTS, AS WELL AS LEARN TECHNIQUES TO HELP THEM LOOK THEIR BEST DURING CANCER TREATMENT CANCER SERVICES ARE ALSO PROVIDED AT TAYLOR HOSPITAL AND SPRINGF IELD HOSPITAL DELAWARE COUNTY REGIONAL CANCER CENTER (DELAWARE COUNTY MEMORIAL HOSPITAL) ----- ---------- THE DELAWARE CO UNTY REGIONAL CANCER CENTER ("DCRCC") PROVIDES A COMPREHENSIVE APPROACH TO CANCER CARE, CO MBINING STATE-OF-THE-ART DIAGNOSIS AND TREATMENT WITH SUPPORTIVE CARE PHYSICIANS AND STAF F 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 INCL UDE 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 M EMBERS DCRCC PROFESSIONALS REMAIN ON THE FOREFRONT OF CANCER CARE, EXPLORING AND IMPLEMEN TING THE LATEST TECHNOLOGY TO ENHANCE EACH PATIENT'S TREATMENT PLAN THE MEMBERS OF YOUR T EAM WORK CLOSELY TOGETHER TO PLAN AND CARRY OUT TREATMENT THE CANCER CENTER IS PARTNERED WITH FOX CHASE CANCER CENTER, WHICH HAS BEEN DESIGNATED A COMPREHENSIVE CANCER CENTER BY T HE NATIONAL CANCER INSTITUTE THE CANCER CENTER OFFERS ALL OF THE BENEFITS OF A LARGE ACAD EMIC MEDICAL CENTER, INCLUDING ACCESS TO CLINICAL TRIALS CROZER-KEYSTONE HEART INSTITUTE -------- ---------- CKHS HAS THE LONGEST HISTORY OF PROVIDING CARDIOVASCULAR C ARE TO THE PEOPLE OF DELAWARE COUNTY, AND WE'RE PROUD OF OUR MANY ACCOMPLISHMENTS IN DELA WARE COUNTY, WE'RE THE FIRST HEALTHCARE SYSTEM TO - PERFORM OPEN HEART SURGERY - PERFORM PRIMARY ANGIOPLASTY - ESTABLISH OPEN HEART AND REHABILITATION UNITS - ESTABLISH AN INTERVE NTIONAL HEART PROGRAM - ESTABLISH AN ELECTROPHYSIOLOGY PROGRAM TO TREAT HEART RHYTHM DISOR DERS - OFFER CARDIAC RESYNCHRONIZATION THERAPY, A UNIQUE DEVICE THERAPY TO TREAT HEART FAI LURE 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 TR EATMENT YOU NEED WHATEVER YOUR HEART REQUIRES, CKHS CAN HELP -- FROM DIAGNOSIS TO TREATME NT TO REHABILITATION -- OUR DEDICATION AND EXPERIENCE IS UNMATCHED IN DELAWARE COUNTY MAT ERNITY --------- EVERY YEAR, MORE NEWBORN BABIES ARE WELCOMED INTO THE WORLD BY THE CARING PROFESSIONALS AT CROZER-CHESTER MEDICAL CENTER AND DELAWARE COUNTY MEMORIAL HOSPITAL THAN BY ANY OTHER HEALTH SYSTEM IN DELAWARE COUNTY APPROXIMATELY 1,800 BABIES ARE BORN AT CCM C EVERY YEAR, WHILE DCMH DELIVERS ABOUT 1,700 CROZER-KEYSTONE HUMAN MOTION INSTITUTE ---- ---------- THE HUMAN MOTION INSTITUTE IS A UNIQUE PROGRAM OFFERING A COMPREHENSIVE TREATMENT CONTINUUM OF CARE WITHI

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	N A HIGHLY INTEGRATED HEALTHCARE DELIVERY NETWORK OUR GOAL IS SIMPLE TO RETURN OUR PATIE NTS TO NORMAL FUNCTION AS QUICKLY AND SAFELY AS POSSIBLE TO REACH THIS GOAL, THE MEDICAL PROFESSIONALS AT THE HUMAN MOTION INSTITUTE ENLIST A COMPREHENSIVE, LEADING EDGE APPROACH TO THE PREVENTION, ASSESSMENT, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL INJURIES O UR HIGHLY TRAINED TEAM OF SURGEONS, NURSES, PHYSICIAN ASSISTANTS, REHABILITATION SPECIALIS TS AND VARIOUS MEDICAL SUPPORT PERSONNEL WORKS WITH EACH PATIENT AND THEIR PRIMARY CARE PH YSICIAN TO DEVELOP A TREATMENT PLAN SPECIFICALLY FOR THAT PATIENT BY COMBINING EXTENSIVE CLINICAL EXPERTISE WITH A COMPASSIONATE, CARING TREATMENT PHILOSOPHY, WE HAVE CREATED A PR OGRAM KNOWN FOR ITS QUALITY OF CARE CROZER-KEYSTONE SLEEP CENTERS ---------- ------ FEW THINGS ARE AS FRUSTRATING AS NOT BEING ABLE TO SLEEP CONVERSELY, FALLING ASLEE P AT INAPPROPRIATE TIMES (SUCH AS WHEN DRIVING) IS JUST AS BOTHERSOME AND CAN EVEN BE DANG EROUS 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 DELAW ARE COUNTY AND BEYOND TO FALL ASLEEP AND STAY ASLEEP AT THE RIGHT TIME AND IN THE RIGHT PL ACE THE CROZER-KEYSTONE SLEEP CENTERS ARE LOCATED AT THREE SITES FOR OUR PATIENTS' CONVEN IENCE - CROZER HEALTH PAVILION AT BRINTON LAKE (GLEN MILLS) - DELAWARE COUNTY MEMORIAL HO SPITAL (DREXEL HILL) - TAYLOR HOSPITAL (RIDLEY PARK) OUR ACCREDITED, MULTIDISCIPLINARY PRO GRAM 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 NATHAN SPE ARE REGIONAL BURN TREATMENT CENTER ---------- ---------- THE NATHAN SPEARE REGIONAL BURN TREATMENT CENTER IS STILL THE ONLY BURN FACILITY IN SUBURBAN PHILADE LPHIA THAT PROVIDES ALL THE SERVICES NEEDED TO MEET ALL THE NEEDS OF BURN PATIENTS AND THE IR FAMILIES WITHIN A SINGLE UNIT - FROM EMERGENCY TREATMENT TO INTENSIVE CARE TO REHABILIT ATION 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 STAN DARDS 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 MOR E THAN 9,400 NEW PATIENTS SINCE 1973, AND AN AVERAGE OF 500 IN-PATIENTS AND OVER 3,000 OUT PATIENT 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 SIMI LAR TO THOSE EXPERIENCED BY BURN PATIENTS SERVICES INCLUDE COUNSELING AND EMOTIONAL SUPP ORT, OUTPATIENT BURN WOUND CARE CENTER, AND THE BURN OUTREACH EDUCATION PROGRAM

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III	CKHS CENTER FOR DIABETES ---------- MORE THAN 24 MILLION PEOPLE IN THE U S HAVE DIABETES, BUT APPROXIMATELY 1/3 DON'T KNOW THEY HAVE IT BECAUSE OF MINIMAL SYMPTOMS OR NO SYMPTOMS AT ALL DIABETES IS NOT A DISEASE TO BE TAKEN LIGHTLY, IT IS A SERIOUS DISEASE WITH ITS COMPLICATIONS KILLING 224,000 PEOPLE EACH YEAR THE GOAL OF THE CENTER FOR DIABETES IS TO MEET THE NEEDS OF OUR PATIENTS BY EDUCATING AND PROVIDING A CLEAR UNDERSTANDING OF HOW TO MANAGE THEIR CHRONIC CONDITION - EVERY SINGLE DAY THE CENTER FOR DIABETES AT SPRINGFIELD HOSPITAL IS AN AMERICAN DIABETES ASSOCIATION RECOGNIZED, HOSPITAL BASED, OUTPATIENT DIABETES EDUCATION PROGRAM THE CENTER FOR DIABETES HAS EXPANDED ITS SERVICES TO THE CROZER MEDICAL PLAZA AT BRINTON LAKE AND COMMUNITY HOSPITAL PROVIDING NUTRITION AND EDUCATION CLASSES THERE THE CENTER FOR DIABETES SERVICES INCLUDE OUTPATIENT EDUCATION FOR INDIVIDUALS WHO ARE NEWLY DIAGNOSED, HAVE UNCONTROLLED DIABETES, OR FOR THOSE WHO DESIRE INTENSIVE CONTROL INSULIN PUMP THERAPY AND MONTHLY EDUCATION/SUPPORT GROUP MEETINGS ARE PROVIDED AT THE CENTER FOR DIABETES ALSO SPECIAL INSTRUCTION IS OFFERED FOR PREGNANT WOMEN WITH GESTATIONAL DIABETES THE CENTER FOR DIABETES' FOCUS IS TO HELP PATIENTS ACHIEVE BLOOD GLUCOSE CONTROL BY BALANCING MEALS, EXERCISE AND MEDICATION, WHEN NECESSARY THE CERTIFIED DIABETES EDUCATORS AT THE CENTER FOR DIABETES ARE ALSO AVAILABLE TO TEACH DIABETES EDUCATION, INSULIN ADMINISTRATION AND USE OF GLUCOMETER TO THE STAFF AND RESIDENTS AT ASSISTED LIVING FACILITIES IN THE AREA A SERIES OF CLASSES ARE OFFERED MORNING, AFTERNOON AND EVENING TO ACCOMMODATE VARIOUS PATIENT SCHEDULES THE FOLLOWING CLASSES ARE OFFERED IN THE CENTER FOR DIABETES - BASIC DIABETES EDUCATION - BLOOD GLUCOSE MONITORING - NUTRITION COUNSELING - INSULIN ADMINISTRATION - MANAGEMENT SKILLS FOR DIABETES RELATED TO PREGNANCY - INTENSIVE MANAGEMENT PROGRAM - INSULIN PUMP TRAINING - GLUCOSE SENSOR TRAINING - CONTINUOUS GLUCOSE MONITORING SYSTEM - PRE-DIABETES CLASSES 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 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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 11B	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 PROVIDED 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 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 PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS

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

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

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION DISCLOSURE	CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THE ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OR INDEPENDENT CONTRACTORS 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

Identifier	Return Reference	Explanation
RELATED HOURS DISCLOSURE	CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS THE PARENT ENTITY IN THE CROZER-KEYSTONE HEALTH SYSTEM AND CONTROLLED AFFILIATES (''SYSTEM'') THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF DIRECTOR MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY ONE HOUR THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF CROZER-KEYSTONE HEALTH SYSTEM AND CONTROLLED AFFILIATES, NOT SOLELY THIS ORGANIZATION

Identifier	Return Reference	Explanation
OFFICER DISCLOSURE	CORE FORM, PART VII AND SCHEDULE J	PATRICK J GAVIN WAS THE PRESIDENT OF CROZER-CHESTER MEDICAL CENTER, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, FROM JULY 1, 2011 THROUGH JANUARY 31, 2012 MR GAVIN BECAME THE SENIOR VICE PRESIDENT, PRESIDENT OF HOSPITAL OPERATIONS STARTING FEBRUARY 1, 2012

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CHANGE IN NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS, $2,647,656, - OTHER CHANGES IN PENSION AND OTHER ACCRUED RETIREMENT BENEFITS LIABILITIES, ($2,009,000)

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	THE TAXPAYER IS THE PARENT ENTITY IN A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2012 AND JUNE 30, 2011, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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

2011

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

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 organization	
						Yes	No
(1) CROZER-CHESTER FOUNDATION ONE MEDICAL CENTER BOULEVARD UPLAND, PA 19013 22-2540853	FUNDRAISING	PA	501(C)(3)	509(a)(1)	CCMC		No
(2) CROZER-CHESTER MEDICAL CENTER ONE MEDICAL CENTER BOULEVARD UPLAND, PA 19013 23-1637191	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	CKHS	Yes	
(3) DELCO MEMORIAL FOUNDATION 501 NORTH LANSDOWNE AVENUE DREXEL HILL, PA 19026 22-2980746	FUNDRAISING	PA	501(C)(3)	509(a)(2)	DCMH		No
(4) DELAWARE COUNTY MEMORIAL HOSPITAL 501 NORTH LANSDOWNE AVENUE DREXEL HILL, PA 19026 23-0517130	HEALTH SVCS	PA	501(C)(3)	HOSPITAL	CKHS	Yes	
(5) DELCO SYSTEMS SERVICES INC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA 19064 23-2215242	INACTIVE	PA	501(C)(3)	509(A)(2)	CKHS	Yes	
(6) HEALTH ACCESS NETWORK 2602 WEST 9TH STREET CHESTER, PA 19013 23-2692637	HEALTH SVCS	PA	501(C)(3)	509(A)(1)	CKHS	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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

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 LAYTON HALL ONE MEDICAL CENTER BLV UPLAND, PA 19013 23-2735284	HEALTHCARE SVCS	PA	CKHS	C CORP	2,916,000	1,699,000	100 000 %
(2) CKS DELAWARE INC LAYTON HALL ONE MEDICAL CENTER BLV UPLAND, PA 19013 52-2069540	INACTIVE	PA	NA	C CORP			
(3) PENNSYLVANIA HEALTH CLUB INC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA 19064 23-2658404	HEALTHCARE SVCS	PA	NA	C CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(2)			
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

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

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	CROZER-CHESTER MEDICAL CENTER	DIJKN	92,945	COST
(2)	CROZER-CHESTER MEDICAL CENTER	DIJKN	332,891	COST
(3)	DELAWARE COUNTY MEMORIAL HOSPITAL	EIJKN	119,156	COST
(4)	HEALTH ACCESS NETWORK	DIJKN	2,638,860	COST
(5)	HEALTH ACCESS NETWORK	B	3,820,866	COST
(6)	CROZER-CHESTER MEDICAL CENTER	C	1,875,000	COST
(7)	DELAWARE COUNTY MEMORIAL HOSPITAL	C	625,000	COST
(8)	CROZER-CHESTER MEDICAL CENTER	K	27,356,112	COST
(9)	DELAWARE COUNTY MEMORIAL HOSPITAL	K	10,816,488	COST
(10)	HEALTH ACCESS NETWORK	K	3,336,420	COST
(11)	CROZER-KEYSTONE SERVICES	K	90,480	COST
(12)	HEALTH ACCESS NETWORK	P	4,994,356	COST
(13)	CROZER-CHESTER MEDICAL CENTER	P	5,881,460	COST
(14)	DELAWARE COUNTY MEMORIAL HOSPITAL	P	2,088,064	COST
(15)	CROZER-CHESTER MEDICAL CENTER	A	438,009	COST
(16)	DELAWARE COUNTY MEMORIAL HOSPITAL	A	1,043,776	COST
(17)	HEALTH ACCESS NETWORK	A	1,492,550	COST
(18)	CROZER-KEYSTONE SERVICES	A	249,233	COST

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TY 2011 Earnings and Profits Other Adjustments Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Amount
CHANGE IN LOSS RESERVES - TAX DISCOUNTED	8,495,907
IMPAIRMENT LOSS	442,939

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TY 2011 Earnings and Profits Other Adjustments Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Amount
FINANCIAL STATEMENTS	5,949,076
REVERSAL OF PRIOR YEAR IMPAIRMENT LOSS	44,240

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TY 2011 Itemized Other Current Liabilities Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		ACCRUED EXPENSES	331,081	263,218

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TY 2011 Itemized Other Assets Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		REINSURANCE RECOVERABLE	18,984,437	18,213,697
		REINSURANCE BALANCES RECEIVABLE	201,568	540,031
		INTEREST RECEIVABLE	1,189,635	886,244
		PREPAID EXPENSES	18,116	10,529
		PENDING TRADES	37,943	109,987

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TY 2011 Other Deductions Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
REINSURANCE PREMIUMS CEDED		4,796,150
PROVISION FOR LOSSES & LOSS		
ADJUSTMENT EXPENSES		21,377,551
OTHER THAN TEMPORARY IMPAIRMENT		
LOSS		442,939
GENERAL AND ADMINISTRATIVE EXPENSES		797,272

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TY 2011 Itemized Other Investments Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		MARKETABLE SECURITIES	259,403,424	254,776,771

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TY 2011 Itemized Other Liabilities Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		IBNR RESERVE	141,090,322	139,110,916
		LOSS RESERVES	40,029,219	35,288,809
		REINSURANCE BALANCES PAYABLE	36,365	218,305

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TY 2011 Other Income Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Foreign Amount	Amount
PREMIUMS EARNED		19,462,714
INVESTMENT INCOME		7,714,493

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TY 2011 Paid-In or Capital Surplus Reconciliation Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Beginning Amount	Ending Amount
SHARE PREMIUM	75,000	75,000
BALANCE FORWARD	46,925,686	46,925,686

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE G FISCHER CHAIRMAN - DIRECTOR	1 0	X		X				0	0	0
JEROME S PARKER PHD SECRETARY - DIRECTOR	1 0	X		X				0	0	0
SARA B SCHUKRAFT TREASURER - DIRECTOR	1 0	X		X				0	0	0
ELIZABETH L ALBRIGHT DIRECTOR	1 0	X						0	0	0
DAVID B ARSHT DO DIRECTOR	1 0	X						0	86,557	17,814
ARTHUR G BAKER MD DIRECTOR	1 0	X						0	0	0
ROBERT M BARBACANE CPA DIRECTOR	1 0	X						0	0	0
CORLISS BOGGS DIRECTOR	1 0	X						0	0	0
PHILIP H BROWN II DIRECTOR	1 0	X						0	0	0
ROBERT J BRUCE DIRECTOR	1 0	X						0	0	0
MARK H DAMBLY DIRECTOR	1 0	X						0	0	0
NORMAN V EDMONSON DIRECTOR	1 0	X						0	0	0
WALTER E FARNAM DIRECTOR	1 0	X						0	0	0
SHAWN P OBRIEN DIRECTOR	1 0	X						0	0	0
THOMAS J PARKER DIRECTOR	1 0	X						0	0	0
JOAN K RICHARDS DIRECTOR - PRESIDENT/CEO	55 0	X		X				1,150,678	0	222,391
ROBERT N SPEARE ESQ DIRECTOR	1 0	X						0	0	0
JOHN D SPRANDIO MD DIRECTOR	1 0	X						0	69,163	0
SUSAN L WILLIAMS MD DIRECTOR	55 0	X						0	448,191	33,035
RICHARD I BENNETT EXECUTIVE VP/COO(TERM 7/29/11)	55 0			X				1,960,593	0	259,923
DONALD W LEGREID ESQ ASST SEC-VP/GENERAL COUNSEL	55 0			X				332,447	0	36,293
PHILIP J RYAN CPA ASST TREASURER - SVP/CFO	55 0			X				510,592	0	145,141
ROBERT E WILSON ASST SECRETARY-SVP/ADMIN & CIO	55 0			X				698,848	0	172,986
PATRICK J GAVIN SVP, PRES HOSPITAL OPERATIONS	55 0				X			0	443,120	42,272
ERIC DOBKIN VP, QUALITY & PATIENT SAFETY	55 0					X		446,689	0	43,082

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES A STUCCIO PRESIDENT, HAN	55 0					X		376,309	0	40,082
WILLIAM MCCUNE PRESIDENT, DCMH	55 0					X		315,830	0	41,274
ELIZABETH JAEKLE VP, BUSINESS DEVELOPMENT	55 0					X		295,278	0	42,881
WILLIAM KREIDER VP, HUMAN RESOURCES	55 0					X		269,865	7,843	43,472
GERALD MILLER FORMER OFFICER	0 0						X	199,649	0	28,960