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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

AS AN EXPRESSION OF CHRIST'S LOVE, PHILHAVEN PROMOTES HOPE, HEALING AND WHOLENESS THROUGH THE PROVISION OF BEHAVIORAL RESOURCES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a

(Code) (Expenses \$ 19,088,198 including grants of \$) (Revenue \$ 21,628,671)

PHILHAVEN'S INPATIENT PSYCHIATRIC PROGRAM IS AVAILABLE TO INDIVIDUALS WHO ARE IN MOST SEVERE DISTRESS AND/OR DANGER OF HARMING THEMSELVES OR OTHERS. THE INPATIENT PROGRAM PROVIDES A 24-HOUR A DAY THERAPEUTIC MILIEU AND INTERVENTIONS THAT SERVE TO STABILIZE ACUTE PSYCHIATRIC SYMPTOMS. SERVICES ARE PROVIDED TO CHILDREN AND ADOLESCENTS AGES THREE TO 18 AND ADULTS OVER 18 YEARS OF AGE. TYPICAL LENGTH OF STAY IS APPROXIMATELY TEN DAYS FOR BOTH ADULTS AND CHILDREN/ADOLESCENTS. ADDITIONALLY, PHILHAVEN OFFERS EXTENDED ACUTE PSYCHIATRIC INPATIENT SERVICES FOR ADULTS THAT REQUIRE LONG-TERM INTENSIVE INTERVENTIONS TO STABILIZE THEIR SYMPTOMS. ONCE BEHAVIORAL STABILIZATION IS ACHIEVED, THE PATIENT IS THEN PREPARED FOR TRANSITION TO THE NEXT APPROPRIATE LEVEL OF CARE. THIS PROGRAM SERVED 2,385 INDIVIDUALS DURING THE JUNE 30, 2013 FISCAL YEAR.

4b

(Code) (Expenses \$ 14,328,760 including grants of \$) (Revenue \$ 14,250,339)

PHILHAVEN'S CHILDREN'S/ADOLESCENTS' BEHAVIORAL HEALTH REHABILITATION SERVICE (BHRS) PROGRAM INCLUDES BOTH COMMUNITY BASED AND AFTER SCHOOL SERVICES. THE GOAL OF ALL BHRS SERVICES IS TO ENHANCE THE CHILD'S/ADOLESCENT'S ABILITY TO FUNCTION EMOTIONALLY, SOCIALLY, AND BEHAVIORALLY. INDIVIDUALIZED INTERVENTIONS SERVE TO FACILITATE YOUTH'S BEHAVIORAL STABILIZATION AND EMOTIONAL GROWTH. MENTAL HEALTH SPECIALISTS HELP YOUTH LEARN SKILLS AND COPING STRATEGIES, WHICH ENABLE THE YOUTH TO PREVENT DETERIORATION AND MORE RESTRICTIVE SERVICES. AFTER SCHOOL SERVICES ARE PROVIDED MONDAY - FRIDAY AFTER SCHOOL FOR CHILDREN AGES SIX TO 12 YEARS. COMMUNITY BASED SERVICES ARE PROVIDED IN SCHOOLS AND HOMES BY TRAINED THERAPEUTIC SUPPORT STAFF, MOBILE THERAPISTS, AND BEHAVIORAL SPECIALISTS/CONSULTANTS. THIS PROGRAM SERVED 1,492 INDIVIDUALS DURING THE JUNE 30, 2013 FISCAL YEAR.

4c

(Code) (Expenses \$ 12,314,492 including grants of \$) (Revenue \$ 9,359,915)

PHILHAVEN'S OUTPATIENT PROGRAM PROVIDES THE LEAST RESTRICTIVE TYPE OF MENTAL HEALTH TREATMENT AVAILABLE AT PHILHAVEN. STAFF WHO ARE PROFESSIONALLY TRAINED IN PSYCHIATRY, PSYCHOLOGY, SOCIAL WORK, AND COUNSELING STRIVE TO PROVIDE OUTPATIENT SERVICES TO CLIENTS IN A CONSCIENTIOUS AND CARING MANNER AS THEY WORK TOWARD THEIR THERAPEUTIC GOALS. PHILHAVEN STRIVES TO PROVIDE INDIVIDUALS AND THEIR FAMILIES WITH THE SKILLS AND RESOURCES NECESSARY TO LIVE HEALTHY, FULFILLED LIVES WITHIN THEIR HOMES AND COMMUNITIES. SPECIFIC SERVICES OFFERED INCLUDE EVALUATIONS AND ASSESSMENTS, PSYCHIATRIC MEDICATION MANAGEMENT, PSYCHIATRIC CONSULTATION, INDIVIDUAL THERAPY, FAMILY THERAPY, GROUP THERAPY, AND MARRIAGE COUNSELING. THIS PROGRAM SERVED 14,838 INDIVIDUALS DURING THE JUNE 30, 2013 FISCAL YEAR.

(Code) (Expenses \$ 8,208,068 including grants of \$) (Revenue \$ 12,358,535)

OTHER PROGRAM SERVICES PRIMARILY INCLUDES THE DAY AND INTENSIVE OUTPATIENT PROGRAMS, WHICH ARE DESIGNED TO PROVIDE THERAPEUTIC INTERVENTIONS TO INDIVIDUALS WHO DEMONSTRATE SIGNIFICANT IMPAIRMENT IN THEIR DAILY FUNCTIONING DUE TO THEIR HIGH LEVEL OF EMOTIONAL DISTRESS. THESE PROGRAMS SERVE BOTH ADULT AND CHILD/ADOLESCENT POPULATIONS IN SEPARATE SETTINGS. SERVICES INCLUDE GROUP THERAPY TARGETING COPING SKILLS, ANGER MANAGEMENT AND STRESS MANAGEMENT, AS WELL AS INDIVIDUAL AND FAMILY THERAPY SESSIONS. OTHER PROGRAMS INCLUDE RESIDENTIAL PROGRAM FOR ADOLESCENTS AND ASSERTIVE COMMUNITY TREATMENT FOR ADULTS. THE OTHER PROGRAMS SERVED 3,470 INDIVIDUALS DURING THE JUNE 30, 2012 FISCAL YEAR.

4d

Other program services (Describe in Schedule O)

(Expenses \$ 8,208,068 including grants of \$) (Revenue \$ 12,358,535)

4e

Total program service expenses

53,939,518

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax 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.	123	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	1,283	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	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	1a15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	MATTHEW D ROGERS CFO 283 SOUTH BUTLER ROAD MOUNT GRETN, PA (717) 270-2414

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REBECCA BURKHOLDER SECRETARY	1 50	X		X				0	0	0
(2) KENNETH L MOORE TREASURER	1 50	X		X				0	0	0
(3) JANET BRENEMAN DIRECTOR	1 30	X						0	0	0
(4) ROBERT FORTNA DIRECTOR	1 30	X						0	0	0
(5) JANET R STAUFFER VICE PRESIDENT	1 50	X		X				0	0	0
(6) SAM THOMAS DIRECTOR	1 30	X						0	0	0
(7) ROBERT HOFFMAN DIRECTOR	1 30	X						0	0	0
(8) GEORGE STOLTZFUS PRESIDENT	1 50	X		X				0	0	0
(9) AARON GROFF DIRECTOR	1 30	X						0	0	0
(10) KYLE HORST DIRECTOR	1 30	X						0	0	0
(11) MONIQUA ACOSTA DIRECTOR	1 30	X						0	0	0
(12) DUANE BRITTON DIRECTOR	1 30	X						0	0	0
(13) AUDREY GROFF DIRECTOR	1 30	X						0	0	0
(14) JAMES HERR DIRECTOR	1 30	X						0	0	0
(15) DAVID WARREN DIRECTOR	1 30	X						0	0	0
(16) FRANCIS D SPARROW MD MEDICAL DIRECTOR	52 00			X				311,256	0	13,442
(17) PHILIP D HESS CHIEF EXECUTIVE OFFICER	50 00			X				187,249	0	16,988

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	1,856,047	0	119,631

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 ▶25

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STC SERVICES 4295 W TILGHMAN ST ALLENTOWN PA 18104	COMMUNICATION SYSTEM	365,895
GLS ENTERPRISES PO BOX 673 LEBANON PA 17042	PHARMACY	351,410
LOCUMTENENSCOM PO BOX 405547 ATLANTA GA 30384	TEMPORARY STAFFING	295,531
ALLCARE FAMILY HEALTH PO BOX 1210 LEBANON PA 17042	PHYSICIAN SERVICES	269,112
KE LLC 607 PINKERTON ROAD MTJOY PA 17552	OFFICE RENTAL	155,729

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 **12**

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	31,322			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,023,200			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	732,846			
	g	Noncash contributions included in lines 1a-1f \$		5,350			
	h	Total. Add lines 1a-1f		1,787,368			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	624100	57,012,583	57,012,583		
	b	EHR INCENTIVE REVENUE	624100	446,250	446,250		
	c	OTHER OPERATING REVENUE	624100	138,627	138,627		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		57,597,460			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		138,423	9,051	129,372	
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			4,200				
			7,753				
			-3,553				
	d	Net rental income or (loss)		-3,553		-3,553	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			17,216,720	41,941			
			17,210,262	21,798			
			6,458	20,143			
	d	Net gain or (loss)		26,601		26,601	
	8a	Gross income from fundraising events (not including \$ 31,322 of contributions reported on line 1c) See Part IV, line 18					
	a	22,335					
	b	Less direct expenses	b	30,313			
	c	Net income or (loss) from fundraising events . .		-7,978		-7,978	
	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 . .					
	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 . .						
Miscellaneous Revenue		Business Code					
11a	FARM INCOME	110000	606,770		606,770		
b	CAFETERIA SALES	722210	218,973			218,973	
c	INS PREM RECOVERY	624100	200,000			200,000	
d	All other revenue		71,952			71,952	
e	Total. Add lines 11a-11d		1,097,695				
12	Total revenue. See Instructions		60,636,016	57,597,460	615,821	635,367	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response 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.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	644,863	322,854	307,794	14,215
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	37,461,052	35,295,865	2,069,762	95,425
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	261,540	248,455	12,490	595
9	Other employee benefits.	6,930,985	6,827,713	75,649	27,623
10	Payroll taxes.	2,668,175	2,513,959	147,419	6,797
11	Fees for services (non-employees):				
a	Management.	74,086		74,086	
b	Legal.	21,280		21,280	
c	Accounting.	80,485	13,905	66,580	
d	Lobbying.	96,600		96,600	
e	Professional fundraising services. See Part IV, line 17.	43,429			43,429
f	Investment management fees.	19,875	1,840	18,035	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,441,370	1,700,405	716,797	24,168
12	Advertising and promotion.	58,808		58,127	681
13	Office expenses.	3,076,031	2,709,505	356,861	9,665
14	Information technology.	125,657		125,657	
15	Royalties.				
16	Occupancy.	2,341,013	2,107,778	233,235	
17	Travel.	435,205	419,753		15,452
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	615,474	502,877	112,597	
20	Interest.	239,740		239,740	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,900,064	339,299	1,560,765	
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	BAD DEBTS	446,858	446,858		
b	FARM EXPENSES	251,800	251,800		
c	BOOKS, DUES & SUBSCRIPT	173,233	56,382	116,851	
d	FEDERAL INCOME TAX	27,102	27,102		
e	All other expenses	434,454	153,168	280,813	473
25	Total functional expenses. Add lines 1 through 24e.	60,869,179	53,939,518	6,691,138	238,523
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☐

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		28,685	1	26,437
	2	Savings and temporary cash investments		3,111,285	2	3,271,723
	3	Pledges and grants receivable, net		333,838	3	278,116
	4	Accounts receivable, net		7,891,374	4	9,162,308
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		340,000	7	340,000
	8	Inventories for sale or use		20,045	8	27,084
	9	Prepaid expenses and deferred charges		940,609	9	982,892
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a46,849,515			
	b	Less accumulated depreciation	10b32,003,247	12,135,531	10c	14,846,268
	11	Investments—publicly traded securities		7,212,291	11	2,669,270
	12	Investments—other securities See Part IV, line 11		936,422	12	926,818
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		8,122	14	6,199
	15	Other assets See Part IV, line 11		447,032	15	522,675
	16	Total assets. Add lines 1 through 15 (must equal line 34)		33,405,234	16	33,059,790
Liabilities	17	Accounts payable and accrued expenses		5,842,994	17	5,469,490
	18	Grants payable			18	
	19	Deferred revenue		17,819	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		3,798,798	23	4,020,428
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		9,659,611	26	9,489,918
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets		22,587,131	27	22,538,246
	28	Temporarily restricted net assets		690,674	28	472,678
	29	Permanently restricted net assets		467,818	29	558,948
		Organizations that do not follow SFAS 117 (ASC 958), 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		23,745,623	33	23,569,872
	34	Total liabilities and net assets/fund balances		33,405,234	34	33,059,790

Part XI Reconciliation 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	60,636,016
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,869,179
3	Revenue less expenses Subtract line 2 from line 1	3	-233,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,745,623
5	Net unrealized gains (losses) on investments	5	57,412
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	23,569,872

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	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	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
PHILHAVEN

Employer identification number
23-1548822

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

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 - Non-functionally integrated
- 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?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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

2012

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, Part V, line 35c (Proxy Tax), then

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

Name of the organization PHILHAVEN	Employer identification number 23-1548822
---------------------------------------	--

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

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If “Yes,” describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes	☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		101,698
j	Total. Add lines 1c through 1i.			101,698
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
EXPLANATION OF LOBBYING ACTIVITIES	PART II-B, LINE 1	THE HOSPITAL ENGAGED A PROFESSIONAL LOBBYING FIRM TO ASSIST IN SECURING GOVERNMENTAL FUNDING FOR SPECIALIZED PROGRAMS (\$96,600). IN ADDITION, A PORTION OF THE DUES PAID TO THE HOSPITAL ASSOCIATION OF PENNSYLVANIA INCLUDES LOBBYING (\$5,098).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

Name of the organization PHILHAVEN	Employer identification number 23-1548822
---------------------------------------	--

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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 section 170(h)(4)(B)(ii)?

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	475,713	490,269	429,302	401,011	473,539
b Contributions	80,560				
c Net investment earnings, gains, and losses	49,609	-14,556	60,967	28,291	-72,528
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	605,882	475,713	490,269	429,302	401,011

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 5 000 %

b

Permanent endowment ▶ 95 000 %

c

Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIII 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		355,952		355,952
b Buildings		19,027,530	11,034,037	7,993,493
c Leasehold improvements				
d Equipment		26,489,875	20,930,625	5,559,250
e Other		976,158	38,585	937,573
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				14,846,268

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1		60,718,809
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e		
a	Net unrealized gains on investments		2a	57,412
b	Donated services and use of facilities		2b	5,350
c	Recoveries of prior year grants		2c	
d	Other (Describe in Part XIII)		2d	
e	Add lines 2a through 2d	2e		62,762
3	Subtract line 2e from line 1	3		60,656,047
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b		4a	18,035
b	Other (Describe in Part XIII)		4b	-38,066
c	Add lines 4a and 4b			-20,031
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		60,636,016
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1		60,894,560
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e		
a	Donated services and use of facilities		2a	5,350
b	Prior year adjustments		2b	
c	Other losses		2c	
d	Other (Describe in Part XIII)		2d	38,066
e	Add lines 2a through 2d	2e		43,416
3	Subtract line 2e from line 1	3		60,851,144
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c		
a	Investment expenses not included on Form 990, Part VIII, line 7b		4a	18,035
b	Other (Describe in Part XIII)		4b	
c	Add lines 4a and 4b	4c		18,035
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		60,869,179

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE PURPOSE OF THESE DONOR RESTRICTED FUNDS IS TO PROVIDE A STABLE SOURCE OF PERPETUAL FINANCIAL SUPPORT FOR THE PHILHAVEN PROGRAMS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	PHILHAVEN IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON THEIR EXEMPT INCOME UNDER SECTION 501 (A) AS THE INTERNAL REVENUE CODE. THE FARM'S INCOME IS TAXABLE FOR FEDERAL PURPOSES OF UNRELATED BUSINESS INCOME. PHILHAVEN AND THE FARM PRESCRIBE A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY IN RECORDING TAX LIABILITIES IN THE FINANCIAL STATEMENTS. MEASUREMENT AND RECOGNITION OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD FOR THE YEARS ENDED JUNE 30, 2013 AND 2012. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED AFTER JUNE 30, 2009 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.
PART XI, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSE -30,313 RENTAL EXPENSES -7,753
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSES 30,313 RENTAL EXPENSES 7,753

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization PHILHAVEN	Employer identification number 23-1548822
---------------------------------------	--

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a	☐ Mail solicitations	e	☐ Solicitation of non-government grants
b	☐ Internet and email solicitations	f	☐ Solicitation of government grants
c	☐ Phone solicitations	g	☒ Special fundraising events
d	☒ In-person solicitations		
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BENEVON 4528 EIGHT AVENUE NE SEATTLE, WA 98105	FUNDRAISING PROGRAM CONSULTANT		No	129,513	31,231	98,282
ENDOWMENT HORIZONS PO BOX 196 WATERVILLE, OH 43566	CONSULTING ON PLANNED GIVING PROGRAM		No	78,090	12,198	65,892
Total ▶				207,603	43,429	164,174

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

PA

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TOURNAMENT</u> (event type)	 (event type)	 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	53,657		53,657
	2	Less Contributions	31,322		31,322
	3	Gross income (line 1 minus line 2)	22,335		22,335
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	610		610
	6	Rent/facility costs	23,904		23,904
	7	Food and beverages	343		343
	8	Entertainment			
	9	Other direct expenses	5,456		5,456
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine line 3, column (d), and line 10 ▶			
					(30,313)
					-7,978

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor			
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) ▶			

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name 

Address 

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization  \$ _____ and the amount of gaming revenue retained by the third party  \$ _____

c If "Yes," enter name and address of the third party

Name 

Address 

16 Gaming manager information

Name 

Gaming manager compensation  \$

Description of services provided 

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year  \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
PHILHAVEN

Employer identification number
23-1548822

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☒ 150% ☐ 200% ☐ Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☒ 300% ☐ 350% ☐ 400% ☐ Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a		No
6a	Did the organization prepare a community benefit report during the tax year?	5b		
b	If "Yes," did the organization make it available to the public?	5c		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	6a		No
		6b		

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			321,463	351,882	-30,419	0 %
b Medicaid (from Worksheet 3, column a)			34,388,201	33,504,864	883,337	1 460 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			34,709,664	33,856,746	852,918	1 460 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,674,236	1,768,282	905,954	1 500 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			80,340		80,340	0 130 %
j Total. Other Benefits			2,754,576	1,768,282	986,294	1 630 %
k Total. Add lines 7d and 7j			37,464,240	35,625,028	1,839,212	3 090 %

Part II

Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing					
2	Economic development					
3	Community support					
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building					
7	Community health improvement advocacy					
8	Workforce development					
9	Other		43,355		43,355	0.070 %
10	Total		43,355		43,355	0.070 %

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2

Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

459,441

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

0

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME).

5

2,268,361

6

Enter Medicare allowable costs of care relating to payments on line 5.

6

2,358,042

7

Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-89,681

8

Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
☐ Cost accounting system ☒ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a

Did the organization have a written debt collection policy during the tax year?

9a

Yes

9b

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IV

Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 KE LLC	RENTAL PROPERTY	50.000 %		
2 2 ADVANCE MANAGEMENT SERVICES LLC	OUTCOMES SOFTWARE DEVELOPMENT FOR THE HEALTHCARE COMMUNITY	22.380 %		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	PHILHAVEN 283 SOUTH BUTLER ROAD PO BOX 550 MOUNT GRETN,PA 17064	X								BEHAVIORAL HEALTH HOSPITAL	

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

PHILHAVEN

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	☐ Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>12</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	No
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	☒ Hospital facility's website		
b	☒ Available upon request from the hospital facility		
c	☐ Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	☒ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	☐ Execution of the implementation strategy		
c	☐ Participation in the development of a community-wide plan		
d	☐ Participation in the execution of a community-wide plan		
e	☐ Inclusion of a community benefit section in operational plans		
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	☐ Prioritization of health needs in its community		
h	☒ Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	☐ Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>150 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>300 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a ☒ Income level			
b ☒ Asset level			
c ☒ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☒ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☒ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	Yes
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☒

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☒

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☒

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why		No
a	☒ The hospital facility did not provide care for any emergency medical conditions		
b	☐ The hospital facility's policy was not in writing		
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	☐ Other (describe in Part VI)		

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	☒ Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI	21	No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI	22	No

Part V

Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, LINE 7 A COST TO CHARGE RATIO WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS ITEMS COST ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE OTHER BENEFITS SECTION BAD DEBT AND OTHER WRITE-OFFS ARE EXCLUDED IN THE DENOMINATOR WHICH, IF INCLUDED, WOULD INCREASE THE PERCENTAGE OF CHARITY CARE REPORTED THE AMOUNT OF BAD DEBT NOT INCLUDED IN THE CALCULATION WAS \$446,858
		PART I, L7 COL(F) THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) OF \$446,858 IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Identifier	ReturnReference	Explanation
		PART II PHILHAVEN PARTICIPATES IN THE FOLLOWING PROGRAMS IN THE COMMUNITY CRISIS INTERVENTION /INFORMATION AND REFERRAL CENTER IS A CONFIDENTIAL SEVEN DAY / 24 HOUR SERVICE, PROVIDED BY PHILHAVEN CRISIS COUNSELORS PROVIDE PSYCHOSOCIAL ASSESSMENT OF CRISIS SITUATIONS OVER THE PHONE AND IN THE COMMUNITY CRISIS SERVICES ARE FUNDED THROUGH A CONTRACT BETWEEN THE COUNTY COMMISSIONERS AND PHILHAVEN ALONG WITH MEDICAL ASSISTANCE REIMBURSEMENT FOR IDENTIFIED INDIVIDUALS WITH MEDICAID THIS CONTRACT ALLOWS FOR LIMITED REIMBURSEMENT OF OVERHEAD EXPENSE RESULTING IN SHORTFALLS THE LANCASTER DIVERSION PROGRAM IS A COMMUNITY-BASED PROGRAM DESIGNED TO SERVE THE NEEDS OF INDIVIDUALS WHO HAVE A HISTORY OF SERIOUS AND PERSISTENT MENTAL ILLNESS AND LONG-TERM HOSPITALIZATION IT IS ALSO DESIGNED TO SERVE INDIVIDUALS IDENTIFIED BY LANCASTER COUNTY CASE MANAGEMENT STAFF AS BEING AT RISK FOR INPATIENT OR STATE HOSPITAL SERVICES DUE TO SEVERELY ACUTE PSYCHIATRIC ILLNESS AND BEHAVIOR THE DIVERSION PROGRAM IS FUNDED THROUGH A CONTRACT BETWEEN PHILHAVEN AND LANCASTER COUNTY THIS CONTRACT PROVIDES LIMITED REIMBURSEMENT FOR OVERHEAD EXPENSE RESULTING IN SHORTFALLS SUPPORTED HOUSING IS AN INNOVATIVE PROGRAM DESIGNED TO BENEFIT PERSONS WHO SUFFER FROM CHRONIC MENTAL ILLNESS BY ASSISTING THEM WITH BASIC HOUSING NEEDS CLIENTS ARE ABLE TO LIVE INDEPENDENTLY IN THE COMMUNITY WHILE RECEIVING THE SUPPORTIVE ASSISTANCE THEY NEED THROUGH REGULAR IN-HOME VISITS THE PROGRAM IS ADMINISTERED BY A MASTER'S LEVEL CLINICIAN AND IS A VOLUNTARY PROGRAM FUNDED BY LEBANON COUNTY MENTAL HEALTH AND MENTAL RETARDATION ASSOCIATION THE STAFF ALSO ASSISTS WITH ASSESSMENT OF HOUSING NEEDS, PROCUREMENT OF HOUSING AND HOUSEHOLD GOODS, HOME MAINTENANCE SKILLS, LANDLORD/TENANT NEGOTIATIONS AND OTHER ISSUES RELATED TO MAINTAINING INDEPENDENT LIVING THE FUNDING FROM LEBANON COUNTY IS LIMITED RESULTING IN SHORTFALLS PARTNERS FOR PROGRESS IS A SERVICE DEVELOPED IN CONJUNCTION WITH THE LEBANON HOUSING AUTHORITY AND LEBANON MH/MR TO PROVIDE HOMES AND SUPPORT SERVICES TO TEN INDIVIDUALS WHO ARE HOMELESS AND WHO HAVE A HISTORY OF EXPERIENCING PERSISTENT MENTAL ILLNESS THE AUTISM RESILIENCY PROGRAM IS DESIGNED TO HELP FAMILIES AND THE COMMUNITY TO ACHIEVE A GREATER UNDERSTANDING OF AUTISM SPECTRUM DISORDERS (ASD), IMPROVE SKILLS THAT WILL ALLOW PERSONS WHO EXPERIENCE ASD TO INTEGRATE MORE FULLY INTO THE COMMUNITY, AND CREATE GREATER COMMUNITY RESOURCES FOR SOCIAL AND RECREATIONAL ACTIVITIES FOR INDIVIDUALS WITH ASD THIS WILL PROVIDE FAMILIES WITH TOOLS TO BUILD AND MAINTAIN THEIR PERSONAL RESILIENCY CURRENTLY, THE PROGRAM REACHES LEBANON COUNTY AND NEARBY AREAS IT INCLUDES A PHYSICAL SPACE IN PHILHAVEN'S GRACE M POLLOCK TRAINING & COMMUNITY CENTER AND THE POTENTIAL FOR VIDEO CONFERENCING OF PRESENTATIONS ADDITIONALLY THE PROGRAM PROVIDES TWO SERIES OF WORKSHOPS FOR INTERESTED COMMUNITY MEMBERS THE ASERT COLLABORATIVE IS A PARTNERSHIP OF MEDICAL CENTERS, CENTERS OF AUTISM RESEARCH AND SERVICES, UNIVERSITIES AND OTHER PROVIDERS OF SERVICES INVOLVED IN THE TREATMENT AND CARE OF INDIVIDUALS OF ALL AGES WITH AUTISM AND THEIR FAMILIES THE ASERT COLLABORATIVE HAS BEEN DESIGNED TO BRING TOGETHER RESOURCES LOCALLY, REGIONALLY, AND STATEWIDE THERE ARE THREE ASERT REGIONS (WESTERN, CENTRAL, AND EASTERN) WORKING TOGETHER TO STREAMLINE RESOURCES AND SHARE EXPERTISE ACROSS THE COMMONWEALTH EACH ASERT REGION IS CHARGED WITH UNDERSTANDING THE NEEDS OF THEIR RESPECTIVE REGION, INCLUDING THE NEEDS OF THE MOST RURAL REGIONS OF THE STATE AND THE MOST UNDERSERVED POPULATIONS INTEGRATION WITH PHYSICAL HEALTHCAREIN AN EFFORT TO ADDRESS THE IDENTIFIED COMMUNITY NEED OF INTEGRATION BETWEEN PHYSICAL AND BEHAVIORAL HEALTHCARE SERVICES, PHILHAVEN PROVIDES A VARIETY OF BEHAVIORAL HEALTHCARE SERVICES IN PHYSICAL HEALTHCARE SETTINGS THESE SERVICES INCLUDE UNCOMPENSATED ACTIVITIES SUCH AS CARE COORDINATION BETWEEN PHILHAVEN AND THE OTHER HEALTHCARE PROVIDERS AS A RESULT PHILHAVEN OPERATES THESE SERVICES AT A LOSS BELOWARE SPECIFIC EXAMPLES OF PHILHAVEN'S INTEGRATED HEALTHCARE SERVICES HAMILTON HEALTH CENTERPHILHAVEN IS PARTICIPATING IN AN INTEGRATION PROJECT WITH THE HAMILTON HEALTH CENTER LOCATED IN HARRISBURG THIS PROJECT WILL INTEGRATE PSYCHIATRIC SERVICES INTO THE FEDERALLY QUALIFIED HEALTH CENTER SETTING SERVICES PROVIDED INCLUDE PSYCHOTHERAPY, PSYCHIATRIC CONSULTATION, AND CLINICAL SUPERVISION OF STAFF CONSULTATIONSPHILHAVEN PROVIDES PSYCHIATRIC CONSULTATIONS IN THE EMERGENCY ROOM AND INPATIENT FACILITIES AT GOOD SAMARITAN HOSPITAL IN LEBANON IN ADDITION, PHILHAVEN OFFERS A WIDE RANGE OF BEHAVIORAL HEALTH SERVICES TO NURSING HOMES AND LONG TERM CARE COMMUNITIES SERVICES INCLUDE PSYCHIATRIC DIAGNOSTIC EVALUATIONS, MEDICATION MANAGEMENT, BEHAVIORAL INTERVENTIONS, AND PSYCHOTHERAPY TO ASSIST SENIOR ADULTS IN NAVIGATING MANY OF LIFE'S CHALLENGES AND TO STRENGTHEN THEIR ABILITY TO LIVE LIFE TO ITS FULLEST IN ADDITION, PHILHAVEN STAFF PROVIDES EDUCATION FOR NURSING HOME STAFF TO BE ABLE TO UNDERSTAND AND MANAGE THEIR RESIDENTS' BEHAVIORAL CHALLENGES PARENT TRAININGFINDING A BETTER WAY FOR MOMS AND DADS IS A FREE FOUR-SESSION PROGRAM THAT IS OFFERED TO PARENTS WHO ARE DEALING WITH DIFFICULT SITUATIONS WITH THEIR CHILDREN THE PROGRAM FACILITATORS ARE CERTIFIED INSTRUCTORS IN THERAPEUTIC CRISIS INTERVENTION THE PROGRAM, WHICH IS HELD AT DIFFERENT TIMES AND LOCATIONS, IS DESIGNED TO TEACH PARENTS SKILLS TO OPEN UP THE PATHWAY TO EFFECTIVE COMMUNICATION WITH THEIR CHILDREN, GAIN UNDERSTANDING INTO THEIR CHILDREN'S FEELINGS AND NEEDS, AND PROMOTE COOPERATION AND MANAGE UNCOOPERATIVE BEHAVIORS PARENTS LEARN TO IDENTIFY TRIGGERS AND EARLY WARNING SIGNS OF CHALLENGING BEHAVIORS, THE BEHAVIOR SUPPORT STRATEGIES TO PREVENT AND MANAGE CHALLENGING BEHAVIORS AND CRISIS SITUATIONS, AND HOW TO RESTORE THEIR RELATIONSHIP WITH THEIR CHILDREN AFTER A CRISIS AND TRANSFORM IT INTO A LEARNING EXPERIENCE OTHER COMMUNITY BUILDING ACTIVITIESPHILHAVEN'S COMMUNITY BUILDING ACTIVITIES INCLUDED CONTRIBUTIONS TO THE MT GREтна FIRE COMPANY AND THE CORNWALL POLICE DEPARTMENT THESE CONTRIBUTIONS ALLOWED THE ORGANIZATIONS TO IMPROVE THE FACILITIES AND EQUIPMENT THEY USE TO MAINTAIN A SAFE COMMUNITY ADDITIONALLY, REPORTED AS COMMUNITY BUILDING ACTIVITIES ARE CONTRIBUTIONS TO THE UNITED WAY OF LEBANON THE UNITED WAY OF LEBANON PROVIDES ASSISTANCE TO SEVERAL PHYSICAL AND BEHAVIORAL HEALTHCARE PROVIDERS IN LEBANON COUNTY
		PART III, LINE 4 PHILHAVEN RECOGNIZES THE PROVISION FOR BAD DEBTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON HISTORICAL EXPERIENCE A COST CHARGE RATIO WAS USED TO DETERMINE THE AMOUNTS REPORTED AS BAD DEBT BAD DEBT IS RECORDED BASED ON THE NET BALANCE OF THE AGED RECEIVABLES ACCOUNT ALL DISCOUNTS AND PAYMENTS ARE RECORDED PRIOR TO THE ADJUSTMENT OF THE BAD DEBT ACCOUNT A SAMPLE OF CHARITY CARE APPLICATIONS WAS REVIEWED TO DETERMINE A RATIO OF REQUESTED CHARITY CARE TO GRANTED CHARITY CARE THIS PERCENTAGE WAS APPLIED TO THE BAD DEBT BALANCE

Identifier	ReturnReference	Explanation
		PART III, LINE 8 PHILHAVEN USES A COST TO CHARGE RATIO FOR APPLICABLE LEVELS OF CARE REIMBURSED BY MEDICARE THESE INCLUDE INPATIENT, OUTPATIENT AND DAY/IOP PROGRAMS
		PART III, LINE 9B THE ORGANIZATION DOES NOT PURSUE COLLECTIONS AGAINST PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE THIS POLICY, HOWEVER, IS NOT CURRENTLY DOCUMENTED THE ORGANIZATION IS WORKING TO MAKE THE POLICY AGAINST COLLECTION EFFORTS FOR FINANCIALLY NEEDY PATIENTS MORE FORMALIZED IN THEIR WRITTEN PROCEDURES

Identifier	ReturnReference	Explanation
PHILHAVEN		PART V, SECTION B, LINE 3 TWO COMMUNITY FORUMS WERE CONDUCTED WITH COMMUNITY MEMBERS AND MENTAL HEALTH PROFESSIONALS THERE WERE 76 PARTICIPANTS, REPRESENTING PUBLIC HEALTH AND MEDICAL SERVICES AND NON-PROFIT AND SOCIAL ORGANIZATIONS UPON COMPLETION OF THE FORUMS, AN ADVISORY COMMITTEE WAS PUT INTO PLACE TO REVIEW THE RESULTS AND SHARE OBSERVATIONS AND INTERPRETATIONS OF THE DATA THE ADVISORY COMMITTEE INCLUDED PHILHAVEN STAFF, PHILHAVEN BOARD MEMBERS AND COMMUNITY PARTICIPANTS INCLUDING THE LEBANON COUNTY MH/ID/EI DEPUTY ADMINISTRATOR, THE DAUPHIN COUNTY MH/ID PROGRAM ADMINISTRATOR, THE MHA OF LEBANON EXECUTIVE DIRECTOR, THE LANCASTER COUNTY BH/DS EXECUTIVE DIRECTOR, AND THE VICE PRESIDENT OF MEDICAL AFFAIRS OF GOOD SAMARITAN HOSPITAL THROUGH GROUP DIALOGUE, SEVEN KEY STRATEGIC ISSUES WERE IDENTIFIED USING AN ANONYMOUS WIRELESS KEYPAD VOTING SYSTEM, EACH ATTENDEE WAS ASKED TO RATE EACH STRATEGIC ISSUE WITH REGARD TO HOW STRONGLY THEY FELT THE ISSUE SHOULD BE INCLUDED IN THE FINAL IMPLEMENTATION PLAN THEY WERE EACH ALSO ASKED TO SELECT THE ONE ISSUE THAT THEY DEEMED MOST IMPORTANT THIS PRIORITIZATION WAS THEN UTILIZED BY PHILHAVEN LEADERSHIP AND BOARD OF DIRECTORS IN ADOPTING THE THREE PRIORITY AREAS OF THE CHNA
PHILHAVEN		PART V, SECTION B, LINE 7 A CRITERIA-DRIVEN APPROACH, WHICH INCLUDED ASSESSING THE SCOPE AND SERIOUSNESS OF THE IDENTIFIED NEEDS, PHILHAVEN'S EXPERTISE AND RESOURCES AVAILABLE TO ADDRESS THEM, AND A DISCUSSION OF WHAT NEEDS MAY BE ADDRESSED BY OTHERS, WENT INTO THE SELECTION OF PRIORITY ISSUES WHILE THREE ISSUES, INTEGRATED TREATMENT MODELS, FOCUS ON PREVENTION, AND REDUCTION IN EMERGENCY DEPARTMENT USE, WERE PRIORITIZED AND ADOPTED BY PHILHAVEN FOR ITS IMPLEMENTATION PLAN, PHILHAVEN CONTINUES WORK ACROSS MANY OF THE OTHER IDENTIFIED COMMUNITY NEEDS AS THE NEEDS THAT WERE IDENTIFIED ARE NOT MUTUALLY EXCLUSIVE FROM ONE ANOTHER, IT IS PHILHAVEN'S HOPE THAT BY ADEQUATELY ADDRESSING THE THREE PRIORITIZED NEEDS, THE OTHER NEEDS WILL BE INDIRECTLY IMPACTED AS WELL THE NEEDS THAT WERE IDENTIFIED, BUT NOT ADDRESSED ARE 1 A LACK OF "HUMAN RESOURCES"PHILHAVEN WILL CONTINUE TO ADVOCATE FOR INCREASED FUNDING AND HIGHER LEVELS OF STAFFING IN THE MENTAL HEALTH PROFESSION THROUGH ITS ROLE AS A NON-PROFIT ORGANIZATION IN SOUTH CENTRAL PENNSYLVANIA, PHILHAVEN WILL REPRESENT THE FIELD OF MENTAL AND BEHAVIORAL HEALTH AS ONE THAT IS FULFILLING, ATTRACTIVE AND WORTHWHILE TO PURSUE WHILE PHILHAVEN WILL CONTINUE ITS EFFORTS WITH RECRUITMENT AND RETENTION IN THE FIELD, OTHERS ARE DOING THE SAME AND NEED TO DO THE SAME FOR THIS TO IMPROVE PHILHAVEN ALONE AND EVEN IN PARTNERSHIP WITH OTHERS LOCALLY CANNOT ALONE IMPACT FUNDING CHANGES AND TRAINING OF MENTAL HEALTH PROFESSIONALS THE BEST WORK IS DONE THROUGH STATE AND NATIONAL ASSOCIATIONS FOR THIS REASON, IT WAS FELT THAT PHILHAVEN'S ABILITY TO DIRECTLY IMPACT THIS AS THE LOCAL LEVEL MAY BE LIMITED 2 STIGMADESPITE THIS PARTICULAR COMMUNITY NEED NOT RISING TO THE TOP OF THE PRIORITIZE NEEDS, PHILHAVEN REMAINS COMMITTED TO REDUCING THE STIGMA OF MENTAL ILLNESS PHILHAVEN HAS HAD A NUMBER OF OUTREACH INITIATIVES TO EDUCATE THE PUBLIC ON MENTAL HEALTH AND MENTAL WELLNESS AND WILL CONTINUE TO DO SO 3 LACK OF A FORUM FOR COLLECTIVE ADVOCACYTHE ROLE OF A PROVIDER ORGANIZATION IS TO PARTICIPATE IN ADVOCACY ISSUES WITH ELECTED OFFICIALS, HOWEVER, IT WAS DETERMINED THAT PHILHAVEN'S HIGHEST CALLING FROM A COMMUNITY-HEALTH PERSPECTIVE, IS NOT TO TAKE THE LEAD WITH PENNSYLVANIA'S ADVOCACY EFFORTS HAVING THE EXPERTISE OF RUNNING A NOT-FOR-PROFIT IS A VERY DIFFERENT SKILL SET THAN PULLING TOGETHER A STATEWIDE ADVOCACY INITIATIVE THAT BEING SAID, PHILHAVEN WILL CONTINUE TO BE A VOICE FOR INCREASED FUNDING AND OTHER HIGH PRIORITY ISSUES IN THE MENTAL HEALTH FIELD 4 INCREASED NEED FOR CULTURAL COMPETENCYPHILHAVEN CURRENTLY HAS SEVERAL INITIATIVES TO PROVIDE SPECIFIC COMMUNITY-BASED MENTAL HEALTH SERVICES TO CERTAIN SUB-POPULATIONS FOR EXAMPLE, PHILHAVEN PROVIDES CULTURALLY-COMPETENT SERVICES TO THE PLAIN COMMUNITY THAT ARE DEVELOPED AROUND THE UNIQUE BELIEFS AND NEEDS OF THAT POPULATION THESE INITIATIVES WILL CONTINUE, MANY IN PARTNERSHIP WITH OTHER ORGANIZATIONS IN THE AREA HOWEVER, PHILHAVEN AND THE CHNA ADVISORY COMMITTEE FELT THAT THE SCOPE AND SEVERITY OF THIS PARTICULAR ISSUE WAS NOT AS GREAT AS THE OTHER THREE THAT MADE THE FINAL PRIORITIZED LIST

Identifier	ReturnReference	Explanation
PHILHAVEN		PART V, SECTION B, LINE 18E A MINIMUM OF THREE ATTEMPTS TO COLLECT PAYMENT FROM THE PATIENT IS REQUIRED PRIOR TO REFERRAL TO A CREDIT AGENCY
PHILHAVEN		PART V, SECTION B, LINE 20D AS DETAILED IN ITS CHARITY CARE POLICY, PHILHAVEN USES A SLIDING SCALE BASED ON HOUSEHOLD INCOME AND THE FEDERAL POVERTY GUIDELINES AS THE BASIS FOR CHARGES TO INDIVIDUALS QUALIFYING FOR FINANCIAL ASSISTANCE THIS INCLUDES DISCOUNTS FROM 25% TO 100% OF THE USUAL AND CUSTOMARY CHARGES

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 PHILHAVEN SENIOR MANAGEMENT REGULARLY MEETS WITH LEADERSHIP OF THE COUNTY GOVERNMENTS AND LEADERSHIP OF LOCAL COMMUNITY HOSPITALS, HEALTH SYSTEMS AND OTHER PHYSICAL HEALTHCARE PROVIDERS TO IDENTIFY HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES RELATED TO MENTAL HEALTH AND PSYCHIATRY ADDITIONALLY PHILHAVEN REGULARLY SURVEYS ITS OWN PATIENTS TO GAIN A BETTER UNDERSTANDING OF THEIR NEEDS AND SATISFACTION WITH SERVICES PROVIDED
		PART VI, LINE 3 THE "CHARITY CARE" POLICY IS POSTED IN ALL ADMISSIONS / WAITING AREAS UPON ADMISSION THE PATIENT IS INFORMED, IN WRITING, OF THEIR LIABILITY SHOULD A PATIENT BE IDENTIFIED UPON ADMISSION OR DURING THE COURSE OF TREATMENT AS HAVING NO INSURANCE COVERAGE A CHARITY CARE COORDINATOR WILL MEET WITH THEM OR THEIR RESPONSIBLE PARTY TO REVIEW THE "CHARITY CARE" POLICY AND ASSIST IN APPLICATION FOR FINANCIAL ASSISTANCE THROUGH THE CHARITY CARE POLICY AND/OR THROUGH AN APPLICATION TO MEDICAL ASSISTANCE

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 PHILHAVEN PRIMARILY SERVES FOUR COUNTIES IN CENTRAL PENNSYLVANIA (LEBANON, LANCASTER, YORK AND DAUPHIN) THESE COUNTIES INCLUDE THE CITIES OF HARRISBURG, LANCASTER, LEBANON AND YORK ALOING WITH RURAL AREAS FIFTY FOUR PERCENT OF THE PATIENTS WE SERVE ARE FEMALE AND FORTY SIX PERCENT ARE MALE ADDITIONALLY SEVENTY TWO PERCENT OF THE PATIENTS WE SERVE ARE CAUCASIAN, NINE PERCENT ARE HISPANIC, FOUR PERCENT ARE AFRICAN-AMERICAN, AND FIFTEEN PERCENT IDENTIFY THEMSELVES AS ANOTHER RACE OR MIXED RACE
		PART VI, LINE 5 PHILHAVEN MAKES MEMBERS OF ITS MEDICAL AND CLINICAL STAFF AVAILABLE TO VARIOUS COMMUNITY ORGANIZATIONS INCLUDED IN THIS ARE PSYCHIATRIC PHILHAVEN PROVIDES CONSULTATIONS FROM ITS MEDICAL STAFF MEMBERS TO LOCAL COMMUNITY AND ACUTE CARE HOSPITALS ADDITIONALLY PHILHAVEN PROVIDES MEDICAL STAFF AND CLINICAL STAFF TO A LOCAL SCHOOL DISTRICT FOR PSYCHIATRIC AND THERAPEUTIC CONSULTATION OR DIRECT SERVICES AT NO CHARGE PHILHAVEN ENCOURAGES ITS SENIOR MANAGEMENT AND EMPLOYEES TO VOLUNTEER THEIR TIME FOR LOCAL NON-PROFIT ORGANIZATIONS THESE STAFF PROVIDE MENTAL HEALTH EXPERTISE TO NON-PROFIT AGENCIES PROVIDING SERVICES TO HOMELESS PERSONS, PERSONS WITH DEVELOPMENTAL DISABILITIES, AND PERSONS WITH MENTAL ILLNESS ADDITIONALLY, PHILAHVEN ALLOWS SOME LOCAL NON-PROFIT ORGANIZATIONS USE OF ITS TRAINING FACILITIES AT NO CHARGE INCLUDING OTHER HEALTH CARE ORGANIZATIONS TRAININGS SPONSORED BY PHILHAVEN ARE ALSO MADE AVAILABLE TO OTHER MENTAL HEALTH AND PHYSICAL HEALTHCARE PROVIDERS ON A VARIETY OF MENTAL HEALTH TOPICS IMPROVING THE OTHER HEALTHCARE PROVIDERS' ABILITY TO SERVE PATIENTS WITH MENTAL ILLNESS

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 N/A
REPORTS FILED WITH STATES	PART VI, LINE 7	PA

Identifier	ReturnReference	Explanation
IMPLEMENTATION PLAN	PART VI	PHILHAVEN HAS ADOPTED THE FOLLOWING IMPLEMENTATION DETAILS TO SUPPORT ITS COMMUNITY-BASED WORK REGARDING THE THREE PRIORITY COMMUNITY NEEDS THIS WORK WILL BE SPEARHEADED BY THE PHILHAVEN LEADERSHIP TEAM WITH ONGOING GUIDANCE FROM A COMMUNITY ADVISORY GROUP ADDITIONALLY, PHILHAVEN WILL ENGAGE WITH AREA PARTNERS, MANY OF WHOM PARTICIPATED IN THE COMMUNITY FORUMS, TO ADVANCE THE WORK OF THE PRIORITIZED COMMUNITY NEEDS INTEGRATED TREATMENT MODELSGOAL STATEMENT TO IMPROVE THE DELIVERY OF COMMUNITY HEALTHCARE SERVICES THROUGH THE INTEGRATION OF PRIMARY CARE, MENTAL HEALTHCARE, AND OTHER RELATED SERVICES OBJECTIVES A TO PROVIDE PATIENT SERVICES IN AT LEAST ONE INTEGRATED CARE MODEL BY JANUARY 1, 2014 B TO MEET WITH IDENTIFIED PRIMARY HEALTHCARE PROVIDERS AT LEAST TWO TIMES PER YEAR IN ORDER TO IDENTIFY AND ENHANCE STRATEGIES THAT PROMOTE WELLNESS C TO DEVELOP AT LEAST ONE TRAINING SERIES OR COMMUNICATION CAMPAIGN ANNUALLY DESIGNED TO INCREASE INTERNAL AND COMMUNITY AWARENESS OF THE NEED FOR INTEGRATED TREATMENT MODELS TO MEET COMMUNITY HEALTHCARE NEEDS IMPLEMENTATION STRATEGIES 1 ESTABLISH A WORKGROUP OF PRIMARY CARE AND MENTAL HEALTH PROFESSIONALS TO IDENTIFY POSSIBLE MODELS FOR INTEGRATED CARE, THIS GROUP WOULD MEET ON A SEMIANNUAL BASIS 2 PROVIDE INTEGRATED COMMUNITY SERVICES WITH HAMILTON HEALTHCARE 3 SUPPORT EXISTING COMMUNITY GROUPS AND STAKEHOLDERS FOCUSED ON INTEGRATING TREATMENT MODELS TO IMPROVE THE DELIVERY OF HEALTHCARE SERVICES 4 DEVELOP TRAINING AND EDUCATION OPPORTUNITIES FOR STAFF, CLIENTS, AND THE COMMUNITY REGARDING HEALTHCARE DELIVERY MODELS AND MODALITIES FOCUS ON PREVENTIONGOAL STATEMENT TO IMPROVE THE COMMUNITY'S QUALITY OF LIFE THROUGH PREVENTION STRATEGIES OBJECTIVES A TO ANNUALLY ENGAGE AND COLLABORATE WITH COMMUNITY PHYSICAL HEALTH PROVIDERS AND AGENCIES ON AT LEAST TWO COMMUNITY HEALTH PROMOTION AND PREVENTION PROJECTS B TO INCREASE COMMUNITY AWARENESS OF PREVENTION STRATEGIES AS EVIDENCED BY CIRCULATION OF HEALTHY LIVING LITERATURE IN 50% OF LEBANON COUNTY PRIMARY CARE PHYSICIAN OFFICES BY JANUARY 2015 C TO PROMOTE HEALTHY LIFESTYLES BY PROVIDING AT LEAST ONE ANNUAL EDUCATION OPPORTUNITY FOR STAFF, CLIENTS AND THE COMMUNITY TO ADDRESS KEY PHYSICAL AND MENTAL HEALTH ISSUES BY JANUARY 2015 IMPLEMENTATION STRATEGIES 1 COLLABORATE ON PREVENTION FOCUSED ENDEAVORS SUCH AS HEALTH SCREENING PROJECTS, COMMUNITY HEALTH COUNCIL, COALITIONS, ETC WITH COMMUNITY STAKEHOLDERS 2 PROVIDE INFORMATION TO CLIENTS AND THE COMMUNITY TO IMPROVE UNDERSTANDING OF KEY BEHAVIORAL HEALTHCARE ISSUES FACING THE COMMUNITY INCLUDING BUT NOT LIMITED TO SUICIDE, DOMESTIC VIOLENCE, TRAUMA AND SUBSTANCE ABUSE 3 PROVIDE MEDICAL/PHYSICAL HEALTH INFORMATION AND LITERATURE IN WAITING AREAS 4 WORK WITH COMMUNITY AGENCIES AND PROVIDERS TO IMPROVE UNDERSTANDING OF BEHAVIORAL HEALTHCARE SYSTEMS BY OFFERING ONGOING INFORMATION INCLUDING WHEN AND HOW TO ACCESS CARE, SYSTEM ENTRY POINTS, EVALUATIONS AND TREATMENT 5 DEVELOP PEDAGOGY TO PROMOTE HEALTH LITERACY USING HEALTHY PEOPLE 2020 AS A FRAMEWORK FOR NEEDS REDUCTION OF THE USE OF THE EMERGENCY DEPARTMENT AS AN ACCESS POINT FOR PERSONS WITH A MENTAL ILLNESSGOAL STATEMENT TO REDUCE THE USE OF EMERGENCY DEPARTMENTS AS AN ACCESS POINT FOR PERSONS WITH MENTAL ILLNESS OBJECTIVES A MEET WITH REPRESENTATIVES FROM EMERGENCY DEPARTMENTS IN LANCASTER AND LEBANON COUNTIES AT LEAST TWO TIMES PER YEAR STARTING IN 2014 TO ADDRESS BEHAVIORAL HEALTH NEEDS OF "SUPER-UTILIZERS" IN ORDER TO ADDRESS ISSUES RELATED TO EMERGENCY DEPARTMENT OVERUSE B ENGAGE COMMUNITY STAKEHOLDERS IN SEMIANNUAL MEETINGS STARTING 2014 TO IDENTIFY DISCRETE BEHAVIORAL HEALTH SERVICES AND SUPPORTS NEEDED WITHIN EMERGENCY DEPARTMENTS TO MEET URGENT, NON-EMERGENCY BEHAVIORAL HEALTH NEEDS IMPLEMENTATION STRATEGIES 1 PARTICIPATE IN MEETING WITH LOCAL EMERGENCY DEPARTMENT LEADERS TO IDENTIFY TACTICS TO REDUCE USE OF DEPARTMENTS AS AN ACCESS POINT FOR PERSONS WITH MENTAL ILLNESS 2 PARTICIPATE IN MEETINGS WITH LEADERS FROM LOCAL ADULT COMMUNITY BASED PSYCHIATRIC INPATIENT DIVERSION PROGRAMS TO DEVELOP STRATEGIES FOR REDUCING EMERGENCY DEPARTMENT USE BY CLIENTS SERVED IN THESE PROGRAMS 3 PARTICIPATE IN REGULAR "SUPER-UTILIZER" MEETINGS WITH COMMUNITY STAKEHOLDERS TO ADDRESS ISSUES THAT LEAD MENTAL HEALTH CONSUMERS TO USE EMERGENCY DEPARTMENTS IN PLACE OF OTHER CARE OPTIONS 4 PROVIDE EDUCATION AND INFORMATION TO THE COMMUNITY ON ALTERNATIVE OPTIONS TO EMERGENCY DEPARTMENT USE AS AN ACCESS POINT FOR PERSONS WITH MENTAL ILLNESS MECHANISMS TO COMMUNICATE THIS INFORMATION INCLUDE BUT ARE NOT LIMITED TO LITERATURE AT PRIMARY CARE AND OTHER HEALTHCARE PROVIDER OFFICES AND SPEAKING ENGAGEMENTS BY PHILHAVEN STAFF

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
		2012
		Open to Public Inspection

Name of the organization PHILHAVEN	Employer identification number 23-1548822
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4a		No
		4b		No
		4c		No
	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? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5a		No
		5b		No
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? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6a		No
		6b		No
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		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		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 duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRANCIS D SPARROW MD MEDICAL DIRECTOR	(i)	311,256	0	0	3,179	10,263	324,698	0
	(ii)	0	0	0	0	0	0	0
(2) PHILIP D HESS CHIEF EXECUTIVE OFFICER	(i)	187,249	0	0	2,125	14,863	204,237	0
	(ii)	0	0	0	0	0	0	0
(3) OLANIYI I OLULEYE PHYSICIAN	(i)	262,245	0	0	3,675	14,863	280,783	0
	(ii)	0	0	0	0	0	0	0
(4) RICHARD PAKOLA PHYSICIAN	(i)	270,655	0	0	2,833	11,238	284,726	0
	(ii)	0	0	0	0	0	0	0
(5) THOMAS FOLEY PHYSICIAN	(i)	240,722	0	0	3,050	10,263	254,035	0
	(ii)	0	0	0	0	0	0	0
(6) THOMAS FENSTERMACHER PHYSICIAN	(i)	242,042	0	0	3,631	14,863	260,536	0
	(ii)	0	0	0	0	0	0	0
(7) JEREMY WALTERS PHYSICIAN	(i)	233,692	0	0	3,505	13,544	250,741	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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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

2012**Open to Public
Inspection**Name of the organization
PHILHAVEN**Employer identification number**

23-1548822

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE IS COMPRISED OF THE FOUR ELECTED OFFICERS OF THE BOARD, I E., PRESIDENT, VICE PRESIDENT, TREASURER AND SECRETARY, AND A "FIFTH MEMBER" ELECTED BY THE BOARD THE CHIEF EXECUTIVE OFFICER AND THE MEDICAL DIRECTOR ARE NON-VOTING MEMBERS OF THE EXECUTIVE COMMITTEE ALL VOTING MEMBERS OF THE EXECUTIVE COMMITTEE ARE ON THE BOARD THE NON-VOTING MEMBERS ARE NOT ON THE BOARD THE SCOPE OF EXECUTIVE COMMITTEE AUTHORITY INCLUDES (1) TO ACT ON BEHALF OF THE BOARD WHILE THAT BODY IS ADJOURNED BETWEEN MEETINGS, SUBJECT TO REVIEW BY THE BOARD AT ITS NEXT MEETING, (2) TO DEVELOP A SYSTEM OF CORPORATE OBJECTIVES AND LONG-RANGE GOALS, (3) TO RECOMMEND TO THE BOARD THE APPOINTMENT AND REAPPOINTMENT OF MEDICAL STAFF MEMBERS AND THE GRANTING OF CLINICAL PRIVILEGES TO EACH MEMBER OF THE MEDICAL STAFF, (4) TO ENSURE APPROPRIATE BOARD REPRESENTATION AT ORGANIZATIONAL STRATEGIC PLANNING MEETINGS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	PHILHAVEN IS CONTROLLED BY THE LANCASTER CONFERENCE OF THE MENNONITE CHURCH UNDER THE BYLAWS OF PHILHAVEN, CONTROL IS EXERCISED VIA CERTAIN RESERVE POWERS INCLUDING THE APPROVAL AND APPOINTMENT OF MEMBERS OF THE GOVERNING BODY, APPROVAL OF THE APPOINTMENT OF THE CHIEF EXECUTIVE OFFICER AND APPROVAL OF AMENDMENTS TO THE BYLAWS AND ARTICLES OF INCORPORATION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7A	THE LANCASTER MENNONITE CONFERENCE APPOINTS THREE MEMBERS OF THE BOARD OF DIRECTORS ADDITIONALLY, THE LANCASTER MENNONITE CONFERENCE WILL APPROVE THE SELECTION OF ALL AT-LARGE MEMBERS OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 7B	THE LANCASTER MENNONITE CONFERENCE MUST APPROVE ANY CHANGE TO THE EXISTING BY-LAWS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS PERFORMS AN INITIAL REVIEW OF THE 990 UPON THE FINANCE COMMITTEE'S APPROVAL, THE 990 GETS DISTRIBUTED TO ALL BOARD MEMBERS ELECTRONICALLY EACH BOARD MEMBER WILL THEN HAVE THE OPPORTUNITY TO REVIEW THE 990 BEFORE THE RETURN'S SUBMISSION TO THE IRS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL MEMBERS OF THE BOARD OF DIRECTORS, EMPLOYEES WHO ARE DIRECTORS OR ABOVE, LICENSED PROFESSIONALS AND INDEPENDENT LICENSED PRACTITIONERS ARE SUBJECT TO PHILHAVEN'S CONFLICT OF INTEREST POLICIES. PHILHAVEN REQUIRES EACH MEMBER OF THE BOARD OF DIRECTORS TO DISCLOSE CONFLICTS OF INTEREST, OR POTENTIAL CONFLICTS OF INTEREST, TO THE PRESIDENT OF THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. THE PRESIDENT MUST DISCLOSE CONFLICTS OF INTEREST, OR POTENTIAL CONFLICTS OF INTEREST, TO THE FULL BOARD OF DIRECTORS ON AN ANNUAL BASIS. IF A CONFLICT OF INTEREST IS IDENTIFIED THAT HAS NOT BEEN DECLARED THE BOARD MAY DISCLOSE BY RESOLUTION CARRIED BY TWO-THIRDS OF ITS MEMBERS PRESENT AT THE MEETING, THAT A CONFLICT OF INTEREST EXISTS AND THE MEMBER OF THE BOARD THUS FOUND TO BE IN CONFLICT SHALL WITHDRAW FROM THE MEETING OR REFRAIN FROM DISCUSSION OR VOTING IN RELATION TO THE MATTER. UPON HIRE AND ANNUALLY THEREAFTER ANY EMPLOYEE OR INDEPENDENT PRACTITIONER SUBJECT TO THE POLICIES IS REQUIRED TO COMPLETE A DISCLOSURE STATEMENT. ADDITIONALLY PHILHAVEN'S CHIEF LEGAL OFFICER IS REQUIRED TO REVIEW ALL CONTRACTS OR AGREEMENTS WITH OTHER CARE PROVIDERS OR FOR OTHER SERVICES TO IDENTIFY ANY CONFLICTS OF INTEREST. SHOULD A CONFLICT OF INTEREST WITH AN EMPLOYEE OR WITH AN AGREEMENT OR CONTRACT WITH A THIRD PARTY BE IDENTIFIED, THE CHIEF LEGAL OFFICE AND MEDICAL DIRECTOR SHALL REVIEW THE CIRCUMSTANCES TO MAKE A DECISION ON THE APPROPRIATE ACTION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SHALL DETERMINE AND APPROVE IN ADVANCE THE COMPENSATION ARRANGEMENTS FOR IDENTIFIED EXECUTIVE EMPLOYEES WHO ARE IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER PHILHAVEN'S AFFAIRS. EXECUTIVE EMPLOYEES SUBJECT TO THIS POLICY INCLUDE THE CHIEF EXECUTIVE OFFICER AND MEDICAL DIRECTOR. IN MAKING ITS DETERMINATION, THE EXECUTIVE COMMITTEE SHALL RELY UPON APPROPRIATE DATA AND INFORMATION AS TO THE COMPARABILITY OF COMPENSATION ARRANGEMENTS. RELEVANT FACTORS THAT MAY BE CONSIDERED INCLUDE, BUT ARE NOT LIMITED TO: 1. COMPENSATION PAID BY SIMILARLY SITUATED ORGANIZATIONS, BOTH TAXABLE AND TAX-EXEMPT, FOR FUNCTIONALLY COMPARABLE POSITIONS; 2. CURRENT COMPENSATION SURVEYS CONDUCTED BY INDEPENDENT FIRMS (SUCH AS NATIONAL ASSOCIATION OF ADDICTION TREATMENT (NAATP)/NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE AND MENNONITE HEALTH SERVICES (MHS) ALLIANCE; 3. EXECUTIVE EMPLOYEE'S SALARY HISTORY WITH OTHER ORGANIZATIONS; 4. ACTUAL WRITTEN OFFERS FROM SIMILAR ORGANIZATIONS COMPETING FOR THE SERVICES OF THE EXECUTIVE; AND 5. AVAILABILITY OF SIMILARLY QUALIFIED EXECUTIVES IN THE GEOGRAPHIC AREA. THE EXECUTIVE COMMITTEE'S DECISION MUST BE CONTEMPORANEOUSLY DOCUMENTED IN WRITING. THE CEO DETERMINES THE COMPENSATION FOR THE CHIEF FINANCIAL OFFICER.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ANY OF THESE DOCUMENTS ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST

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

2012

Open to Public Inspection

Name of the organization
PHILHAVEN

Employer identification number
23-1548822

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproporionate 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	
(1) KE LLC 283 S BUTLER ROAD PO BOX 550 MT GRETN, PA 17064 23-2647658	REAL ESTATE RENTAL	PA	N/A	UNRELATED	50,396	901,818		No		Yes		50 000 %
(2) ADVANCED MANAGEMENT SERVICES 320 HIGHLAND DRIVE MOUNTVILLE, PA 17554 61-1676937	SOFTWARE COMPANY	PA	N/A	UNRELATED		25,000		No		Yes		22 380 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

Yes

Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KE LLC	K	143,465	COST
(2) ADVANCED MANAGEMENT SERVICES	R	25,000	COST
(3) KE LLC	S	85,000	CASH

Schedule R (Form 990) 2012

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

[illegible]

Software ID:
Software Version:
EIN: 23-1548822
Name: PHILHAVEN

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation	
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Philhaven

Financial Statements and
Supplementary Information

June 30, 2013 and 2012

Philhaven

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June 30, 2013 and 2012

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Independent Auditors' Report

Board of Directors
Philhaven

Report on the Financial Statements

We have audited the accompanying financial statements of Philhaven, which comprise the balance sheet as of June 30, 2013 and 2012, and the related statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Philhaven as of June 30, 2013 and 2012, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

ParenteBeard LLC

Lancaster, Pennsylvania
November 19, 2013

Philhaven

Balance Sheet

June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets		
Current Assets		
Cash and cash equivalents	\$ 3,298,158	\$ 3,153,699
Assets limited as to use, grant agreements	1,006	1,004
Patient accounts receivable, net of allowances for doubtful accounts of \$149,265 in 2013 and \$267,917 in 2012	7,448,949	7,039,760
Estimated settlements due from third-party payors	868,090	419,865
Grant receivable	573,200	-
Prepaid expenses and other assets	1,046,611	976,839
Accounts receivable, insurance recovery	235,807	428,649
Unconditional promises to give	130,025	136,703
Total current assets	<u>13,601,846</u>	<u>12,156,519</u>
Investments	<u>2,266,349</u>	<u>6,834,822</u>
Assets Limited as to Use		
Board-designated	30,441	17,893
Donor restricted	295,614	284,779
Funds held by trustee for workers' compensation	39,193	39,848
Total assets limited as to use	<u>365,248</u>	<u>342,520</u>
Property, Equipment and Cattle, Net	14,846,268	12,135,531
Beneficial Interest in Irrevocable Trusts	483,111	394,099
Unconditional Promises to Give, Net	148,091	197,135
Investment in Limited Liability Companies	926,818	936,422
Note Receivable	340,000	340,000
Other Assets	<u>82,059</u>	<u>68,186</u>
Total assets	<u>\$ 33,059,790</u>	<u>\$ 33,405,234</u>

See notes to financial statements

Philhaven

Balance Sheet

June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Liabilities and Net Assets		
Current Liabilities		
Bank line of credit	\$ 780,249	\$ 154,256
Current maturities of notes payable	525,663	501,614
Accounts payable	848,393	1,309,260
Accrued expenses	4,575,197	4,505,653
Advances due to third-party payors	<u>45,900</u>	<u>45,900</u>
Total current liabilities	6,775,402	6,516,683
Notes Payable, Net of Current Maturities	<u>2,714,516</u>	<u>3,142,928</u>
Total liabilities	<u>9,489,918</u>	<u>9,659,611</u>
Net Assets		
Unrestricted	22,538,246	22,587,131
Temporarily restricted	472,678	690,674
Permanently restricted	<u>558,948</u>	<u>467,818</u>
Total net assets	<u>23,569,872</u>	<u>23,745,623</u>
Total liabilities and net assets	<u>\$ 33,059,790</u>	<u>\$ 33,405,234</u>

See notes to financial statements

Philhaven

Statement of Operations and Changes in Net Assets Years Ended June 30, 2013 and 2012

	2013	2012
Unrestricted Revenues, Gains, and Support		
Patient service revenues	\$ 57,012,583	\$ 54,993,606
Provision for bad debts	(446,858)	(357,554)
Net patient service revenues	56,565,725	54,636,052
Sales	606,770	509,769
Grants	450,000	449,796
Other revenues	433,752	408,275
Net assets released from restrictions used for operations	135,276	292,541
Total unrestricted revenues, gains, and support	58,191,523	56,296,433
Expenses		
Salaries and wages	37,829,293	36,725,280
Employee benefits	9,966,419	7,640,489
Supplies and expenses	8,627,997	8,988,228
Depreciation and amortization	1,900,064	1,774,717
Professional fees	1,595,721	1,333,049
Interest	239,740	253,791
Total expenses	60,159,234	56,715,554
Loss from operations	(1,967,711)	(419,121)
Non-Operating Gains (Losses)		
Investment income	123,698	107,061
Gifts and bequests	129,513	122,027
Other	646,250	400,000
Gain on sale of property and equipment	20,143	155,195
Net assets released from restrictions	1,358	562
Fundraising	(261,366)	(263,889)
Income taxes	(27,102)	(16,273)
Non-operating gains, net	632,494	504,683
Revenues (less than) in excess of expenses	(1,335,217)	85,562
Net Assets Released from Restrictions Used for Capital Projects	666,106	220,442
Grant Income Used for Long-Term Purposes	573,200	-
Net Unrealized Gains (Losses) on Investments	47,026	(29,426)
(Decrease) increase in unrestricted net assets	(48,885)	276,578

See notes to financial statements

Philhaven

Statement of Operations and Changes in Net Assets Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Temporarily Restricted Net Assets		
Gifts and bequests	\$ 584,250	\$ 772,375
Investment income	494	1,624
Losses on pledges	-	(83,403)
Net assets released from restrictions for		
Operating expense	(135,276)	(292,541)
Non-operating	(1,358)	(562)
Capital projects	<u>(666,106)</u>	<u>(220,442)</u>
(Decrease) increase in temporarily restricted net assets	<u>(217,996)</u>	<u>177,051</u>
Permanently Restricted Net Assets		
Gifts and bequests	78,090	-
Investment gains (losses)	<u>13,040</u>	<u>(12,247)</u>
Increase (decrease) in permanently restricted net assets	<u>91,130</u>	<u>(12,247)</u>
(Decrease) increase in net assets	(175,751)	441,382
Net Assets, Beginning of Year	<u>23,745,623</u>	<u>23,304,241</u>
Net Assets, End of Year	<u><u>\$ 23,569,872</u></u>	<u><u>\$ 23,745,623</u></u>

See notes to financial statements

Philhaven

Statement of Cash Flows

Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Cash Flows from Operating Activities		
(Decrease) increase in net assets	\$ (175,751)	\$ 441,382
Adjustments to reconcile (decrease) increase in net assets to net cash (used in) provided by operating activities		
Depreciation and amortization	1,900,064	1,774,717
Gain on sale of property and equipment	(20,143)	(155,195)
Provision for bad debts	446,858	357,554
Net unrealized and realized (gains) losses on investments	(53,484)	5,831
Income from investments in limited liability companies	(50,396)	(25,176)
Restricted gifts and bequests	(684,708)	(706,865)
(Increase) decrease in the fair market value of beneficial interest in irrevocable trust	(10,922)	12,247
Changes in certain assets and liabilities		
Patient accounts receivable	(856,047)	(610,637)
Grant receivable	(573,200)	-
Prepaid expenses and other assets	107,274	2,027,586
Advances due to third-party payors	(448,225)	(51,367)
Accounts payable and accrued expenses	(654,879)	358,493
Net cash (used in) provided by operating activities	<u>(1,073,559)</u>	<u>3,428,570</u>
Cash Flows from Investing Activities		
Net sales (purchases) of investments	4,599,227	(1,363,073)
Proceeds from the sale of property and equipment	27,267	433,155
Distributions from limited liability companies	85,000	25,000
Purchase of property, equipment, and cattle	(4,352,446)	(2,117,937)
Investment in limited liability company	(25,000)	-
Issuance of notes receivable	-	(340,000)
Net cash provided by (used in) investing activities	<u>334,048</u>	<u>(3,362,855)</u>
Cash Flows from Financing Activities		
Cash received on restricted gifts and bequests	662,340	811,695
Net increase in bank line of credit	625,993	154,256
Repayment of long-term debt	(404,363)	(278,776)
Net cash provided by financing activities	<u>883,970</u>	<u>687,175</u>
Net increase in cash and cash equivalents	144,459	752,890
Cash and Cash Equivalents, Beginning	<u>3,153,699</u>	<u>2,400,809</u>
Cash and Cash Equivalents, Ending	<u>\$ 3,298,158</u>	<u>\$ 3,153,699</u>

See notes to financial statements

Philhaven**Statement of Cash Flows**

Years Ended June 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Supplementary Cash Flow Information		
Interest paid	<u>\$ 241,453</u>	<u>\$ 257,219</u>
Income taxes paid	<u>\$ 27,102</u>	<u>\$ 16,273</u>
Supplementary Disclosure of Noncash Investing Activities		
Acquisition of property, equipment, and cattle which have not been paid	<u>\$ 668,701</u>	<u>\$ 405,145</u>

See notes to financial statements

1. Organization and Basis of Presentation

Philhaven is a not-for-profit corporation and has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code. Its operations include the following:

- Philhaven - a behavioral healthcare provider specializing in the diagnosis and care of persons with mental, emotional, and behavioral difficulties and providing inpatient, residential, outpatient, partial hospitalization, and community-based facilities and services
- Philhaven Farm (Farm) - a dairy farm, whose income is taxable for federal purposes as unrelated business income of a not-for-profit organization

2. Summary of Significant Accounting Policies**Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include collateralized repurchase agreements and investments in highly liquid debt and equity instruments with an original maturity of three months or less from the purchase date, excluding amounts whose use is limited.

Patient Accounts Receivable

Patient accounts receivable are reported at net realizable value. Accounts are written off when they are determined to be uncollectible based upon management's assessment of individual accounts. In evaluating the collectibility of patient accounts receivable, Philhaven analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. For receivables associated with services provided to patients who have third-party coverage, Philhaven analyzes contractual amounts due and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, Philhaven records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the billed rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

Philhaven's allowance for doubtful accounts for self-pay patients increased to 36% of self-pay accounts receivable at June 30, 2013 from 32% of self-pay accounts receivable at June 30, 2012. The increase is directly related to an adjustment made by management to more accurately reflect the allowance balance based on historical write-offs and increase in self-pay volume. In addition, Philhaven's total account write-offs (net of recoveries) increased to \$215,412 in 2013 from \$113,743 in 2012. The increase was primarily related to the result of an increase in self-pay volumes. Philhaven has not changed its financial assistance policy in 2013 or 2012.

Investments, Assets Limited as to Use, Investment Income and Investment Risk

All investments with readily determinable fair values are measured at fair value in the balance sheet. Assets limited as to use include designated assets set aside by the Board of Directors for future capital improvements, charity care uses, and a board designated endowment over which the Board retains control, assets held by trustees which are self-insurance trust arrangements in accordance with the Pennsylvania Workers' Compensation Act and amounts restricted by donors. Amounts required to meet current obligations are reported as current assets.

Investment income, including realized gains and losses on investments and interest and dividends on board-designated funds, is reported as non-operating gains in the statements of operations and changes in net assets. Investment income on temporarily restricted net assets is reported as non-operating gains in the statements of operations and changes in net assets unless the income or loss is restricted by donor or law. Unrealized gains on investments are reported as a component of changes in unrestricted net assets.

Philhaven's investments are comprised of a variety of financial instruments and are managed by investment advisors. The fair values reported in the balance sheet are exposed to various risks including changes in the equity markets, the interest rate environment, and general economic conditions. Due to the level of risk associated with certain investment securities, it is reasonably possible that the amounts reported in the accompanying financial statements could change materially in the near term.

Property, Equipment and Cattle

It is Philhaven's policy to capitalize property and equipment that exceed \$1,500 individually, or a group of similar items exceeding \$10,000. Lesser amounts are expensed.

Property, equipment and cattle are recorded at cost or fair value if donated. Depreciation is being provided on the straight-line method over the estimated useful lives of the assets.

Gifts of long-lived assets such as property, equipment and cattle are reported as other changes in unrestricted net assets, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Impairment losses are recognized in the statement of operations as a component of operating income as they are determined. Philhaven reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, Philhaven calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, and impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. No such impairment losses were recorded in 2013 and 2012.

Donor-Restricted Gifts

Donor-restricted gifts are reported at fair value at the date the gift is received, which is then treated as cost. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statements of operations and changes in net assets as net assets released from restriction. Donor-restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements.

Unconditional Promises to Give

Unconditional promises to give are recorded at fair value as revenue on the date the promise to give is irrevocable. Depending on the existence and nature of any donor restrictions, donations are reflected as increases in unrestricted, temporarily restricted, or permanently restricted net assets.

Philhaven estimates the fair value of donations that expected to be collected after one year using present value techniques and market interest rates in effect on the date of the donation and a related discount is recorded. Discount amortization is included in donation revenue as the associated pledges reach maturity. The fair value of donations that are expected to be collected within one year is estimated at net realized value. Philhaven believes all donations will be collected in accordance with stipulated terms and has not provided an allowance for uncollectible pledges.

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

Unconditional promises to give at June 30, 2013 and 2012 are as follows

	2013	2012
Unrestricted	\$ 266,940	\$ 295,951
Caring Fund	14,876	25,911
Building Family Resources Campaign	-	17,500
Other restricted	-	76
	<u>\$ 281,816</u>	<u>\$ 339,438</u>
Receivable in less than one year	\$ 130,025	\$ 136,703
Receivable in one to five years	151,791	202,735
	281,816	339,438
Less discount to net present value	<u>(3,700)</u>	<u>(5,600)</u>
	<u>\$ 278,116</u>	<u>\$ 333,838</u>

Unconditional promises to give due in more than one year have been discounted at range of 2 44% to 3 25%

Beneficial Interest in Irrevocable Trust

Philhaven is the beneficiary of several irrevocable trusts, whereby Philhaven receives a percentage of the income from the trust, net of fees. The asset described as beneficial interest in irrevocable trust represents Philhaven's share of the underlying asset value. The change in the value of the underlying asset is recorded as a change in permanently restricted net assets.

Estimated Medical Malpractice Claims Liability

The provision for estimated medical malpractice claims liability includes estimates of the ultimate costs for both reported claims and claims incurred but not reported, including costs associated with litigating or settling claims. Anticipated insurance recoveries associated with reported claims are reported separately in Philhaven's balance sheet at net realizable value.

Investment in Limited Liability Companies

Philhaven is accounting for its 50% investment in KE LLC (KE) and for its 22.375% investment in Advance Management Services, LLC (AMS), limited liability companies, by the equity method of accounting. Under this method, the net income of KE and AMS is recognized as income in Philhaven's statement of operations and added to the investment account, and distributions received from KE and AMS are treated as a reduction of the investment account. Allocation of KE's and AMS' profits is governed by operating agreements, although it is generally based on the ownership percentage of each of the partners.

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

Temporarily Restricted Net Assets

Temporarily restricted net assets represent those whose use has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are released from donor restrictions when expenses are incurred or time period expires satisfying the restricted purposes. Net assets of \$802,740 in 2013 and \$513,545 in 2012 were released from restrictions.

Permanently Restricted Net Assets

Permanently restricted net assets represent funds that have been restricted by the donor in perpetuity. Permanently restricted net assets consist of Philhaven's beneficial interest in several irrevocable trusts and an endowment fund. The change in the value of Philhaven's beneficial interest in these funds is recorded as a change in permanently restricted net assets.

Revenues (Less Than) in Excess of Expenses

The statement of operations includes the determination of revenues (less than) in excess of expenses. Changes in unrestricted net assets, which are excluded from revenues (less than) in excess of expenses, consistent with industry practice, include unrealized gains and losses on investments other than trading securities and contributions and grants of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purpose of acquiring such assets).

Net Patient Service Revenues

Philhaven has agreements with third-party payors that provide for payments to Philhaven at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments, and contracted amounts. Philhaven recognizes patient service revenues associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, Philhaven recognizes revenues on the basis of its standard rates, discounted in accordance with the Philhaven's policy. On the basis of historical experience, a portion of the Philhaven's uninsured patients will be unable or unwilling to pay for the services provided. Thus, Philhaven records a provision of bad debts related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision of bad debts), recognized in 2013 and 2012 from these major payor sources, are as follows:

	Third-Party Government Payors	Third-Party Commercial Payors	Self-Pay	Total
	June 30, 2013			
Patient service revenues (net of contractual allowances and discounts)	<u>\$ 38,069,947</u>	<u>\$ 16,341,903</u>	<u>\$ 2,600,733</u>	<u>\$ 57,012,583</u>

Philhaven

Notes to Financial Statements June 30, 2013 and 2012

	Third-Party Government Payors	Third-Party Commercial Payors	Self-Pay	Total
	June 30, 2012			
Patient service revenues (net of contractual allowances and discounts)	\$ 38,968,589	\$ 13,539,298	\$ 2,485,719	\$ 54,993,606

Charity Care and Community Service

Philhaven provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because Philhaven does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. Criteria for charity care consider the patient's family income, net worth, and other factors.

Philhaven maintains records to identify and monitor the level of charity care it provides. A patient is classified as a charity care patient by reference to established policies of Philhaven. These policies utilize the Department of Health and Human Services' Poverty Levels as guidelines for eligibility for charity care. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by Philhaven amounted to \$196,886 in 2013 and \$183,843 in 2012.

Additionally, Philhaven sponsors certain other service programs and charity services which provide substantial benefit to the broader community. Such programs include educational features for the general community as well as for other professional health care providers in the community on such topics as women's issues, pain management, stress management, substance abuse as well as other mental health issues. Charity services are also provided to local disaster response professionals following traumatic events in the community.

Income Taxes

Philhaven is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on their exempt income under Section 501(a) of the Internal Revenue Code. The Farm's income is taxable for federal purposes as unrelated business income. Philhaven and the Farm prescribe a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority in recording tax liabilities in the financial statements. Measurement and recognition of the tax uncertainty occurs if the recognition threshold has been met. Management determined there were no tax uncertainties that met the recognition threshold for the years ended June 30, 2013 and 2012. The Organization's federal Exempt Organization Business Income Tax Returns for the years ended after June 30, 2009 remain subject to examination by the Internal Revenue Service.

Subsequent Events

Philhaven has evaluated subsequent events through November 19, 2013, which is the date these financial statements were available to be issued.

Reclassifications

Certain items relating to 2012 have been reclassified to conform to the 2013 reporting format

3. Net Patient Service Revenue

Philhaven has agreements with third-party payors that provide for payments to Philhaven at amounts different from its established rates. Payment arrangements include per diem payments, reimbursed costs and discounted charges. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments due to future audits, reviews, and investigations. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations.

Payments from Medicare for inpatient services are made as a combination of reasonable cost and prospective reimbursement basis. Payments from the Medical Assistance and Blue Cross programs for inpatient services are made on a prospective basis. Under these programs, payments are made at a predetermined specific rate for each day of hospital stay. Outpatient services for Medicare and Medical Assistance are reimbursed principally on an established fee schedule. Blue Cross reimburses outpatient services on the basis of charges.

Philhaven's Medicare cost reports have been finalized through the year ended June 30, 2012. Differences between the estimated and final settlements are recorded in the year of settlement. In the opinion of management, adequate provision has been made for any adjustment that may result from the final settlement of these reports. Net patient service revenue for 2013 and 2012 include no favorable (unfavorable) settlements of prior-year cost reports.

Revenues from the Medicare and Medical Assistance programs constitute approximately 67% in 2013 and 71% in 2012 of Philhaven's net patient service revenues. Laws and regulations governing the Medicare and Medical Assistance programs are extremely complex and subject to interpretation, and noncompliance could be subject to significant regulatory action, including fines and penalties. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Corporation has also entered into agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for payment to the Corporation under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates.

Philhaven believes that it is in compliance with applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretations as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medical Assistance programs.

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

4. Investments and Assets Limited as to Use

Investments at June 30 consist of the following table

	2013	2012
Investments		
Mutual funds	\$ 11,876	\$ 330,140
Marketable equity securities	217,661	-
Bonds		
Municipal	1,445,650	3,965,044
Government	301,421	1,813,679
Corporate	289,741	475,557
International	-	250,402
	<u>\$ 2,266,349</u>	<u>\$ 6,834,822</u>

Assets limited as to use at June 30 consist of the following

	2013	2012
Grant agreements, cash	<u>\$ 1,006</u>	<u>\$ 1,004</u>
The Board - designated mutual funds	<u>\$ 30,441</u>	<u>\$ 17,893</u>
Donors restricted		
Cash and cash equivalents	\$ 13,288	\$ 17,561
Mutual funds	92,330	81,614
Bonds		
Government	-	50,075
Municipal	40,104	40,046
Certificate of deposit	149,892	95,483
	<u>\$ 295,614</u>	<u>\$ 284,779</u>
Funds held by trustee for workers' compensation, mutual funds	<u>\$ 39,193</u>	<u>\$ 39,848</u>

Investment income, including gains and losses and investment fees from cash equivalents, investments, and assets whose use is limited, for the years ended June 30 consist of the following

	2013	2012
Interest income	\$ 86,719	\$ 80,004
Income in investment in Limited Liability Company	50,396	25,176
Investment fees	(19,875)	(21,715)
Net realized gains on investments	6,458	23,595
Total	<u>\$ 123,698</u>	<u>\$ 107,060</u>

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

5. Property, Equipment and Cattle and Accumulated Depreciation

Property, equipment and cattle and accumulated depreciation are as follows

	June 30, 2013			Estimated Useful Lives in Years
	Hospital	Farm	Total	
Land	\$ 355,952	\$ -	\$ 355,952	
Land improvements and buildings	18,291,097	736,433	19,027,530	40
Furniture, fixtures and equipment	25,093,980	498,460	25,592,440	5-15
Transportation equipment	897,435	-	897,435	4
Cattle	-	177,059	177,059	5
Construction in process	799,099	-	799,099	
	45,437,563	1,411,952	46,849,515	
Accumulated depreciation	(31,071,877)	(931,370)	(32,003,247)	
	<u>\$ 14,365,686</u>	<u>\$ 480,582</u>	<u>\$ 14,846,268</u>	
	June 30, 2012			
Land	\$ 355,952	\$ -	\$ 355,952	
Land improvements and buildings	15,845,325	651,013	16,496,338	40
Furniture, fixtures and equipment	23,110,302	497,740	23,608,042	5-15
Transportation equipment	913,272	-	913,272	4
Cattle	-	177,588	177,588	5
Construction in process	795,409	-	795,409	
	41,020,260	1,326,341	42,346,601	
Accumulated depreciation	(29,295,603)	(915,467)	(30,211,070)	
	<u>\$ 11,724,657</u>	<u>\$ 410,874</u>	<u>\$ 12,135,531</u>	

Depreciation expense was \$1,898,141 in 2013 and \$1,772,566 in 2012. Philhaven is completing renovations and implementing Electronic Health Records. At June 30, 2013, Philhaven is estimating that approximately \$1,000,000 of additional cost is required to complete these projects.

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

6. Investment in Limited Liability Companies

Condensed financial information of KE LLC as of and for the periods ended June 30, 2013 and 2012 is as follows

	<u>2013</u>	<u>2012</u>
Assets		
Current assets	\$ 90,761	\$ 126,427
Property and equipment, net	<u>1,190,790</u>	<u>1,224,332</u>
	<u>\$ 1,281,551</u>	<u>\$ 1,350,759</u>
Partners' Equity		
Partners' equity	<u>\$ 1,281,551</u>	<u>\$ 1,350,759</u>
Net revenues	\$ 222,857	\$ 166,321
Expenses, net	<u>(122,065)</u>	<u>(115,968)</u>
	<u>\$ 100,792</u>	<u>\$ 50,353</u>

Philhaven received distributions from KE LLC of \$85,000 in 2013 and \$25,000 in 2012

Philhaven contributed \$25,000 in 2013 to AMS AMS had immaterial activity in 2013

7. Note Receivable, Solar Project

During October 2011, Philhaven entered into a 72 month Retail Electricity Agreement with HHG, LLC HHG, LLC installed solar panels located at Philhaven's Lebanon location Energy is provided at a discounted fixed rate from HHG, LLC to Philhaven In addition, Philhaven loaned HHG, LLC \$340,000 This note accrues interest at an annual rate of 5% and calls for interest only payments until maturity in October 2017 No principal payments have been received on this note as of June 30, 2013 Philhaven will have the option to inherit ownership of the system at the end of the term

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

8. Long-Term Debt

Long-term debt at June 30, 2013 and 2012 is summarized as follows

	<u>2013</u>	<u>2012</u>
Eastern Mennonite Missions, shared first mortgage on certain real property located on main campus, bearing interest at 5 25% (adjusting in April 2015), payable in monthly payments of \$32,519 including interest, due June 2020	\$ 2,258,409	\$ 2,522,501
Everence Financial Credit Union, shared first mortgage on certain real property located on main campus, bearing interest at 6 25% (adjusting in May 2015), payable in monthly payments of \$9,892 including interest, due June 2017	404,564	497,496
Fulton Bank, second mortgage on certain real property located on main campus, bearing interest at 3 25%, payable in monthly payments of \$5,326, including interest, due January 2022	477,206	524,545
In September 2011, Philhaven was the recipient of a \$100,000 interest free loan that is payable upon demand at any time after October 1, 2012	<u>100,000</u>	<u>100,000</u>
	3,240,179	3,644,542
Current portion	<u>(525,663)</u>	<u>(501,614)</u>
	<u>\$ 2,714,516</u>	<u>\$ 3,142,928</u>

Aggregate maturities on long-term debt as of June 30, 2013 are due in future years as follows

Years ending June 30	
2014	\$ 525,663
2015	445,920
2016	469,920
2017	478,300
2018	399,122
Thereafter	<u>921,254</u>
	<u>\$ 3,240,179</u>

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

9. Line of Credit

Philhaven has available an unsecured line of credit totaling \$4,000,000 with an interest rate equal to the 1 month LIBOR rate plus 235 basis points with a floor of 4% (4.00% at June 30, 2013 and 2012). This line of credit had \$780,249 and \$154,256 outstanding at June 30, 2013 and 2012, respectively. This line of credit expired November 1, 2013, and Philhaven is currently under negotiations to extend this agreement. Management believes this line of credit will renew without interruption to operations.

In connection with certain loan agreements, Philhaven is required to meet certain financial ratios. Philhaven was in compliance with all ratios at June 30, 2013.

10. Accrued Expenses

Accrued expenses consist of the following at June 30:

	2013	2012
Payroll	\$ 2,216,337	\$ 2,121,102
Compensated absences	1,136,489	1,195,365
Workers' compensation	396,543	399,746
Health insurance	335,506	280,000
Insurance	205,695	214,143
Other	196,664	204,686
Payroll taxes	74,906	75,841
Interest	13,057	14,770
	<u>\$ 4,575,197</u>	<u>\$ 4,505,653</u>

11. Self-Funded Employee Health Insurance Plan

Philhaven began to self insure its employee health insurance coverage effective January 1, 2012. Philhaven accrues the estimated costs of incurred and reported and incurred but not reported claims, after consideration of its stop-loss insurance coverages, based upon data provided by the third-party administrator of the program and its historical claims experience. The amount accrued was \$335,506 at June 30, 2013 and \$280,000 at June 30, 2012. These amounts are included in accrued expenses in the balance sheet at June 30, 2013 and 2012.

12. Pension Plan

Philhaven has a defined contribution 401(k) plan covering substantially all employees. Participants may generally contribute into the plan up to a maximum of 100% of their annual salary, not to exceed \$17,500 for 2013 and \$17,000 for 2012. For employees age fifty or older, provisions allow for contributions up to \$23,000 for 2013 and \$22,500 for 2012. The plan provides for an annual employer base contribution and a matching contribution both at Philhaven's discretion. Pension expense, including fees, was \$265,356 in 2013 and \$410,312 in 2012.

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

13. Net Assets

Temporarily restricted net assets consist of the following at June 30

	2013	2012
Building Family Resources	\$ 172,738	\$ 226,671
Lancaster Autism	148,671	24,481
Bicycle Path fund	62,000	-
Other	57,770	58,510
Caring fund	31,499	37,272
Plain Community Clinic Building	-	343,740
	<u>\$ 472,678</u>	<u>\$ 690,674</u>

Permanently restricted net assets consist of the following at June 30

	2013	2012
Irrevocable Trusts	\$ 483,111	\$ 394,099
Endowment	75,837	73,719
	<u>\$ 558,948</u>	<u>\$ 467,818</u>

14. Commitments and Contingencies

Workers' Compensation Insurance

Philhaven is self-insured for workers' compensation claims in accordance with the Department of Labor and Industry for Self-Insurance status under the Pennsylvania Worker's Compensation Act (the Act). As required under the Act, Philhaven obtained a letter of credit in the amount of \$700,000 and established a trust fund to provide a source of funds and to maintain reserves solely for the payment of workers' compensation benefits. At June 30, 2013 and 2012, Philhaven has accrued \$396,543 and \$399,746, respectively, for potential losses. These amounts were included in accrued expenses in the accompanying balance sheets.

Healthcare Industry

Philhaven is subject to lawsuits and claims arising out of its business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the balance sheet of Philhaven or results of operations.

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. Compliance with these laws and regulations is subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. Government activity continues to increase with respect to investigations and allegations concerning possible violations by healthcare providers of fraud and abuse statutes and regulations, which could result in the imposition of significant fines and penalties as well as significant repayments for patient services previously billed. Management is not aware of any material incidents of noncompliance, however, the possible future financial effects of this matter on Philhaven, if any, are not presently determinable.

Operating Leases

Philhaven leases office space under various building lease arrangements. Total rental expense for operating leases was \$787,331 in 2013 and \$729,844 in 2012. Minimum future rental payments on noncancelable operating leases with terms in excess of one year at June 30, 2013 are as follows:

Years ending June 30	
2014	\$ 655,788
2015	214,633
2016	159,776
2017	162,972
2018	110,087
Total	<u>\$ 1,303,256</u>

15. Medical Malpractice Claims Coverage

Philhaven's medical malpractice insurance coverages are provided under the provisions of three insurance arrangements, as follows:

Primary coverage - Primary coverage is provided under the terms of an insurance contract which covers losses, if any, which are reported during the period the contract is in force, "claims made coverage," subject to the per occurrence and aggregate limits of such contract.

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Notes to Financial Statements
June 30, 2013 and 2012

MCARE Fund coverage – The Pennsylvania Medical Care Availability and Reduction of Error Fund (“MCARE Fund”) provides excess coverage per the Pennsylvania law governing the MCARE Fund Pursuant to the per occurrence and aggregate limits set forth in the controlling Pennsylvania statutes, the MCARE Fund provides coverage for losses in excess of the primary coverage that was in effect on the date of the incident The cost of MCARE Fund coverage is recognized as expense in the period incurred Increases in annual surcharges and concerns over the MCARE Fund’s ability to manage and pay claims continue to result in proposals to reform or restructure the MCARE Fund MCARE Fund coverage is currently scheduled to be reduced, unless the State Insurance Commissioner determines that additional primary insurance capacity is not available at that time, and eliminated in 2014 The Hospital will be required to purchase additional primary insurance to take the place of the MCARE fund coverage if it is reduced Depending upon the ultimate resolution of this matter, Philhaven may incur additional insurance costs

Umbrella coverage - Philhaven has an umbrella liability insurance contract which insures against losses in excess of the primary or catastrophic coverage reported during the period of policy coverage

Philhaven believes it has adequate insurance coverages for all asserted claims and it has no knowledge of unasserted claims which would exceed its insurance coverages

16. Related Party Transactions

At June 30, 2013 and 2012, Philhaven has outstanding unconditional promises to give from members of its Board of Directors totaling \$17,757 and \$22,165, respectively

Philhaven rents office space from KE LLC, of which it owns 50% (Note 6) Total rental expense incurred to KE LLC amounted to \$143,465 in 2013 and \$150,971 in 2012

17. Functional Expenses

Philhaven provides general health care services to residents within its geographic location Philhaven’s expenses related to providing these services in 2013 and 2012 are approximately as follows

	2013	2012
	In Thousands	
Health care services	\$ 52,953	\$ 49,991
General and administrative	6,717	6,284
Farm expenses	489	441
Subtotal	60,159	56,716
Fundraising expenses (included in non-operating activities)	261	264
Total	\$ 60,420	\$ 56,980

18. Concentrations of Credit Risk

Financial instruments which subject Philhaven to concentrations of credit risk consist primarily of cash and cash equivalents, including overnight repurchase agreements, investments, interest-bearing deposits and patient receivables

Philhaven's cash and cash equivalent balances on deposit with any one financial institution are insured to FDIC limits

In addition to the cash and cash equivalents noted above, assets limited as to use, and unrestricted investments consist of variable demand notes, and debt and equity securities, the market value of which is subject to various market fluctuations including changes in the interest rate environment and general economic conditions

Philhaven's primary operations are located in Lebanon, Pennsylvania. Its service area includes Lebanon, Pennsylvania and surrounding communities in South Central Pennsylvania

Philhaven grants credit without collateral to its patients and other third-party payors, primarily Medicare, Medical Assistance, Blue Cross and various commercial insurance and managed care companies. The mix of receivables from patients and third-party payors is as follows:

	June 30,	
	2013	2012
Medicare	17 %	16 %
Medical Assistance	55	47
Blue Cross	6	9
Other third-party payors	11	16
Patients	11	12
	<u>100 %</u>	<u>100 %</u>

19. Fair Value Measurements

Philhaven measures its assets whose use is limited, investments, and beneficial interests in irrevocable trusts on a recurring basis in accordance with accounting principles generally accepted in the United States of America

Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework established for measuring fair value includes a hierarchy that prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

Level 1 - Fair value is based on unadjusted quoted prices in active markets that are accessible to Philhaven for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

Level 2 - Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets or liabilities, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 - Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

The fair value of the Philhaven's assets whose use is limited, investments, and beneficial interest in irrevocable trusts were measured using the following inputs at June 30, 2013 and 2012:

2013				
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments and assets limited as to use				
Cash	\$ 14,294	\$ 14,294	\$ -	\$ -
Mutual funds	173,840	173,840	-	-
Marketable equity securities	217,661	217,661		
Bonds				
Municipal	1,485,754	-	1,485,754	-
Government	301,421	-	301,421	-
Corporate	289,741	-	289,741	-
Certificates of deposit	149,892	149,892	-	-
	<u>\$ 2,632,603</u>	<u>\$ 555,687</u>	<u>\$ 2,076,916</u>	<u>\$ -</u>
Beneficial interest in irrevocable trusts	<u>\$ 483,111</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 483,111</u>

Philhaven

Notes to Financial Statements
June 30, 2013 and 2012

	2012			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Investments and assets limited as to use				
Cash	\$ 18,565	\$ 18,565	\$ -	\$ -
Mutual funds	469,495	469,495	-	-
Bonds				
Municipal	4,005,090	-	4,005,090	-
Government	1,863,754	-	1,863,754	-
Corporate	475,557	-	475,557	-
International	250,402	-	250,402	-
Certificates of deposit	95,483	95,483	-	-
	<u>\$ 7,178,346</u>	<u>\$ 583,543</u>	<u>\$ 6,594,803</u>	<u>\$ -</u>
Beneficial interest in irrevocable trusts	<u>\$ 394,099</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 394,099</u>

The following is a reconciliation of the beginning and ending balances of the fair value measurements of Philhaven's beneficial interest in irrevocable trusts

Balance at June 30, 2011	\$ 406,346
Valuation loss	<u>(12,247)</u>
Balance at June 30, 2012	394,099
Contribution	78,090
Valuation gain	<u>10,922</u>
Balance at June 30, 2013	<u>\$ 483,111</u>

The valuation gains (losses) on irrevocable trusts for the years ended June 30, 2013 and 2012 is included in the changes in permanently restricted net assets

Investments and Assets Limited as to Use

Cash and certificates of deposit (carried at fair value) is determined as the carrying amounts approximate fair values because of the short maturity of these instruments (Level 1)

Mutual funds (carried at fair value) is determined by the closing price reported on the active market on which the individual securities are traded (Level 1)

Bonds (carried at fair value) is determined based on quoted prices for similar securities (Level 2)

Beneficial Interest in Irrevocable Trusts

The fair value of the beneficial interest in irrevocable trusts is based on Philhaven's interest in the fair value of the underlying assets, which approximate the present value of estimated future cash flows to be received from the trusts (Level 3)

The fair value amounts have been measured as of June 30, 2013 and 2012, and have not been re-evaluated or updated for the purposes of these financial statements subsequent to those respective dates. As such, the estimated fair values of these financial instruments subsequent to the respective reporting dates may be different than the amounts reported at each year-end.

Philhaven

Balance Sheet, by Division

June 30, 2013 and 2012

	2013			2012		
	Hospital	Farm	Total	Hospital	Farm	Total
Assets						
Current Assets						
Cash and cash equivalents	\$ 3,227,772	\$ 70,386	\$ 3,298,158	\$ 3,080,712	\$ 72,987	\$ 3,153,699
Assets limited as to use, grant agreements	1,006	-	1,006	1,004	-	1,004
Patient accounts receivable, net of allowances for doubtful accounts of \$149,265 in 2013 and \$267,917 in 2012	7,448,949	-	7,448,949	7,039,760	-	7,039,760
Estimated settlements due from third-party payors	868,090	-	868,090	419,865	-	419,865
Grant receivable	573,200	-	573,200	-	-	-
Prepaid expenses and other assets	993,992	52,619	1,046,611	943,709	33,130	976,839
Other receivables	235,807	-	235,807	428,649	-	428,649
Unconditional promises to give	130,025	-	130,025	136,703	-	136,703
Total current assets	13,478,841	123,005	13,601,846	12,050,402	106,117	12,156,519
Investments	1,909,560	356,789	2,266,349	6,514,682	320,140	6,834,822
Assets Limited as to Use						
Board-designated	30,441	-	30,441	17,893	-	17,893
Donor restricted	295,614	-	295,614	284,779	-	284,779
Funds held by trustee for workers' compensation	39,193	-	39,193	39,848	-	39,848
Total assets limited as to use	365,248	-	365,248	342,520	-	342,520
Property, Equipment and Cattle, Net	14,365,686	480,582	14,846,268	11,724,657	410,874	12,135,531
Beneficial Interest in Irrevocable Trusts	483,111	-	483,111	394,099	-	394,099
Unconditional Promises to Give, Net	148,091	-	148,091	197,135	-	197,135
Investment in Limited Liability Company	926,818	-	926,818	936,422	-	936,422
Notes Receivable	340,000	-	340,000	340,000	-	340,000
Other Assets	82,059	-	82,059	68,186	-	68,186
Total assets	\$ 32,099,414	\$ 960,376	\$ 33,059,790	\$ 32,568,103	\$ 837,131	\$ 33,405,234

Philhaven

Balance Sheet, by Division
June 30, 2013 and 2012

	2013			2012		
	Hospital	Farm	Total	Hospital	Farm	Total
Liabilities and Net Assets						
Current Liabilities						
Bank line of credit	\$ 780,249	\$ -	\$ 780,249	\$ 154,256	\$ -	\$ 154,256
Current maturities of notes payable	525,663	-	525,663	501,614	-	501,614
Accounts payable	838,663	9,730	848,393	1,304,891	4,369	1,309,260
Accrued expenses	4,575,197	-	4,575,197	4,521,575	(15,922)	4,505,653
Advances due to third-party payors	45,900	-	45,900	45,900	-	45,900
Total current liabilities	6,765,672	9,730	6,775,402	6,528,236	(11,553)	6,516,683
Notes Payable, net of current maturities	2,714,516	-	2,714,516	3,142,928	-	3,142,928
Total liabilities	9,480,188	9,730	9,489,918	9,671,164	(11,553)	9,659,611
Net Assets						
Unrestricted	21,587,600	950,646	22,538,246	21,738,447	848,684	22,587,131
Temporarily restricted	472,678	-	472,678	690,674	-	690,674
Permanently restricted	558,948	-	558,948	467,818	-	467,818
Total net assets	22,619,226	950,646	23,569,872	22,896,939	848,684	23,745,623
Total liabilities and net assets	\$ 32,099,414	\$ 960,376	\$ 33,059,790	\$ 32,568,103	\$ 837,131	\$ 33,405,234

Philhaven

Statement of Operations and Changes in Unrestricted Net Assets, by Division
Years Ended June 30, 2013 and 2012

	2013			2012		
	Hospital	Farm	Total	Hospital	Farm	Total
Unrestricted Revenues, Gains and Support						
Patient service revenues	\$ 57,012,583	\$ -	\$ 57,012,583	\$ 54,993,606	\$ -	\$ 54,993,606
Provision for doubtful collections	(446,858)	-	(446,858)	(357,554)	-	(357,554)
Net patient service revenues	56,565,725	-	56,565,725	54,636,052	-	54,636,052
Sales	-	606,770	606,770	-	509,769	509,769
Grants	450,000	-	450,000	449,796	-	449,796
Other Revenues	428,367	5,385	433,752	402,501	5,774	408,275
Net assets released from restrictions used for operations	135,276	-	135,276	292,541	-	292,541
Total unrestricted revenues, gains and support	57,579,368	612,155	58,191,523	55,780,890	515,543	56,296,433
Expenses						
Salaries and wages	37,829,293	-	37,829,293	36,725,280	-	36,725,280
Employee benefits	9,966,419	-	9,966,419	7,640,489	-	7,640,489
Supplies and expenses	8,254,087	373,910	8,627,997	8,655,035	333,193	8,988,228
Depreciation and amortization	1,866,722	33,342	1,900,064	1,740,997	33,720	1,774,717
Professional fees	1,513,835	81,886	1,595,721	1,259,373	73,676	1,333,049
Interest	239,740	-	239,740	253,791	-	253,791
Total expenses	59,670,096	489,138	60,159,234	56,274,965	440,589	56,715,554
(Loss) income from operations	(2,090,728)	123,017	(1,967,711)	(494,075)	74,954	(419,121)

Philhaven

Statement of Operations and Changes in Unrestricted Net Assets, by Division
Years Ended June 30, 2013 and 2012

	2013			2012		
	Hospital	Farm	Total	Hospital	Farm	Total
Non-Operating Gains (Losses)						
Investment income	\$ 115,584	\$ 8,114	\$ 123,698	\$ 99,325	\$ 7,736	\$ 107,061
Other	646,250	-	646,250	400,000	-	400,000
Gifts and bequests	129,513	-	129,513	122,027	-	122,027
Net assets released from restrictions	1,358	-	1,358	562	-	562
Fundraising	(261,366)	-	(261,366)	(263,889)	-	(263,889)
Gain on sale of property and equipment	20,143	-	20,143	155,195	-	155,195
Income taxes	-	(27,102)	(27,102)	-	(16,273)	(16,273)
Non-operating gains (losses), net	651,482	(18,988)	632,494	513,220	(8,537)	504,683
Revenues (less than) in excess of expenses	(1,439,246)	104,029	(1,335,217)	19,145	66,417	85,562
Net Assets Released from Restrictions Used for Capital Projects	666,106	-	666,106	220,442	-	220,442
Grant Income Used for Long-Term Purposes	573,200	-	573,200	-	-	-
Net Unrealized Gains (Losses) on Investments	16,093	30,933	47,026	(27,315)	(2,111)	(29,426)
Net Asset Transfer	33,000	(33,000)	-	-	-	-
(Decrease) increase in unrestricted net assets	<u>\$ (150,847)</u>	<u>\$ 101,962</u>	<u>\$ (48,885)</u>	<u>\$ 212,272</u>	<u>\$ 64,306</u>	<u>\$ 276,578</u>