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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

C Name of organization
CROZER-KEYSTONE HEALTH SYSTEM

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
SPRINGFIELD, PA 19064

D Employer identification number
22-2540851

E Telephone number
(610)447-6252

G Gross receipts $ 53,242,391

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CROZERKEYSTONE ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1984

M State of legal domicile PA

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	457
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	286,099
b	Net unrelated business taxable income from Form 990-T, line 34	7b	40,486

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,160,510	3,491,496
9	Program service revenue (Part VIII, line 2g)	43,015,176	42,168,402
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,564,332	-2,287,985
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	722,086	453,802
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,462,104	43,825,715

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,140,126	11,603,488
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	34,366,349	33,948,486
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,774,989	8,043,049
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	45,281,464	53,595,023
19	Revenue less expenses Subtract line 18 from line 12	5,180,640	-9,769,308

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	110,934,557	106,401,131
21	Total liabilities (Part X, line 26)	80,910,025	87,308,907
22	Net assets or fund balances Subtract line 21 from line 20	30,024,532	19,092,224

Part II Signature Block

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

Sign Here

****** | 2015-05-11
Signature of officer | Date

PHILIP J RYAN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott J Mariani				P00642486
Firm's name ▶ WithumSmithBrown PC			Firm's EIN ▶	
Firm's address ▶ 465 South St Ste 200 Morristown, NJ 079606497			Phone no (973) 898-9494	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 44,446,032 including grants of $ 11,603,488) (Revenue $ 42,454,501)

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

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

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

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

4e **Total program service expenses** ▶ 44,446,032

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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	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		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	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		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	105		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	457		
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)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	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	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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**	Yes	

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

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

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

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

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

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

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

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) BRUCE G FISCHER CHAIRMAN - DIRECTOR	1 0	X		X				0	0	0
(2) JEROME S PARKER PHD SECRETARY - DIRECTOR	1 0	X		X				0	0	0
(3) SARA B SCHUKRAFT TREASURER - DIRECTOR	1 0	X		X				0	0	0
(4) ELIZABETH L ALBRIGHT DIRECTOR	1 0	X						0	0	0
(5) DAVID B ARSHT DO DIRECTOR	1 0	X						0	0	0
(6) ROBERT M BARBACANE CPA DIRECTOR	1 0	X						0	0	0
(7) CORLISS BOGGS DIRECTOR	1 0	X						0	0	0
(8) PHILIP H BROWN II DIRECTOR	1 0	X						0	0	0
(9) ROBERT J BRUCE DIRECTOR	1 0	X						0	0	0
(10) MICHAEL J DALY DIRECTOR	1 0	X						0	0	0
(11) MARK H DAMBLY DIRECTOR	1 0	X						0	0	0
(12) DANIEL C DUPONT DO DIRECTOR	25 0	X						0	101,928	0
(13) NORMAN V EDMONSON DIRECTOR	1 0	X						0	0	0
(14) WALTER E FARNAM DIRECTOR	1 0	X						0	0	0
(15) TIMOTHY P MALARKEY DIRECTOR	1 0	X						0	0	0
(16) SHAWN P OBRIEN DIRECTOR	1 0	X						0	0	0
(17) JOAN K RICHARDS DIRECTOR - PRESIDENT/CEO	55 0	X		X				1,143,945	0	212,124

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN D SPRANDIO MD DIRECTOR	1 0	X						0	0	0
(19) GAIL M WHITAKER ESQ DIRECTOR	1 0	X						0	0	0
(20) ARTHUR G BAKER MD DIRECTOR (7/1 - 12/1/13)	1 0	X						0	0	0
(21) DONALD W LEGREID ESQ ASST SEC-VP GENERAL COUNSEL	55 0			X				348,273	0	39,336
(22) PHILIP J RYAN CPA ASST TREASURER - SVP/CFO	55 0			X				543,451	0	134,501
(23) ROBERT E WILSON RET 123113 ASST SEC - SVP/ADMIN & CIO	55 0			X				717,870	0	140,769
(24) PATRICK J GAVIN EVP & COO	55 0				X			0	576,094	136,582
(25) ERIC DOBKIN VP, QUALITY & PATIENT SAFETY	55 0					X		457,872	0	46,696
(26) WILLIAM MCCUNE TERM 22614 PRESIDENT, DCMH	55 0					X		323,325	0	45,388
(27) ELIZABETH JAEKLE VP, BUSINESS DEVELOPMENT	55 0					X		315,554	0	52,112
(28) WILLIAM KREIDER TERM 12513 VP, HUMAN RESOURCES	55 0					X		315,355	0	48,116
(29) G DONALD REED VP, CIO	55 0					X		279,059	0	45,700
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								4,444,704	678,022	901,324

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 ▶ 50

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIEMENS MEDICAL SOLUTIONS USA INC, 51 VALLEY STREAM PARKWAY MALVERN PA 19355	IT	6,145,177
MEDASSETS INC, 100 NORTH POINT CENTER EAST SUITE ALPHARETTA GA 30022	BILLING	699,152
ERNST YOUNG LLP, 200 PLAZA DRIVE SECAUCUS NJ 07094	AUDITING/ACCOUNTING	336,706
NATIONAL RESEARCH CORPORATION, 1245 Q STREET LINCOLN NE 68508	MARKETING	315,331
ADVANCED PLAN FOR HEALTH, 1320 GREENWAY DRIVE SUITE 170 IRVING TX 75038	CONSULTING	286,367
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 ▶ 17		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	1,875,000			
	e	Government grants (contributions)	1e	1,616,496			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		3,491,496			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	11,165	11,165		
	b	MANAGEMENT FEE REVENUE	541610	42,157,237	42,157,237		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		42,168,402			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		-2,849,076			-2,849,076
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	8,397,689				
	b	Less rental expenses	9,416,676				
	c	Rental income or (loss)	-1,018,987 / 0				
	d	Net rental income or (loss) . . . . . ▶		-1,018,987		41,489	-1,060,476
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	561,091				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	561,091				
	d	Net gain or (loss) . . . . . ▶		561,091			561,091
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE	611600	1,472,789		244,610	1,228,179
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,472,789			
	12	**Total revenue.** See Instructions . . . . . ▶		43,825,715	42,168,402	286,099	-2,120,282

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	11,603,488	11,603,488		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,280,270	2,624,216	656,054	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	22,096,246	17,676,997	4,419,249	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	913,996	731,197	182,799	
9 Other employee benefits	6,049,478	4,839,582	1,209,896	
10 Payroll taxes	1,608,496	1,286,797	321,699	
11 Fees for services (non-employees)				
a Management	38,374		38,374	
b Legal	202,572		202,572	
c Accounting	324,996		324,996	
d Lobbying	207,058		207,058	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	4,738,113	3,790,491	947,622	
12 Advertising and promotion	94,752	94,752		
13 Office expenses	430,705	344,564	86,141	
14 Information technology	0			
15 Royalties . .	0			
16 Occupancy	886,547	709,238	177,309	
17 Travel	119,530	95,624	23,906	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	290,800	232,640	58,160	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	72,125	57,700	14,425	
23 Insurance	-138,639	-110,911	-27,728	
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 DUES AND SUBSCRIPTIONS	393,826	315,061	78,765	0
b STAFF DEVELOPMENT	128,676	102,941	25,735	0
c REPAIRS AND MAINTENANCE	21,621	0	21,621	0
d OTHER EXPENSES	231,993	51,655	180,338	0
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	53,595,023	44,446,032	9,148,991	0
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 or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		11,150	1	10,820
	2	Savings and temporary cash investments		19,178,659	2	26,422,780
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,325,686	4	2,466,673
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	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		0	6	0
	7	Notes and loans receivable, net		9,865,157	7	2,031,829
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1,145,124	9	532,806
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 44,003,627			
	b	Less accumulated depreciation	10b 25,799,986	17,249,611	10c	18,203,641
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		54,410,988	13	47,496,178
	14	Intangible assets		238,025	14	206,566
	15	Other assets See Part IV, line 11		7,510,157	15	9,029,838
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		110,934,557	16	106,401,131
Liabilities	17	Accounts payable and accrued expenses		12,606,388	17	12,991,351
	18	Grants payable		0	18	0
	19	Deferred revenue		8,441,073	19	7,921,622
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	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		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		32,192,415	23	32,929,486
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		27,670,149	25	33,466,448
	26	**Total liabilities.** Add lines 17 through 25		80,910,025	26	87,308,907
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		30,024,532	27	19,092,224
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		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		30,024,532	33	19,092,224
	34	Total liabilities and net assets/fund balances		110,934,557	34	106,401,131

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	43,825,715
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,595,023
3	Revenue less expenses Subtract line 2 from line 1	3	-9,769,308
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30,024,532
5	Net unrealized gains (losses) on investments	5	-494,000
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	-669,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,092,224

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

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

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

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

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

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

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

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

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

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

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

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

11 ☑ 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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(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	
See Additional Data Table									
Total									11,598,488

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

Additional Data

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

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) CROZER-CHESTER MEDICAL CENTER	231637191	03	Yes		Yes		Yes		0
(A) DELAWARE COUNTY MEMORIAL HOSPITAL	230517130	03	Yes		Yes		Yes		0
(B) HEALTH ACCESS NETWORK	232692637	03	Yes		Yes		Yes		11598488

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	Employer identification number
CROZER-KEYSTONE HEALTH SYSTEM	22-2540851

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

1 Provide a description of the organization's direct and indirect political campaign activities 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)	207,058	207,058
c Total lobbying expenditures (add lines 1a and 1b)	207,058	207,058
d Other exempt purpose expenditures	53,387,965	792,530,942
e Total exempt purpose expenditures (add lines 1c and 1d)	53,595,023	792,738,000
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	209,208	219,997	213,916	207,058	850,179
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

Part IV Supplemental Information

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

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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" 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

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

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

b If "Yes," explain the arrangement in Part 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					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,519,686		1,519,686
b Buildings		27,691,368	13,933,221	13,758,147
c Leasehold improvements		4,664,440	3,788,795	875,645
d Equipment		8,306,690	8,077,970	228,720
e Other		1,821,443	0	1,821,443
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				18,203,641

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CARE ACTIVITIES	43,860,409	F
(2) LIMITED USE	224,801	F
(3) U S GOVERNMENT OBLIGATIONS	274,840	F
(4) U S TREASURY OBLIGATIONS	1,656,315	F
(5) CORPORATE BONDS	1,479,813	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	47,496,178	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OTHER ASSETS	9,029,838
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	9,029,838

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES	15,112,261
PENSION PAYABLE	9,740,171
OTHER LIABILITIES	8,614,016
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	33,466,448

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X	CROZER-KEYSTONE HEALTH SYSTEM ("CKHS") IS THE TAX-EXEMPT PARENT ORGANIZATION OF THE CROZER-KEYSTONE HEALTH SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM ISSUES CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S FISCAL YEAR ENDED JUNE 30, 2014 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATIONS LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48(ASC 740) CKHS AND MOST OF ITS SUBSIDIARIES ARE NONPROFIT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 509(A)(1) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM TAXES THE HEALTH SYSTEM FILES U S FEDERAL, STATE AND LOCAL INFORMATION RETURNS AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION THE STATUTE OF LIMITATIONS ON THE HEALTH SYSTEM'S U S FEDERAL INFORMATION RETURNS REMAINS OPEN FOR THREE YEARS FOLLOWING THE YEAR THEY ARE FILED GAAP REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE HEALTH SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	8,255,873
(2)					
(3)					
(4)					
(5)					
3a Sub-total	1	1			8,255,873
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)	1	1			8,255,873

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

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	THIS ORGANIZATION PAID CASSATT INSURANCE COMPANY, LTD $6,730,963, $1,437,396 AND ($144,226), A FINANCIAL VEHICLE, FOR THE BENEFIT OF HEALTH ACCESS NETWORK, CROZER-CHESTER MEDICAL CENTER AND DELAWARE COUNTY MEMORIAL HOSPITAL, RESPECTIVELY, ALL RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS IN ADDITION, THE ORGANIZATION MADE A CAPITAL CONTRIBUTION IN THE AMOUNT OF $231,740 TO CASSATT INSURANCE COMPANY, LTD

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTH ACCESS NETWORK 100 W SPROUL RD HLTHPLEX PAV II SPRINGFIELD,PA 19064	23-2692637	501(C)(3)	11,598,488				GENERAL SUPPORT

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2013 FORMS W-2
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B (III) FOR THE FOLLOWING INDIVIDUALS INCLUDES AMOUNTS RELATING TO PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE INDIVIDUALS HAVE SATISFIED BOTH THE AGE AND THE YEARS OF SERVICE REQUIREMENTS SPECIFIED BY THE SERP THESE AMOUNTS WERE INCLUDED IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOAN K RICHARDS, $120,137 AND ROBERT E WILSON, $222,257 HOWEVER, THE INDIVIDUALS DID NOT ACTUALLY RECEIVE ALL OF THESE FUNDS THE INDIVIDUALS ONLY RECEIVED AN AMOUNT SUFFICIENT TO COVER THEIR RESPECTIVE INDIVIDUAL FEDERAL AND STATE TAX LIABILITIES ASSOCIATED WITH THEIR GROSS AMOUNT IN ADDITION THESE FUNDS STILL REMAIN SUBJECT TO A RISK OF RECEIPT BY THE INDIVIDUALS UNTIL THEIR RETIREMENT FROM EMPLOYMENT AT THE CROZER-KEYSTONE HEALTH SYSTEM THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THESE INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOAN K RICHARDS, $175,642, PHILIP J RYAN, CPA, $86,767, ROBERT E WILSON, $124,833 AND PATRICK J GAVIN, $87,916
SCHEDULE J, PART I, QUESTION 7	THE INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A BONUS DURING CALENDAR YEAR 2013 WHICH AMOUNTS WERE INCLUDED IN COLUMN B(II) HEREIN AND IN EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES PLEASE REFER TO THIS SECTION OF THE FORM 990, SCHEDULE J FOR THIS INFORMATION BY PERSON BY AMOUNT
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2013 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AS FOLLOWS JOAN K RICHARDS, $120,137 AND ROBERT E WILSON, $222,257 THESE AMOUNTS WERE REPORTED ON PRIOR YEAR FORMS 990 AS ACCRUED NON-TAXABLE BENEFITS

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOAN K RICHARDS DIRECTOR - PRESIDENT/CEO	(I) (II)	794,092 0	210,648 0	139,205 0	192,942 0	19,182 0	1,356,069 0	120,137 0
DONALD W LEGREID ESQ ASST SEC-VP GENERAL COUNSEL	(I) (II)	295,701 0	50,250 0	2,322 0	16,300 0	23,036 0	387,609 0	0 0
PHILIP J RYAN CPA ASST TREASURER - SVP/CFO	(I) (II)	425,262 0	101,375 0	16,814 0	104,067 0	30,434 0	677,952 0	0 0
ROBERT E WILSON RET 123113 ASST SEC - SVP/ADMIN & CIO	(I) (II)	398,249 0	93,800 0	225,821 0	127,745 0	13,024 0	858,639 0	222,257 0
PATRICK J GAVIN EVP & COO	(I) (II)	0 455,079	0 108,105	0 12,910	0 104,216	0 32,366	0 712,676	0 0
ERIC DOBKIN VP, QUALITY & PATIENT SAFETY	(I) (II)	386,080 0	65,828 0	5,964 0	16,300 0	30,396 0	504,568 0	0 0
WILLIAM MCCUNE TERM 22614 PRESIDENT, DCMH	(I) (II)	272,389 0	46,398 0	4,538 0	17,300 0	28,088 0	368,713 0	0 0
ELIZABETH JAEKLE VP, BUSINESS DEVELOPMENT	(I) (II)	268,179 0	46,565 0	810 0	16,300 0	35,812 0	367,666 0	0 0
WILLIAM KREIDER TERM 12513 VP, HUMAN RESOURCES	(I) (II)	264,244 0	46,565 0	4,546 0	17,300 0	30,816 0	363,471 0	0 0
G DONALD REED VP, CIO	(I) (II)	237,321 0	40,535 0	1,203 0	16,520 0	29,180 0	324,759 0	0 0

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number

22-2540851

Return Reference	Explanation	
	CORE FORM, PART III	CROZER-KEYSTONE HEALTH SYSTEM ========== CROZER-KEYSTONE HEALTH SYSTEM IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM ENSURES THAT IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL S IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, R ELIGION OR ABILITY TO PAY CROZER-CHESTER MEDICAL CENTER ("CCMC") AND DELAWARE COUNTY MEMO RIAL HOSPITAL ("DCMH") ARE AFFILIATES WITHIN THE SYSTEM AND BOTH FILE THEIR OWN SEPARATE F ORM 990 WHICH BOTH INCLUDE A SUPPLEMENTAL SCHEDULE H, HOSPITALS FOR PURPOSES OF FORM 990, SCHEDULE H REPORTING AND IN ACCORDANCE WITH CURRENT IRS RULES AND REGULATIONS, CCMC AND D CMH BOTH UTILIZED THE CATHOLIC HEALTH ASSOCIATION ("CHA") MODEL WHEN QUANTIFYING COMMUNITY BENEFIT COSTS UNDER THE CHA METHODOLOGY FOR QUANTIFYING COMMUNITY BENEFIT COSTS CCMC'S A ND DCMH'S FISCAL YEAR ENDED JUNE 30, 2014 NET COMMUNITY BENEFIT COSTS WERE APPROXIMATELY $ 58,629,144 AND $11,907,981 OR APPROXIMATELY 11 01% AND 6 69%, RESPECTIVELY OF EACH ORGANIZ ATIONS TOTAL FISCAL YEAR ENDED JUNE 30, 2014 EXPENSES LESS PROVISION FOR BAD DEBT THE CHA METHODOLOGY DOES NOT INCLUDE MEDICARE SHORTFALLS AND CERTAIN COSTS RELATED TO BAD DEBT U TILIZING THE MODEL ADOPTED BY THE AMERICAN HOSPITAL ASSOCIATION ("AHA"), WHICH CCMC AND DC MH BOTH BELIEVE MORE CLEARLY REPRESENTS ACTUAL COMMUNITY BENEFIT, WHEN QUANTIFYING ITS EST IMATED TOTAL COMMUNITY BENEFIT COSTS FOR THE FISCAL YEAR ENDED JUNE 30, 2014 WOULD RESULT IN A SIGNIFICANTLY HIGHER COMMUNITY BENEFIT PERCENTAGE UNDER THE AHA MODEL, A HOSPITAL MA Y INCLUDE MEDICARE SHORTFALLS (THE AMOUNT BY WHICH YOUR COSTS EXCEED REIMBURSEMENTS), BAD DEBT EXPENSE ATTRIBUTABLE TO CHARITY CARE AND COMMUNITY BUILDING ACTIVITIES UNDER THE AHA MODEL FOR THE 2013 FORM 990, CCMC AND DCMH INCURRED NET COMMUNITY BENEFIT COSTS OF APPROX IMATELY $73,720,281 AND $21,885,017 WHICH ACCOUNTED FOR APPROXIMATELY 13 84% AND 12 29%, R ESPECTIVELY OF EACH ORGANIZATIONS TOTAL FISCAL YEAR ENDED JUNE 30, 2014 EXPENSES NET COST S MEANS COSTS AFTER ALL ASSOCIATED REIMBURSEMENTS CROZER-KEYSTONE HEALTH SYSTEM ("CKHS") IS A NOT FOR-PROFIT TAX-EXEMPT ORGANIZATION WITH ITS CENTRAL OFFICE IN SPRINGFIELD, PENNSY LVANIA CKHS IS THE SOLE CORPORATE MEMBER OF VARIOUS HEALTHCARE RELATED ORGANIZATIONS, INC LUDING CROZER-CHESTER MEDICAL CENTER, THE MAJORITY OF WHICH ARE TAX-EXEMPT ENTITIES THE I NTERNAL REVENUE SERVICE HAS RECOGNIZED CKHS AS BEING A TAX-EXEMPT ORGANIZATION UNDER INTER NAL REVENUE CODE ("IRC") SECTION 501(C)(3) AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INT EGRATED HEALTHCARE DELIVERY SYSTEM IN PENNSY LVANIA, CKHS AND ITS AFFILIATES STRIVE TO CONT INUALLY DEVELOP AND OPERATE A MULTI-HOSPITAL HEALTHCARE SYSTEM WHICH PROVIDES SUBSTANTIAL COMMUNITY BENEFIT THROUGH THE PROVISION OF A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSY LVANIA COUNTIES INCLUDING DELAWARE, CHESTER , MONTGOMERY AND PHILADELPHIA, PENNSY LVANIA, SOUTHERN NEW JERSEY AND NORTHERN DELAWARE. CK HS ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVID UALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY N O INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICE. CKHS ADMISSIONS AND OBSERVATIONS TOTALED 37,300, CKHS PROVIDES TREATMENT AND SERVICES TO APPROXIMATELY 585,00 0 OUTPATIENTS, 21,800 SAME DAY SURGERY PATIENTS, 128,200 EMERGENCY DEPARTMENT PATIENTS AND DELIVERS MORE THAN 3,100 BABIES ANNUALLY CKHS INCLUDES APPROXIMATELY 6, 100 EMPLOYEES AN D 913 VOLUNTEERS MISSION ======= CROZER-KEYSTONE HEALTH SYSTEM IS COMMITTED TO THE IMPROV ED HEALTH STATUS OF THOSE WE SERVE. WE ARE FOCUSED ON PROVIDING THE HIGHEST QUALITY OF MED ICAL CARE AND ACTING DECISIVELY TO PREVENT DISEASE WHILE PARTNERING WITH THE COMMUNITY TO EDUCATE AND ENCOURAGE HEALTHY LIFE CHOICES VOLUNTEER SERVICES ---------- VOLUNTEE R SERVICES AT CKHS OFFER NUMEROUS PROGRAMS AND SERVICES TO THE COMMUNITY AT LARGE AND TO T HE PATIENTS AT OUR HOSPITALS AMONG THESE SERVICES ARE MONTHLY BLOOD PRESSURE SCREENINGS, STUDENT MENTORING, PATIENT ADVOCACY, YOUTH LEADERSHIP, AND DONATION PROGRAMS RESIDENCY/ED UCATION ========== CKHS OFFERS NUMEROUS CHALLENGING AND FULLY ACCREDITED RESIDENC Y PROGRAMS AS ONE OF THE LEADING HEALTHCARE SYSTEMS IN THE DELAWARE VALLEY NOTABLY, CKHS OFFERS STELLAR ALLOPATHIC RESIDENCIES IN FAMILY PRACTICE, INTERNAL MEDICINE, OBSTETRICS AN D GYNECOLOGY, PEDIATRICS AND TRANSITIONAL YEAR, AS WELL AS OSTEOPATHIC INTERNAL MEDICINE, PODIATRIC RESIDENCY AND A VARIETY OF OSTEOPATHIC AND ALLIED HEALTH TRAINING PROGRAMS CKHS IS A TOP-RATED REGIONAL HEALTH SYSTEM WITH A LONGSTANDING TEACHING TRADITION AND A SUPERB FACULTY OFFERING THE BENEFITS OF A UNIVERSITY-BASED TEACHING MODEL, PLUS THE ADVANTAGES O F COMMUNITY-BASED RESIDENCY PROGRAMS EACH YEAR, APPROXIMATELY 97 TO 100 PERCENT OF CKHS' HIGHLY COMPETITIVE ALLOPATHIC RESIDENCY POSITIONS

Return Reference	Explanation	
	CORE FORM, PART III	ARE FILLED THROUGH THE NATIONAL RESIDENT MATCHING PROGRAM AS A WHOLE, CKHS' RESIDENCIES A RE COMMITTED TO DEVELOPING HIGHLY SKILLED PHYSICIANS WHO MASTER THE SCIENCE OF THEIR SPECI ALTY, THE PRACTICE OF TOP-QUALITY PATIENT CARE AND THE ART OF TEACHING NEW GENERATIONS OF DOCTORS CKHS' RESIDENTS RECEIVE RIGOROUS ACADEMIC EXPERIENCES AND HANDS-ON CLINICAL AND R ESEARCH OPPORTUNITIES, WHICH FULLY PREPARE THEM TO PURSUE THEIR CAREER GOALS IN FACT, CKH S IS PARTICULARLY PROUD OF THE OUTSTANDING PERFORMANCES ITS GRADUATES CONTINUE TO ACHIEVE ON NATIONAL BOARD EXAMINATIONS FOSTERING A WELL-ROUNDED EDUCATIONAL EXPERIENCE, CKHS RESI DENCIES PROVIDE STRONG DIDACTIC INSTRUCTION THAT REINFORCES THE CLINICAL, ETHICAL AND PRAC TICE-MANAGEMENT ASPECTS OF MEDICINE THE RESIDENCY PROGRAMS ALSO EMPHASIZE THE USE OF COMP UTERS AT THE POINT OF CARE TO ACCESS EXPERT INFORMATION, DECISION SUPPORT, LITERATURE SEAR CHES, DRUG INTERACTIONS AND PATIENT EDUCATION MATERIALS AS THEY TRAIN, CKHS RESIDENTS HAV E THE OPPORTUNITY TO USE CKHS' OWN CUTTING-EDGE FACILITIES, AS WELL AS THOSE OF OUR WORLD-CLASS EDUCATIONAL AFFILIATES THE MAJORITY OF RESIDENCY TRAINING TAKES PLACE AT CROZER-CHE STER MEDICAL CENTER (''CCMC''), A NOT-FOR-PROFIT TERTIARY-CARE TEACHING HOSPITAL SELECTED A CCOMPLISHMENTS ========== FOSTER G MCGAW PRIZE FOR EXCELLENCE IN COMMUNITY SERVICE ========== SELECTED AMONG HUNDREDS OF APPLICATIONS NATIONWIDE, CROZER-KEYSTONE WAS CHOSEN BY A NATIONAL COMMITTEE FOR THEIR C OMMITMENT AND PASSION TO IMPROVING THE HEALTH AND QUALITY OF LIFE WITHIN THE COMMUNITY IN HONOR OF ITS BROAD-BASED EFFORTS TO IMPROVE THE LIVES OF THE MOST VULNERABLE MEMBERS OF I TS COMMUNITY, CROZER-KEYSTONE WAS RECENTLY RECOGNIZED AS THE RECIPIENT OF THE 2013 FOSTER G MCGAW PRIZE FOR EXCELLENCE IN COMMUNITY SERVICE. THIS AWARD IS ONE OF THE MOST ESTEEMED COMMUNITY SERVICE HONORS IN HEALTHCARE AND IS AWARDED BY THE AMERICAN HOSPITAL ASSOCIATIO N THE FOSTER G MCGAW AWARD IS SPONSORED BY THE BAXTER INTERNAL FOUNDATION, THE AMERICAN HOSPITAL ASSOCIATION (AHA) AND THE HEALTH RESEARCH AND EDUCATIONAL TRUST THIS AWARD ACKNO WLEDGES EXEMPLARY PROGRAMS THAT HAVE BEEN IN OPERATION FOR MORE THAN FIVE YEARS, ADDRESS T HE ENTIRE LIFESPAN, TARGET THE REDUCTION OF INFANT MORTALITY, AND INCLUDE PROGRAMS THAT SU PPORT, EDUCATE AND ENABLE SENIORS TO REMAIN IN THEIR HOMES AS LONG AS POSSIBLE. ''WORKING W ITH ITS COMMUNITY, CROZER-KEYSTONE'S GOAL IS TO BUILD A HEALTHY PLACE TO LIVE AND WORK, AN D A SOUND ENVIRONMENT IN WHICH TO BUILD AND MAINTAIN A FAMILY,'' SAID JOHN O'BRIEN, CHAIR O F THE FOSTER G MCGAW PRIZE COMMITTEE. ''THE SYSTEM'S EXEMPLARY COMMUNITY BENEFIT PROGRAMS ADDRESS THE ENTIRE LIFESPAN - FROM PROGRAMS THAT TARGET THE REDUCTION OF INFANT MORTALITY TO PROGRAMS THAT SUPPORT, EDUCATE AN ENABLE SENIORS TO REMAIN IN THEIR HOMES AS LONG AS PO SSIBLE''

Return Reference	Explanation	
	CORE FORM, PART III	PRYSM YOUTH CENTER OF DELAWARE COUNTY ========== IN AN EFFORT T O INCREASE OUR CAPACITY TO REACH UNDERSERVED POPULATIONS, CKHS COMMUNITY HEALTH EDUCATION PARTNERED WITH THE PRYSM YOUTH CENTER WHICH SERVES THE LESBIAN, GAY, BISEXUAL, TRANSGENDER , QUEER, QUESTIONING AND INTERSEX (LGBTQQI) YOUTH IN DELAWARE COUNTY IN A NATIONAL STUDY OF MIDDLE AND HIGH SCHOOL STUDENTS, LGBT STUDENTS (61 1%) WERE MORE LIKELY THAN THEIR NON- LGBT PEERS TO FEEL UNSAFE OR UNCOMFORTABLE AS A RESULT OF THEIR SEXUAL ORIENTATION EXPOSU RE TO VIOLENCE CAN HAVE NEGATIVE EFFECTS ON THE EDUCATION AND HEALTH OF LGBT YOUTH OVERAL L, THE STRESSES EXPERIENCED BY LGBT YOUTH ALSO PUT THEM AT GREATER RISK FOR MENTAL HEALTH PROBLEMS, SUBSTANCE USE, AND PHYSICAL HEALTH PROBLEMS THE MISSION OF THE PRYSM YOUTH CENT ER OF DELAWARE COUNTY IS TO PROVIDE LGBTQQI YOUTH WITH A SAFE, SUPPORTIVE, NON-JUDGMENTAL ENVIRONMENT WHERE THEY CAN MEET REGULARLY AND BE THEMSELVES THE CENTER FACILITATES SOCIAL , EDUCATIONAL AND SUPPORTIVE ACTIVITIES FOR THE YOUTH AT THE BEGINNING OF THE 2013-2014 S CHOOL YEAR, CKHS COMMUNITY HEALTH EDUCATION OFFERED TO HOST A SECONDARY SPACE FOR PRYSM IN CHESTER CITY THE LOCATION NOW CALLED "SAPPHIRE SPACE" PROVIDES A SAFE SPACE FOR LGBTQQI YOUTH IN CHESTER AND THE SURROUNDING COMMUNITIES TO COME ON A BIWEEKLY BASIS IN ADDITION, CKHS COMMUNITY HEALTH EDUCATION HAS BEEN ABLE TO PROVIDE EDUCATION TO THE LGBTQQI YOUTH O N CERTAIN HEALTH TOPICS SUCH AS TOBACCO PREVENTION, HEALTHY EATING AND PHYSICAL ACTIVITY THE TWO GROUPS HAVE ALSO PARTNERED TO PROVIDE DIVERSITY/SENSITIVITY TRAININGS TO HEALTH PR OFESSIONALS AND SCHOOL PROFESSIONALS DELAWARE COUNTY ANTI-BULLYING COALITION ========== ========== BULLYING IS ONE TYPE OF YOUTH VIOLENCE THAT THREATENS YOUNG PE OPLE'S WELL-BEING BULLYING CAN RESULT IN PHYSICAL INJURIES, SOCIAL AND EMOTIONAL DIFFICUL TIES, AND ACADEMIC PROBLEMS THE HARMFUL EFFECTS OF BULLYING ARE FREQUENTLY FELT BY OTHERS , INCLUDING FRIENDS AND FAMILIES, AND CAN HURT THE OVERALL HEALTH AND SAFETY OF SCHOOLS, N EIGHBORHOODS, AND SOCIETY SEEING BULLYING AS A TRENDING TOPIC AND PERTINENT TO THE OVERAL L HEALTH OF YOUTH, CKHS COMMUNITY HEALTH EDUCATION PARTNERED WITH INTERNAL AND EXTERNAL PA RTNERS TO CREATE THE DELAWARE COUNTY ANTI-BULLYING COALITION THE DELAWARE COUNTY ANTI-BUL LYING COALITION (DABC) STRIVES TO INCREASE COMMUNITY AWARENESS OF BULLYING AND PROMOTE POS ITIVE DIALOGUE BETWEEN YOUTH, PARENTS, SCHOOL AND THE COMMUNITY THE DABC HOPES TO PROVOKE CONSTRUCTIVE CONVERSATIONS REGARDING BULLYING THROUGH COMMUNITY ENGAGEMENT ACTIVITIES IN COMMUNITY FORUMS THROUGHOUT THE YEAR, DABC HOSTED SCREENINGS OF THE AWARD WINNING DOCUMEN TARY "BULLY" FILMED OVER THE COURSE OF THE 2009/2010 SCHOOL YEAR, BULLY OPENS A WINDOW ON TO THE PAINED AND OFTEN ENDANGERED LIVES OF BULLIED KIDS, REVEALING A PROBLEM THAT TRANSCE NDS GEOGRAPHIC, RACIAL, ETHNIC AND ECONOMIC BORDERS THROUGH THESE FORUMS, DABC INCREASED AWARENESS AND OPENED THE FLOOR TO POSITIVE DIALOGUE IN REGARDS TO HOW THE COMMUNITY COULD PREVENT AND DECREASE BULLYING INTEGRATED HEALTH PRACTICES FOR PHYSICAL AND MENTAL WELL BE ING ========== PHYSICAL HEALTH CONDITI ONS AMONG PEOPLE WITH SERIOUS MENTAL ILLNESSES IMPACT THEIR QUALITY OF LIFE AND CONTRIBUTE TO DISPROPORTIONATE PREMATURE DEATH IN 2006, THE NATIONAL ASSOCIATION OF STATE MENTAL HE ALTH PROGRAM DIRECTORS (NASMHPD) ISSUED A TECHNICAL REPORT, MORBIDITY AND MORTALITY IN PEO PLE WITH SERIOUS MENTAL ILLNESS, WHICH REVEALED THAT PEOPLE WITH SERIOUS MENTAL ILLNESS ON THE AVERAGE DIE 25 YEARS EARLIER THAN PEOPLE WITHOUT SERIOUS MENTAL ILLNESS WE HAVE SEEN CLIENTS IN THEIR LATE 40'S AND 50'S DIE FROM CHRONIC PHYSICAL ILLNESS THAT WAS NOT TREATE D OR ADDRESSED FOR THE LAST SEVERAL YEARS CKHS BEHAVIORAL HEALTH SERVICES HAS BEEN WORKIN G WITH CLIENTS TO IDENTIFY WELLNESS GOALS, REMOVE BARRIERS TO SECURING PRIMARY CARE AND WO RK TOWARDS PHYSICAL AS WELL AS MENTAL WELL BEING OUR EFFORTS HAVE INCLUDED EDUCATING ALL LEVELS OF MENTAL HEALTH STAFF TO THE IMPORTANCE OF ADDRESSING PHYSICAL HEALTH ISSUES, WORK ING WITH CLIENTS TO DEVELOP PHYSICAL WELLNESS GOALS AND MONITORING THEIR PROGRESS, AND PRO VIDING INDIVIDUAL EDUCATION AND WELLNESS ACTIVITIES WE HAVE A NURSE NAVIGATOR, MARY ZECCA , WHO COORDINATES WELLNESS EDUCATION, COLLABORATES WITH STAFF TO IDENTIFY AT RISK CLIENTS, AND ASSISTS THEM IN DEVELOPING WELLNESS GOALS COLLABORATIVELY WITH THEIR CLIENTS THE NUR SE NAVIGATOR MAKES CONTACT WITH CLIENTS WHO AGREE TO EDUCATION AND CONDUCTS WELLNESS ACTIV ITIES SHE HAS BEEN SUCCESSFUL WITH MANY CLIENTS IN WEIGHT LOSS, SMOKING CESSATION OR DECR EASE IN USE, GETTING CLIENTS TO UTILIZE PRIMARY CARE AND OVERALL ADOPTING MORE HEALTHY PRA CTICES AND MAKING BETTER CHOICES THE NUMBERS OF CLIENTS PARTICIPATING IN THESE ACTIVITIES IS INCREASING AND WE HAVE A NUMBER OF INDIVIDUAL SUCCESS STORIES IT WILL TAKE MANY YEARS TO REVERSE THE DISTURBING TREND OF SHORTER LIFE E

Return Reference	Explanation	
	CORE FORM, PART III	XPECTANCY FOR CLIENTS WITH SERIOUS MENTAL ILLNESS BUT WITH PROGRAMS LIKE OUR INTEGRATED HE ALTH AND THE COMMITMENT OF OUR NURSE NAVIGATOR AND MENTAL HEALTH STAFF WE WILL HOPEFULLY B EGIN TO MAKE PROGRESS PEDIATIRC ASTHMA TASK FORCE OF DELAWARE COUNTY ========== ========== THE KIDS ASTHMA MANAGEMENT PROGRAM PROVIDES PRIMARY STAFF SUPPO RT FOR THE PEDIATRIC ASTHMA TASK FORCE OF DELAWARE COUNTY (PATF) AND DR VATSALA RAMPRASAD , CKHS PEDIATRIC PULMONOLOGIST IS THE CONVENER PATF IS A COALITION OF PROVIDERS, MANAGED CARE ORGANIZATIONS, SCHOOL NURSES, UNIVERSITIES, EPA AND OTHER GOVERNMENT REPRESENTATIVES, AMERICAN LUNG ASSOCIATION AND OTHER STAKEHOLDERS WORKING TO IMPROVE THE HEALTH AND QUALIT Y OF LIFE FOR CHILDREN WITH ASTHMA THROUGH COLLABORATIVE CARE PRACTICES, EDUCATION, ADVOCA CY, AND COMMUNITY PARTNERSHIPS THAT ALSO INCORPORATE SUSTAINABILITY SOME OF PATF'S PROGRA MS INCLUDE ANNUAL ASTHMA AWARENESS MONTH FAIRS, EDUCATIONAL LITERATURE DEVELOPMENT AND DIS TRIBUTION FOR FAMILY AND PROVIDERS, AND OUTREACH TO ENTITIES SUCH AS THE DELAWARE COUNTY S CHOOL NURSE ASSOCIATION THE MISSION OF THE TASK FORCE IS TO IMPROVE THE HEALTH AND QUALIT Y OF LIFE FOR CHILDREN WITH ASTHMA THROUGH COLLABORATIVE CARE PRACTICES, EDUCATION, ADVOCA CY, AND COMMUNITY PARTNERSHIPS THAT ALSO INCORPORATE SUSTAINABILITY SPECIFIC OBJECTIVES O F THE TASK FORCE ARE - TO COLLECT LOCAL ASTHMA PREVALENCE DATA BASED ON SUCH ENTITIES AS CENSUS TRACTS, ZIP CODES, SCHOOL DISTRICTS, ER LISTINGS OR OTHER AVENUES, IDENTIFY ING RESO URCES TO SUPPORT DATA COLLECTION - TO FOSTER COLLABORATION IN THE IDENTIFICATION OF FUNDI NG SOURCES AND THE SUBSEQUENT DEVELOPMENT AND SUBMISSION OF GRANT PROPOSALS RELATED TO PED IATRIC ASTHMA, INCLUDING ITS RELATIONSHIP TO OBESITY AND SLEEP APNEA - TO BE A FORUM FOR COMMUNITY EFFORTS IN PEDIATRIC ASTHMA CONTROL THAT IMPROVES CLINICAL CARE, CHILD/FAMILY SE LF-MANAGEMENT AND QUALITY OF LIFE - TO ADVOCATE FOR THE REIMBURSEMENT OF PATIENT EDUCATIO N AND HOME-BASED ENVIRONMENTAL REMEDIATION CONDUCTED BY BOTH CLINICAL AND PARAPROFESSIONAL STAFF BRINGING PEOPLE TO THE TABLE ---------- THE COMMUNITY HEALTH COM MITTEE MEETING BRINGS INDIVIDUALS TOGETHER FROM ACROSS THE SYSTEM THIS OPPORTUNITY TO SHA RE IDEAS AND INFORMATION, AND TO COLLABORATE IN THEIR EFFORTS TO PROVIDE OUTREACH AND IMPR OVE THE HEALTH OF OUR COMMUNITY BLUEPRINTS/PEER LEADER PROGRAM ---------- ---- LAUNCHED IN 2006, BLUEPRINTS IS AN EVOLUTION OF THE PEER LEADER PROGRAM, WHICH WAS CR OZER WELLNESS CENTER'S FIRST YOUTH LEADERSHIP PROGRAM AND WHICH STARTED IN 1996 THE PROGR AM IS OPEN TO YOUTH RESIDING WITHIN THE BOUNDARIES OF THE CHESTER UPLAND SCHOOL DISTRICT W HO (PRIOR TO ENROLLMENT) HAD ONE OR MORE RESEARCH-IDENTIFIED RISK FACTORS FOR DROP-OUT TH E PROGRAM HAD A CAPACITY TO SERVE 40 YOUTH PER YEAR, AND IS COHORT BASED OUR CURRENT COHO RT OF PARTICIPANTS WILL HAVE BEEN IN 8TH GRADE IN THE 2012/2013 ACADEMIC YEAR, AND WE WILL FOLLOW THEM THROUGH HIGH SCHOOL GRADUATION IN THE 2016/2017 ACADEMIC YEAR BLUEPRINTS IS A YEAR-ROUND OUT-OF SCHOOL PROGRAM OPERATED IN PARTNERSHIP WITH SWARTHMORE COLLEGE'S BLACK CULTURAL CENTER AND THE COLLEGE ACCESS CENTER OF DELAWARE COUNTY THROUGH THE PARTNERSHIP SWARTHMORE COLLEGE STUDENTS ARE RESPONSIBLE TO FACILITATE TUTORING, MENTORING AND CULTURA L ENRICHMENT ACTIVITIES COLLEGE ACCESS CENTER STAFF MEMBERS ARE RESPONSIBLE TO PROVIDE CA REER EXPOSURE AND COLLEGE ACCESS GUIDANCE CROZER WELLNESS CENTER STAFF MEMBERS ARE RESPON SIBLE TO FACILITATE COMMUNITY SERVICE EXPERIENCES, TO PROVIDE MEMBERS WITH LIFE SKILLS & R ISK REDUCTION EDUCATION, TO TRAIN PARTICIPANTS TO TAKE ON THE ROLE OF PEER EDUCATORS OR "P EER LEADERS", AND TO COORDINATE SPECIAL/FAMILY/RECOGNITION EVENTS

Return Reference	Explanation	
	CORE FORM, PART III	COMMUNITY HEALTH EDUCATION PROGRAM ---------- COMMUNITY HEALTH EDU CATION PROGRAM SERVES THOSE INDIVIDUALS LIVING IN THE DCMH SERVICE AREA AS WELL AS ACROSS DELAWARE COUNTY IT IS THE GOAL OF THE COMMUNITY HEALTH EDUCATION PROGRAM TO IMPROVE THE O VERALL HEALTH STATUS OF RESIDENTS IN DELAWARE COUNTY BY - MEASURING PROGRESS OF KEY HEALT H INDICATORS AND REPORTING ON TRENDS OVER TIME - ADDRESSING COMMUNITY NEED THROUGH TARGET ED RISK REDUCTION AND HEALTH PROMOTION INTERVENTIONS - PROMOTE THE PREVENTION OF DISEASE AND ENCOURAGE HEALTHY LIFE CHOICES THROUGH EDUCATION THE COMMUNITY HEALTH EDUCATION PROGR AM SERVES AS A LIAISON TO VARIOUS COMMUNITY BASED COALITIONS AND BOARDS TO ADDRESS COMMUNI TY HEALTH CONCERNS AND A POINT OF ENTRY AS WELL AS A POINT OF ACCESS TO COMMUNITY BASED AN D HOSPITAL SERVICES FOR HEALTH IMPROVEMENT COMMUNITY HEALTH EDUCATION PROGRAM PROVIDES TA RGETED PROGRAMMING TO ADDRESS HEALTH CONCERNS IDENTIFIED IN OUR COMMUNITY NEEDS ASSESSMENT AND IN ALIGNMENT WITH HEALTHY PEOPLE GOALS PROGRAMS AND SERVICES INCLUDE - NUTRITION AN D PHYSICAL EDUCATION OUTREACH - OBESITY PREVENTION - TOBACCO PREVENTION AND CESSATION - BU LLY PREVENTION COLLABORATIVE - CULTURAL CONNECTIONS COLLABORATIVE WITH COMMUNITY INCLUSION NETWORK COMMUNITY LEADER MEETINGS HELD EXCLUSIVELY AT DCMH TO ADDRESS THE NEEDS OF OUR MU LTI-CULTURAL COMMUNITY - KIDS ASTHMA MANAGEMENT PROGRAM HEALTHLINE SERVICES ---------- ----- DCMH'S HEALTHLINE SERVICES, THE HOSPITAL'S COMMUNITY EDUCATION/OUTREACH DEPARTMENT, PROVIDES WELLNESS PROGRAMS AND HEALTH PROMOTION SERVICES FOR THE COMMUNITY AT LARGE. THIS INCLUDES FREE SCREENINGS, HEALTH FAIRS AND EDUCATIONAL SESSIONS PRESENTED BY HEALTHCARE PR OFESSIONALS ON VARIOUS RELATED TOPICS HEALTHLINE PARTICIPATES IN THE CKHS SPEAKER'S BUREA U, PROVIDING OUTREACH AT COMMUNITY HEALTH FAIRS AND SPECIAL EVENTS ONGOING CPR, FIRST AID AND SAFE SITTER BABYSITTING COURSES ARE OFFERED THROUGHOUT THE YEAR AT DCMH OR CAN BE SCH EDULED AT AN OUTSIDE SITE. SCHOOL-BASED EDUCATION SERVICES AND PROGRAMS INCLUDE THE FOLLOW ING PASSPORT TO HEALTH PROGRAM REACHING APPROXIMATELY 6,000 STUDENTS EACH SCHOOL YEAR T HE PURPOSE OF THE PASSPORT TO HEALTH PROGRAM IS TO EDUCATE CHILDREN, THROUGH SCIENCE, HIST ORY AND PHYSICAL EDUCATION, ABOUT POSITIVE HEALTH BEHAVIORS THE PROGRAM IS DESIGNED TO PR OMOTE SENSIBLE, POSITIVE HEALTH BEHAVIOR PATTERNS DURING THOSE EARLY YEARS SO THEY BECOME ROUTINE AND ARE CONTINUED FOR A LIFETIME. THIS PROGRAM PROVIDES HEALTH CURRICULUM TO SCHOO LS ON BOTH SIDES OF THE COUNTY REACHING STUDENTS IN THE 3RD, 4TH AND 5TH GRADES WE PROVID E HEALTH RELATED TOPICS FROM SEPTEMBER THROUGH MAY, PROVIDING MATERIALS AND INTERACTIVE AC TIVITIES FOR EACH STUDENT MANY OF THESE SCHOOLS DO NOT HAVE "HEALTH" AS PART OF THEIR LES SON PLANS AND WOULD NOT BE ABLE TO INSTILL GOOD HEALTH BEHAVIORS IN THESE YOUNG STUDENTS W ITHOUT OUR PROGRAM SCHOOLS THAT DO HAVE A HEALTH CURRICULUM IN PLACE USE OUR PROGRAM TO S UPPLEMENT WHAT THEY TRADITIONALLY TEACH TOPICS INCLUDE GENETICS, TOOTH HEALTH, CANCER PRE VENTION, HEART HEALTH, EXERCISE, GERM PREVENTION, SAFETY AND MORE. EDUCATIONAL SESSIONS ON EACH TOPIC ARE AVAILABLE BY A HEALTHCARE PROFESSIONAL AT THE HOME SCHOOL FOR STUDENTS AND /OR PARENTS UPON REQUEST STRIDE ("STUDENTS TAKING RESPONSIBILITY IN DRUG EDUCATION") PROG RAM REACHING 600 STUDENTS EACH YEAR FROM AREA SCHOOLS THIS PROGRAM BRINGS 5TH AND 6TH GR ADE STUDENTS TO OUR HOSPITAL, WHERE THEY RECEIVE EDUCATION ON DRUG/TOBACCO PREVENTION BY H EALTHCARE PROFESSIONALS THIS INTERACTIVE PROGRAM COVERS THE PHYSICAL, SOCIAL AND EMOTIONA L ASPECTS OF DRUG AND TOBACCO ADDICTION COLLABORATION COMMUNITY HEALTH EDUCATION PROGRAM, HEALTHLINE SERVICES AND DCMH REGIONAL CANCER PROGRAM COLLABORATE TO PROVIDE EDUCATION AN D OUTREACH ACTIVITIES NOT LIMITED TO BUT INCLUDING THE FOLLOWING - DIVERSITY PROGRAMS - S CREENING PROGRAMS - SUPPORT GROUPS - HEALTH FAIRS - COMMUNITY EDUCATION PROGRAMS - LOCAL S CHOOL AND COMMUNITY BASED EDUCATION/OUTREACH PROGRAMS AND ACTIVITIES - SPEAKERS BUREAU PRE SENTATIONS AT COMMUNITY LOCATIONS CONGREGATIONAL NURSING PROGRAM ---------- ---- -- CONGREGATIONAL NURSING IS HEALTH MINISTRY TO FAITH COMMUNITIES THAT FOCUSES ON THE W HOLENESS OF BODY, MIND AND SPIRIT THE CONGREGATIONAL NURSE MINISTRY GROWS OUT OF THE BELI EF THAT ALL FAITH COMMUNITIES ARE PLACES OF HEALTH AND HEALING AND HAVE A ROLE IN PROMOTIN G WHOLENESS THROUGH INTEGRATING FAITH AND HEALTH A CONGREGATIONAL NURSE PROVIDES HEALTH P ROMOTION AND OUTREACH TO A FAITH-BASED COMMUNITY IN THE CONTEXT WITH THE VALUES, BELIEFS A ND PRACTICES OF THAT COMMUNITY WHICH THEY SERVE. CROZER-KEYSTONE HEALTH SYSTEM PROVIDES OU TREACH, ASSISTANCE AND TRAINING TO CONGREGATIONAL NURSES THROUGHOUT THE COMMUNITY THAT WE SERVE. THIS COMMITMENT TO HEALTH PROMOTION AND ACCESS TO HEALTH SERVICES AND RESOURCES AT THE COMMUNITY LEVEL ASSISTS THE CONGREGATIONAL NURSES IN CONNECTING THEIR PARISHIONERS TO PROGRAMS AND SERVICES IN AN EFFORT TO ENSURE OPTIM

Return Reference	Explanation	
	CORE FORM, PART III	AL COMMUNITY HEALTH SENIOR HEALTH SERVICES ---------- SENIOR HEALTH SERVICES DEVELOPS, COORDINATES AND IMPLEMENTS PROGRAMS COMMITTED TO THE PROMOTION OF A HEALTHY SENI OR COMMUNITY IN DELAWARE COUNTY THE SERVICES OFFERED ARE EASILY ACCESSIBLE, MEETS THE NEE DS OF THE COMMUNITY SERVED, AND ARE PROVIDED WITH RESPECT AND DIGNITY WITH THE GROWING NU MBER OF SENIORS IN THE COUNTRY THE ELDERLY POPULATION IN OUR COUNTY IS ALSO EXPECTED TO SU RGE SIGNIFICANTLY BY THE YEAR 2030 THERE WILL BE 70 MILLION AMERICANS OVER THE AGE OF 65 DELAWARE COUNTY, ONE OF THE MOST DENSELY POPULATED COUNTIES IN THE STATE WILL BE HEAVILY IMPACTED BY THE POPULATION SURGE AS ONE OF ITS MANY GOALS SENIOR HEALTH SERVICES DEVELOPS INITIATIVES TO EDUCATE AND SENSITIZE HEALTHCARE PROFESSIONALS TO THE UNIQUE NEEDS OF OUR GROWING SENIOR COMMUNITY THESE INITIATIVES FOCUS ON ENHANCING THE SKILLS OF THE HEALTHCAR E AND ACADEMIC COMMUNITIES TO DEVELOP EXPERTISE AND BEST PRACTICES IN GERIATRICS RESPONSI BILITIES INCLUDE BUT NOT LIMITED TO, TRAINING EMPLOYEES ACROSS THE SYSTEM IN AREAS RELATED TO AGE COMPETENCY, DEVELOPING SENIOR FRIENDLY HOSPITALS ON ALL LEVELS AND BRIDGING THE GA P BETWEEN THE INPATIENT AND OUTPATIENT SERVICES IN ADDITION THE DEPARTMENT IS ALSO RESPON SIBLE FOR THE HEALTH SYSTEM'S SENIOR SPECIFIC SUPPORT LINE THE SENIOR SUPPORT LINE (1-800 -CKHS-KEY) IS A SINGLE POINT OF CONTACT FOR PATIENTS, FAMILIES, PHYSICIANS AND COMMUNITY O RGANIZATIONS, TO ACCESS RESOURCES THROUGH OUR HEALTH SYSTEM, AS WELL AS ATTAIN SERVICES FR OM LOCAL AND NATIONAL ORGANIZATIONS SENIOR HEALTH SERVICES - PROVIDES EASE OF ACCESS TO SERVICES FOR OLDER ADULTS - STABILIZES THE INDIVIDUAL AT HOME AND IN THE COMMUNITY - COO RDINATES RESOURCES TO ENHANCE QUALITY OF LIFE - PROVIDES ADDITIONAL SUPPORT TO FAMILIES A ND CAREGIVERS - ARRANGES IN HOME SUPPORT SERVICES - OFFERS ASSISTANCE IN ACCESSING STATE FUNDED SERVICES - PROVIDES ASSISTANCE WITH LONG TERM CARE (LTC) OR ALTERNATIVE PLACEMENT - PROVIDES MEDICARE EDUCATION AND ENROLLMENT OPTIONS - ENHANCES OVERALL HEALTH AND WELL -BEING SERVICES PROVIDED BY SENIOR HEALTH SERVICES INCLUDE THE FOLLOWING SENIOR SUPPORT LINE ---------- - TOLL-FREE NUMBER AVAILABLE TO ALL COMMUNITY MEMBERS - TRIAGE C LINICIAN ASSESSES CALLERS' NEEDS, PROVIDES INFORMATION, AND REFERS TO THE APPROPRIATE SERV ICES - ALL SERVICES ARE COORDINATED UNTIL FULLY IMPLEMENTED - REMAINS CONNECTED WITH OLD ER ADULTS TO ENSURE SYSTEMS ARE IN PLACE TO MEET THEIR NEEDS GERIATRIC RESOURCE CENTER T HE GOAL OF THE GERIATRIC RESOURCE CENTER LOCATED STRATEGICALLY IN THE CENTER OF THE COUNTY AT OUR SPRINGFIELD HOSPITAL SITE IS TO PROVIDE DELAWARE COUNTY'S OLDER ADULTS, CHILDREN O F AGING PARENTS, AND CAREGIVERS WITH EASY ACCESS TO EDUCATIONAL AND INSTRUCTIONAL INFORMAT ION ON A VARIETY OF HEALTH-RELATED TOPICS AS WELL AS LOCAL, STATE AND NATIONAL SENIOR SERV ICES AND PROGRAMS DELAWARE COUNTY CARE TRANSITION INITIATIVE ---------- ---------- AS OF RESULT OF THE SUCCESS OF THE INITIAL CARE TRANSITION PROGRAM, DELAWAR E COUNTY'S AREA AGENCY ON AGING RECEIVED ADDITIONAL FUNDING THE 2012 COMMUNITY-BASED CARE TRANSITIONS PROGRAM ("CCTP") AWARD - CKHS OWNS FOUR OF THE FIVE ACUTE CARE HOSPITALS IN THE COUNTY PARTICIPATING IN THIS INITIATIVE - CKHS NURSES AND AAA SOCIAL WORKERS WORK TOG ETHER TO PROVIDE EXTENSIVE IN-HOME SERVICES FOR OLDER ADULTS WITH MULTIPLE CO-MORBIDITIES AND MINIMAL OR NO SUPPORT SYSTEM AT HOME - CCTP GRANT INVOLVES COORDINATION BY MULTIPLE C OMMUNITY-BASED PARTNERS TO SUSTAIN OLDER ADULTS IN THE COMMUNITY

Return Reference	Explanation	
	CORE FORM, PART III	CARING FOR OLDER PEOPLE (''COP'') ---------- - A COMMUNITY PARTNERSHIP BETWEEN CROZER-KEYSTONE HEALTH SYSTEM (''CKHS''), THE COUNTY OFFICE OF SERVICES FOR THE AGIN G (''COSA'') AND THE DISTRICT ATTORNEY'S OFFICE - THE PRIMARY PURPOSE OF THE PROGRAM IS TO IDENTIFY AT-RISK ELDERLY IN THE COMMUNITY AND CONNECT THEM TO THE APPROPRIATE HEALTH AND C OMMUNITY CARE RESOURCES - CKHS STAFF COORDINATES THIS PROGRAM BY EDUCATING AND SENSITIZIN G PRE-HOSPITAL PROVIDERS AND OTHER FIRST RESPONDERS TO THE NEEDS OF THE AT-RISK ELDERLY - IN A TRAINING ENVIRONMENT, COP PROVIDES A VERY BRIEF ASSESSMENT TOOL FOR FIRST RESPONDERS TO USE IN IDENTIFY ING THESE INDIVIDUALS - COP TRAINING IS AVAILABLE TO ALL ORGANIZATIONS WHO ARE CONCERNED WITH THE CARE OF THE ELDERLY SENIOR FOCUSED COMMUNITY HEALTH EDUCATION ---------- ---------- - DINING AT DUSK - A DINNER PROGRAM HELD AT ALL FOUR ACUTE CARE HOSPITALS WITHIN THE HEALTH SYSTEM ATTENDEES PARTICIPATE IN SENIOR FOCUS ED PRESENTATIONS GENERALLY OFFERED BY CKHS PHYSICIANS AND CLINICAL STAFF - PHYSICIAN LECT URE SERIES - A FREE LECTURE SERIES OFFERING OLDER ADULTS AN OPPORTUNITY TO LEARN IMPORTANT HEALTH RELATED INFORMATION THESE PRESENTATIONS OFFER SENIORS TIPS ON HOW TO PARTNER WITH THEIR HEALTHCARE PROVIDERS IN MANAGING THEIR OWN HEALTH THEY ALSO PROVIDE PARTICIPANTS W ITH STRATEGIES IN PROMOTING GOOD EMOTIONAL AND PHYSICAL WELL-BEING - EVIDENCE-BASED SENIO R CENTER HEALTH PROMOTION - ''PRIMETIME HEALTH'' CONTRACTED SERVICES THROUGH THE PENNSYLVAN IA DEPARTMENT OF AGING SERIES OFFERED ANNUALLY AT SEVERAL LOCAL SENIOR CENTERS IN DELAWAR E COUNTY - SENIOR-FOCUSED SPEAKER'S BUREAU - FREE LECTURES IN THE COMMUNITY ON VARIOUS HE ALTH TOPICS PRESENTATIONS ARE OFTEN ARRANGED WITH LOCAL 55+ COMMUNITIES, LIBRARIES, SENIO R CENTERS, SENIOR ASSOCIATIONS, CORPORATE RETIREE ORGANIZATIONS AND CHURCHES - COMMUNITY HEALTH FAIRS - FREE HEALTH AND WELLNESS INFORMATION, BLOOD PRESSURE SCREENINGS, STROKE RIS K ASSESSMENTS AND FLU SHOTS CULTURAL CONNECTIONS PROGRAM ---------- UPP ER DARBY IS ONE OF THE MOST DIVERSE TOWNSHIPS IN THE UNITED STATES IN ADDITION TO HAVING THE MOST DIVERSE AND GROWING IMMIGRANT POPULATION IN THE REGION (OVER 50 LANGUAGES SPOKEN) , UPPER DARBY'S LOW-INCOME POPULATION IS ALSO GROWING THE MOST RECENT PROJECTION OF RESID ENTS LIVING BELOW THE POVERTY LEVEL IS 15 4% CENSUS DATA CONFIRMS MAJOR SHIFTS IN THE DEM OGRAPHICS OF THE POPULATION THE UPPER DARBY AREA HAS THE LARGEST NUMBER OF ASIAN AND WEST AFRICAN IMMIGRANTS IN THE REGION, AND BURGEONING MEXICAN AND SOUTH AND CENTRAL AMERICAN P OPULATIONS (UNDER-COUNTED IN THE CENSUS) THE CULTURAL CONNECTIONS COLLABORATIVE PROGRAM P ROVIDES CONNECTIVITY OF COMMUNITY AND HEALTH SERVICES TO IMMIGRANT AND REFUGEE FAMILIES IN THE COUNTY TO HELP THEM DEAL MORE EFFECTIVELY WITH HEALTH, MENTAL HEALTH AND SOCIAL ISSUE S THAT HINDER NEW IMMIGRANT AND REFUGEE FAMILIES OUTREACH ACTIVITIES INCLUDE COLLABORATIV E EFFORTS WITH THE UPPER DARBY SCHOOL DISTRICT IN THEIR IMMIGRANT AND REFUGEE RESETTLEMENT TASK FORCE, A FORUM FOR THE COMMUNITY'S SOCIAL SERVICE AND LAW ENFORCEMENT AGENCIES, TO A CQUAINT THE GROUPS WITH THE SERVICES, AND QUARTERLY COMMUNITY INCLUSION NETWORK MEETINGS H ELD AT DCMH WITH REPRESENTATIVES FROM THE RESPECTIVE COMMUNITIES IN ADDITION, PROGRAM STA FF DESIGN AND COORDINATE AND PROVIDE DIVERSITY TRAININGS CROZER-KEYSTONE HEALTH SYSTEM SE RVICES ========== CROZER-KEYSTONE HEALTH SYSTEM PROVIDES SUBST ANTIAL COMMUNITY BENEFIT ITS SYSTEM INCLUDES THE FOLLOWING ACUTE CARE HOSPITALS LOCATED T HROUGHOUT THE COMMONWEALTH OF PENNSYLVANIA 1 CROZER-CHESTER MEDICAL CENTER INCLUDING TAY LOR HOSPITAL, SPRINGFIELD HOSPITAL AND COMMUNITY HOSPITAL, AND 2 DELAWARE COUNTY MEMORIAL HOSPITAL EACH HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES IN A NON-DISCR IMINATORY MANNER TO ALL INDIVIDUALS REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN , RELIGION OR ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATI ENTS, 2 OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGE S AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL OF EACH HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS AND THE BOARD OF DIRECTORS OF CROZER-KEYSTONE HEALTH SYSTEM, THE TAX-EXEMPT P ARENT ORGANIZATION OF THE HOSPITAL BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QU ALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS A ND ACTIVITIES THE OPERATIONS OF EACH HOSPITAL, AS SHOWN THROUGH THE FACTORS OUTLINED ABOV E AND OTHER INFORMATION CONTAINED HEREIN, CLEARLY DEMONSTRATE THAT THE USE AND CONTROL OF EACH HOSPITAL IS FOR THE BENEFIT OF THE PUBLIC AND

Return Reference	Explanation	
	CORE FORM, PART III	THAT NO PART OF THE INCOME OR NET EARNINGS OF THE ORGANIZATION INURES TO THE BENEFIT OF A NY PRIVATE INDIVIDUAL NOR IS ANY PRIVATE INTEREST BEING SERVED OTHER THAN INCIDENTALLY CR OZER-CHESTER MEDICAL CENTER ========== CROZER-CHESTER MEDICAL CENTER (" CCMC"), A SUBSIDIARY OF CKHS, IS A LICENSED 430-BED NOT-FOR-PROFIT TEACHING HOSPITAL CROZ ER-CHESTER MEDICAL CENTER WAS ESTABLISHED IN 1963 WITH THE MERGER OF CHESTER HOSPITAL (C 1883) AND CROZER HOSPITAL (C 1902), AND BECAME ONE OF THE FOUNDING HOSPITALS OF CKHS IN 1 990 TODAY, CCMC ADMISSIONS AND OBSERVATIONS EXCEED18,000, CCMC TREATS APPROXIMATELY 52,20 0 EMERGENCY DEPARTMENT PATIENTS, AND DELIVERS ABOUT 1,600 BABIES A YEAR IN 2006, CCMC OPE NED THE DOORS TO A NEW 40,000 SQUARE FOOT EMERGENCY DEPARTMENT, WHICH MORE THAN DOUBLED TH E SPACE AND ENHANCED PRIVACY AND COMFORT FOR PATIENTS AND FAMILIES IN 2007, THE CROZER-KE YSTONE CENTER FOR WOUND HEALING AND HY PERBARIC MEDICINE OPENED ON THE CROZER CAMPUS, OFFER ING PATIENTS WITH CHRONIC WOUNDS ADVANCED OUTPATIENT WOUND CARE DELIVERED BY A MULTIDISCIP LINARY TEAM OF SPECIALISTS AND IN 2008, THE BERTRAM SPEARE OUTPATIENT PAVILION OPENED, OF FERING IMPROVED ACCESS FOR PEOPLE COMING TO THE HOSPITAL FOR OUTPATIENT PROCEDURES CCMC'S FEATURED SERVICES INCLUDE - ACUTE CARE OF ELDERS (ACE) UNIT - NATIONALLY RECOGNIZED NAT HAN SPEARE REGIONAL BURN TREATMENT CENTER, CELEBRATING 40 YEARS OF CARE - COMPREHENSIVE C ARDIAC SERVICES, INCLUDING OPEN HEART SURGERY AND INTERVENTIONAL CARDIOLOGY PROCEDURES - CENTER FOR MATERNAL FETAL MEDICINE - CENTER FOR MINIMALLY INVASIVE AND BARIATRIC SURGERY, NAMED A CENTER OF EXCELLENCE BY THE AMERICAN SOCIETY FOR METABOLIC AND BARIATRIC SURGERY - CENTER FOR WOUND HEALING AND HY PERBARIC MEDICINE - CERTIFIED BY THE JOINT COMMISSION A S A PRIMARY STROKE CENTER - CERTIFIED BY THE JOINT COMMISSION IN HIP AND KNEE REPLACEMENT SURGERY - CROZER REGIONAL TRAUMA CENTER, THE ONLY ONE OF ITS KIND IN DELAWARE COUNTY, AS WELL AS AN INPATIENT SHOCK TRAUMA UNIT - CROZER REPRODUCTIVE ENDOCRINOLOGY AND FERTILITY CENTER - EMERGENCY DEPARTMENT - FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP CROZER RE GIONAL CANCER CENTER CROZER HAS BEEN HONORED BY THE NATIONAL ACCREDITATION PROGRAM FOR BR EAST CENTERS AND IS CERTIFIED BY THE JOINT COMMISSION IN BREAST CANCER CARE - FULL RANGE OF MUSCULOSKELETAL SERVICES, INCLUDING ORTHOPAEDIC, REHABILITATION, SPINE AND SPORTS MEDIC INE SERVICES AS WELL AS A DEDICATED JOINT/SPINE UNIT FOR INPATIENTS - GASTROENTEROLOGY SE RVICES, INCLUDING ENDOSCOPY LABORATORY - INPATIENT PEDIATRIC UNIT - INTERVENTIONAL RADIO LOGY - CROZER-KEYSTONE REGIONAL KIDNEY TRANSPLANT CENTER AT CROZER-CHESTER MEDICAL CENTER - LEVEL III INTENSIVE CARE NURSERY - MATERNITY CENTER AND COMPREHENSIVE GY NECOLOGIC SER VICES - MEDICAL IMAGING SERVICES, INCLUDING MRI AND WOMEN'S IMAGING CROZER HAS BEEN NAME D A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY - MULTIPLE S CLEROSIS CENTER - PARKINSON'S DISEASE AND MOVEMENT DISORDERS CENTER - PEDIATRIC SLEEP CE NTER - SURGICAL SERVICES, INPATIENT AND OUTPATIENT, INCLUDING THE DAVINCI SURGICAL SYSTEM - VASCULAR AND ENDOVASCULAR CARE.

Return Reference	Explanation	
	CORE FORM, PART III	TAYLOR HOSPITAL ========== TAYLOR HOSPITAL (C 1910), A DIVISION OF CROZER-CHESTER ME DICAL CENTER, JOINED CKHS IN 1997 IT IS A 105-BED NOT-FOR-PROFIT COMMUNITY HOSPITAL THAT OFFERS A RANGE OF ACUTE AND SPECIALIZED SERVICES TAYLOR HOSPITAL'S ADMISSIONS AND OBSERVA TIONS ARE ABOUT 6,800 PATIENTS AND TAYLOR HOSPITAL RECEIVES ABOUT 27,000 EMERGENCY DEPARTM ENT VISITS FEATURED SERVICES INCLUDE - CARDIAC CATHETERIZATION LABORATORY AND CARDIOVASC ULAR LABORATORY - CARDIAC SERVICES - CERTIFIED BY THE JOINT COMMISSION IN HIP AND KNEE R EPLACEMENT SURGERY - CERTIFIED BY THE JOINT COMMISSION AS A PRIMARY STROKE CENTER - CROZ ER-KEYSTONE HOSPICE RESIDENTS AT TAYLOR HOSPITAL - CROZER-KEYSTONE SLEEP DISORDERS CENTER AT TAYLOR HOSPITAL - EMERGENCY DEPARTMENT - FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHI P - FULL RANGE OF MUSCULOSKELETAL SERVICES, INCLUDING ORTHOPAEDIC, REHABILITATION, SPINE, HAND AND SPORTS MEDICINE SERVICES AS WELL AS THE ORTHOPAEDIC CENTER - GASTROENTEROLOGY S ERVICES, INCLUDING AN ENDOSCOPY LABORATORY - INPATIENT AND OUTPATIENT SURGERY - MEDICAL IMAGING SERVICES, INCLUDING WOMEN'S IMAGING, DEXA SCANNING AND MRI SERVICES - SURGICAL SE RVICES, INPATIENT AND OUTPATIENT - THE TAYLOR REGIONAL REHABILITATION CENTER - VASCULAR AND ENDOVASCULAR CARE SPRINGFIELD HOSPITAL ========== FOUNDED IN 1960, SPRINGFI ELD HOSPITAL, A DIVISION OF CROZER-CHESTER MEDICAL CENTER, IS A 25-BED NOT-FOR-PROFIT COMM UNITY HOSPITAL THAT PROVIDES COMPREHENSIVE ACUTE-CARE SERVICES AND WELLNESS CARE SPRINGFI ELD HOSPITAL'S ADMISSIONS AND OBSERVATIONS TOTAL 2,000 AND SPRINGFIELD HOSPITAL RECEIVES 1 3,300 EMERGENCY DEPARTMENT VISITS SPRINGFIELD HOSPITAL IS CONNECTED TO THE PAVILIONS THAT HOUSE CKHS' CORPORATE OFFICES AND THE HEALTHPLEX SPORTS CLUB, (A FITNESS CENTER AND CERTI FIED OLY MPIC TRAINING FACILITY) SPRINGFIELD'S CLINICAL OFFERINGS INCLUDE - CARDIAC SERVIC ES, INCLUDING CARDIAC REHABILITATION - CENTER FOR DIABETES - CENTER FOR DIZZINESS AND BA LANCE - CENTER FOR MINIMALLY INVASIVE SURGERY - CENTER FOR PREVENTIVE MEDICINE, A CENTER FOR OCCUPATIONAL HEALTH AND A DESIGNATED UNITED STATES OLY MPIC COMMITTEE SPORTS SCIENCE A ND TECHNOLOGY NATIONAL NETWORK SITE - CRITICAL CARE UNIT - DIAGNOSTIC IMAGING CENTER INC LUDING POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY (PET/CT) IMAGING AND WOMEN'S IMAG ING - EMERGENCY DEPARTMENT - FOX CHASE CROZER-KEYSTONE CANCER PARTNERSHIP - FULL RANGE OF MUSCULOSKELETAL SERVICES, INCLUDING ORTHOPAEDIC, REHABILITATION, SPINE AND SPORTS MEDIC INE SERVICES - GASTROENTEROLOGY SERVICES - MOORE EYE INSTITUTE - PAIN MANAGEMENT CENTER - PULMONARY REHABILITATION - SPORTS MEDICINE INSTITUTE - SURGICAL SERVICES, INPATIENT AND OUTPATIENT ESTABLISHED IN 1996 TO COMPLEMENT THE FULL RANGE OF HEALTH AND WELLNESS PR OGRAMS AT SPRINGFIELD HOSPITAL AND THROUGHOUT CKHS, THE HEALTHPLEX SPORTS CLUB IS CONSIDER ED ONE OF THE LARGEST AND MOST FULLY INTEGRATED CENTERS OF ITS KIND IN THE UNITED STATES MORE THAN 6,500 MEMBERS BELONG TO THE 176,000-SQUARE-FOOT SPORTS CLUB, WHICH OFFERS THE FO LLOWING PROGRAMS AND SERVICES - MEMBER ORIENTATION PROGRAM FOR EACH NEW MEMBER - SPACIOU S, STATE-OF-THE-ART FACILITIES, INCLUDING 2 INDOOR POOLS, 10 TENNIS COURTS, 3 NBA SIZE BAS KETBALL COURTS, SQUASH/RACQUETBALL COURTS, 3-LANE 1/5 MILE INDOOR TRACK AND MORE - OVER 1 00 GROUP FITNESS CLASSES PER WEEK, INCLUDING ZUMBA, BODY PUMP, BODY FLOW, PILATES, YOGA, S PINNING AND MORE - COMPREHENSIVE PERSONAL TRAINING AND WELLNESS PROGRAMS FOR PEOPLE OF AL L AGES AND CONDITIONS - FITNESS AREA FEATURING CARDIOVASCULAR AND STRENGTH-TRAINING EQUIP MENT - SPECIAL AMENITIES LIKE THE SPA AT THE HEALTHPLEX, SAUNAS, STEAM ROOMS AND COLD PLU NGE - LOCKER ROOMS AND TOWEL SERVICE - KIDZ KLUB BABYSITTING AREA - SMALL GROUP TRAININ G STUDIO WITH TRX, P90X, CARDIO KICK, AND MORE - MIND AND BODY STUDIO WITH YOGA AND PILATE S - NUTRITION PROGRAMS AND COUNSELING - MINDFULNESS-BASED STRESS REDUCTION (MBSR) COURSE S COMMUNITY HOSPITAL ========== COMMUNITY HOSPITAL, A DIVISION OF CROZER-CHESTER MEDICAL CENTER, COORDINATES A FULL RANGE OF OUTPATIENT BEHAVIORAL AND COMMUNITY HEALTH SER VICES AS WELL AS PRIMARY CARE THE FACILITY WAS FOUNDED AS SACRED HEART HOSPITAL IN 1953 A ND LATER RENAMED COMMUNITY HOSPITAL IN 1992 WHEN IT JOINED CKHS TODAY, COMMUNITY HOSPITAL IS A SINGLE, CONVENIENT PLACE FOR FAMILIES TO COME FOR ALL OF THEIR SOCIAL SERVICE NEEDS BY PARTNERING WITH 20-PLUS ORGANIZATIONS LIKE THE CHESTER EDUCATION FOUNDATION, THE CHEST ER HOUSING AUTHORITY, AND CHESPENN HEALTH SERVICES - FEDERALLY FUNDED COMMUNITY HEALTH CEN TERS - COMMUNITY HOSPITAL HAS BECOME A TRUE COMMUNITY ASSET FEATURED SERVICES INCLUDE - MENTAL HEALTH SERVICES - ADULT AND PEDIATRIC PRIMARY CARE AND DENTISTRY THROUGH THE CHESP ENN CENTER FOR FAMILY HEALTH - THE WELLNESS CENTER AND CHESTER YOUTH COLLABORATIVE - WOM EN'S AND CHILDREN'S HEALTH SERVICES, INCLUDING THE CROZER-KEYSTONE HEALTHY START PROGRAM, THE NURSE-FAMILY PARTNERSHIP AND THE HISPANIC RESO

Return Reference	Explanation	
	CORE FORM, PART III	URCE CENTER - SUBSTANCE ABUSE SERVICES CROZER MEDICAL PLAZA AT BRINTON LAKE ========== ========== THE CROZER MEDICAL PLAZA AT BRINTON LAKE, WHICH OPENED IN 2005, I S A COMPREHENSIVE OUTPATIENT CENTER LOCATED JUST OFF ROUTE 1 IN GLEN MILLS AT THE SHOPPES AT BRINTON LAKE. THE FACILITY PROVIDES WESTERN DELAWARE COUNTY AND CHESTER COUNTY RESIDENT S WITH CONVENIENT ACCESS TO AN ARRAY OF DIAGNOSTIC, SURGICAL, AND PHYSICIAN SERVICES, INCL UDING FULL-SERVICE MEDICAL IMAGING AND OUTPATIENT SURGERY CENTERS FEATURED SERVICES INCLU DE - ASTHMA AND ALLERGY - CARDIOLOGY - CROZER-KEYSTONE/PHILADELPHIA HAND CENTER PARTNER SHIP - DIABETES EDUCATION - DIALYSIS ACCESS CENTER - ENDOCRINOLOGY - FAMILY MEDICINE - GASTROENTEROLOGY - GENERAL SURGERY - LABORATORY SERVICES - MEDICAL IMAGING/RADIOLOGY - NEUROLOGY - OB/GYN - OPHTHALMOLOGY - ORTHOPAEDICS AND SPORTS MEDICINE - OSTEOPOROSI S CENTER - OUTPATIENT PHYSICAL THERAPY - PAIN MANAGEMENT - PODIATRY - PULMONOLOGY - S URGERY CENTER AT BRINTON LAKE (OUTPATIENT SURGERY CENTER) - UROGYNECOLOGY - VASCULAR AND ENDOVASCULAR - VEIN CENTER CROZER HEALTH PAVILION ========== THE OUTPATIENT FACILITY IS LOCATED JUST ACROSS ROUTE 1 FROM CROZER MEDICAL PLAZA AT BRINTON LAKE. FEATUR ED SERVICES INCLUDE - FAMILY MEDICINE - CROZER-KEYSTONE SLEEP CENTER AT BRINTON LAKE - NEUROLOGY CROZER MEDICAL PLAZA AND CROZER-KEYSTONE CANCER CENTER AT BRINTON LAKE ======== ========== CROZER-KEYSTONE'S NEWEST OU TPATIENT CENTER FEATURES A FULL-SERVICE CANCER CENTER, AN ENDOSCOPY CENTER AND OTHER SPECI ALTIES FEATURED SERVICES INCLUDE - CARDIOVASCULAR - DERMATOLOGY - EAR, NOSE AND THROAT - ENDOSCOPY CENTER - GASTROENTEROLOGY - GENERAL AND BREAST SURGERY - GYNECOLOGIC ONCO LOGY - HEMATOLOGY/ONCOLOGY - KIDNEY TRANSPLANT/HEPATOBILIARY PROGRAM - MEDICAL ONCOLOGY - MEDICAL IMAGING (PET-CT) - OB/GYN - PODIATRY - PSYCHOTHERAPY SERVICES - PULMONOLOG Y - RADIATION ONCOLOGY - UROLOGY MEDIA MEDICAL PLAZA ========== TO PROVIDE MOR E CONVENIENT ACCESS TO CROZER-KEYSTONE'S CLINICAL SERVICES AND PHYSICIANS, THE HEALTH SYST EM EXPANDED MEDIA MEDICAL IMAGING IN 2006 TO BECOME THE MEDIA MEDICAL PLAZA FEATURED SERV ICES INCLUDE - FAMILY MEDICINE - CENTER FOR GERIATRIC MEDICINE - GASTROENTEROLOGY - IN TERNAL MEDICINE - LABORATORY SERVICES - MEDIA MEDICAL IMAGING (MEDICAL IMAGING/RADIOLOGY , INCLUDING WOMEN'S IMAGING AND MRI) - OB/GYN - ORTHOPAEDICS AND SPORTS MEDICINE, INCLUD ING AN URGENT CARE CENTER

Return Reference	Explanation	
	CORE FORM, PART III	DCMH'S FEATURED SERVICES INCLUDE - CARDIAC SERVICES - CENTER FOR BREAST HEALTH, HONORED BY THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS AND CERTIFIED BY THE JOINT COMMIS SION IN BREAST CANCER CARE - CENTER FOR MATERNAL FETAL MEDICINE - CENTER FOR WOUND HEALI NG AND HYPERBARIC MEDICINE - CERTIFIED BY THE JOINT COMMISSION IN HIP AND KNEE SURGERY - CERTIFIED BY THE JOINT COMMISSION AS PRIMARY STROKE CENTER - COMPREHENSIVE INPATIENT AND OUTPATIENT MEDICAL IMAGING SERVICES, INCLUDING MRI, WOMEN'S IMAGING AND POSITRON EMISSION TOMOGRAPHY/COMPUTED TOMOGRAPHY (PET/CT) - CROZER-KEYSTONE HOME HEALTH AND HOSPICE (LOCAT ED OFFSITE AT DREXELINE BUILDING), RECIPIENT OF THE HOMECARE ELITE DESIGNATION - CROZER-K EYSTONE SLEEP CENTER AT DCMH - EMERGENCY DEPARTMENT AND 14-BED CRITICAL INTENSIVE CARE UN IT - FULL RANGE OF MUSCULOSKELETAL SERVICES, INCLUDING ORTHOPAEDIC, REHABILITATION, SPINE AND SPORTS MEDICINE SERVICES AS WELL AS A SURGICAL AND ORTHOPAEDIC UNIT - FOX CHASE CROZ ER-KEYSTONE CANCER PARTNERSHIP DELAWARE COUNTY REGIONAL CANCER CENTER - GASTROENTEROLOGY SERVICES, INCLUDING ENDOSCOPY LABORATORY - HEALTHLINE SERVICES, PROVIDING COMMUNITY EDUC ATION - LEVEL IIA NEONATAL INTENSIVE CARE NURSERY - MATERNAL FETAL MEDICINE CENTER AND P ERINATAL TESTING CENTER - MATERNITY CENTER AND COMPREHENSIVE GYNECOLOGIC SERVICES, INCLUD ING MIDWIVES - OSTEOPOROSIS CENTER - PHILADELPHIA CYBERKNIFE (LOCATED OFFSITE IN HAVERTO WN) - SURGICENTER, OFFERING INPATIENT AND OUTPATIENT SERVICES - THE DCMH REGIONAL REHABI LITATION CENTER - THE INTERVENTIONAL RADIOLOGY AND VASCULAR LABORATORY - THORACIC SURGIC AL ONCOLOGY PROGRAM - CROZER-KEYSTONE/PHILADELPHIA HAND CENTER PARTNERSHIP - VASCULAR AN D ENDOVASCULAR CARE. CROZER-KEYSTONE SURGERY CENTER AT HAVERFORD ========== ========== THE CROZER-KEYSTONE SURGERY CENTER AT HAVERFORD HAS BEEN PROVIDING EXCE LLENT PATIENT CARE TO FAMILIES IN OUR SURROUNDING COMMUNITIES SINCE 1998 WITH A KEEN FOCU S ON QUALITY AND PATIENT-CENTERED CARE, THE CENTER'S EXPERIENCED TEAM OF SURGEONS, CLINICA L PROFESSIONALS AND STAFF DELIVER FAMILY-FRIENDLY, PERSONALIZED CARE IN A RELAXED SETTING FEATURED SERVICES INCLUDE - EAR, NOSE AND THROAT SURGERY - GASTROENTEROLOGY SURGERY (PL US COLONOSCOPIES) - GENERAL SURGERY - INTERVENTIONAL PAIN MANAGEMENT - OPHTHALMIC SURGE RY - ORAL SURGERY - ORTHOPEDIC SURGERY - PODIATRIC SURGERY - PLASTIC/COSMETIC SURGERY CENTERS OF EXCELLENCE AT CROZER-KEYSTONE HEALTH SYSTEM'S ACUTE CARE HOSPITALS INCLUDE, BU T ARE NOT LIMITED TO, THE FOLLOWING CROZER REGIONAL CANCER CENTER (CROZER-CHESTER MEDICAL CENTER) ---------- ------- LOCATED AT CROZER-C HESTER MEDICAL CENTER, THE FOUR-STORY CANCER CENTER BRINGS ADVANCED TECHNOLOGY, PROGRAMS A ND SERVICES TOGETHER IN ONE LOCATION - PROVIDING A LEVEL OF CARE THAT RIVALS ANY UNIVERSIT Y-BASED CANCER CENTER IN THE WORLD AS PART OF CKHS, THE CANCER CENTER HOUSES COMPREHENSIV E DIAGNOSTIC AND TREATMENT PROGRAMS, AS WELL AS PREVENTION, EDUCATION AND COMPLEMENTARY TR EATMENT RESOURCES IN ONE LOCATION THE CANCER CENTER HAS RECEIVED APPROVAL WITH COMMENDATI ON BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS THE CANCER CENTER'S AP PROACH TO TREATING PEOPLE WITH CANCER IS BASED UPON A PATIENT'S INDIVIDUAL NEEDS TO MEET THESE NEEDS, A MULTIDISCIPLINARY TEAM OF SPECIALISTS THAT MAY INCLUDE MEDICAL ONCOLOGISTS, SURGEONS, PATHOLOGISTS AND RADIATION ONCOLOGISTS PROVIDE COORDINATED TREATMENTS FOR PATIE NTS THE CANCER CENTER IS DESIGNED TO NOT ONLY DELIVER HIGH TECH TREATMENTS, BUT TO SOOTHE THE SPIRIT INTERIOR GARDENS, WATERFALLS AND OTHER FEATURES PROVIDE PATIENTS WITH A BRIEF HAVEN FROM THE OUTSIDE WORLD PATIENTS ALSO BENEFIT FROM THE STRENGTH OF THE NEW CLINICAL AND RESEARCH PARTNERSHIP BETWEEN CKHS AND FOX CHASE CANCER CENTER THE FOX CHASE CROZER-K EYSTONE CANCER PARTNERSHIP, WHICH EXPANDS ON THE SUCCESSFUL PARTNERSHIP BETWEEN FOX CHASE CANCER CENTER AND DELAWARE COUNTY REGIONAL CANCER CENTER, WILL PROVIDE PATIENTS WITH AN EV EN GREATER LEVEL OF ACCESS TO CLINICAL TRIALS AND PROGRAMS TO PREVENT AND TREAT CANCER IN ADDITION, THE CANCER CENTER OFFERS CANCER SUPPORT GROUPS THAT BRING PATIENTS AND THEIR FA MILIES AND LOVED ONES TOGETHER WITH OTHERS WHO SHARE AND UNDERSTAND THEIR EXPERIENCES THR OUGH THESE SUPPORT GROUPS, PATIENTS CAN EXPLORE COMPLEMENTARY ALTERNATIVE APPROACHES - MAS SAGE THERAPY AND YOGA, FOR EXAMPLE -- TO COPING WITH SIDE EFFECTS, AS WELL AS LEARN TECHNI QUES TO HELP THEM LOOK THEIR BEST DURING CANCER TREATMENT CANCER SERVICES ARE ALSO PROVID ED AT TAYLOR HOSPITAL AND SPRINGFIELD HOSPITAL DELAWARE COUNTY REGIONAL CANCER CENTER (DE LAWARE COUNTY MEMORIAL HOSPITAL) ---------- ---------- ---------- THE DELAWARE COUNTY REGIONAL CANCER CENTER ("DCRCC") PROVIDES A COMPREHE NSIVE APPROACH TO CANCER CARE, COMBINING STATE-OF-THE-ART DIAGNOSIS AND TREATMENT WITH SUP PORTIVE CARE. PHYSICIANS AND STAFF WORK AS A MULTI

Return Reference	Explanation	
	CORE FORM, PART III	DISCIPLINARY TEAM, USING THE NEWEST TECHNOLOGIES AND THERAPIES, TO TAILOR TREATMENT TO EAC H PATIENT'S CONDITION AND SITUATION THE TREATMENT OPTIONS AVAILABLE INCLUDE SURGERY, RADI ATION THERAPY AND MEDICAL ONCOLOGY OUR SERVICES ARE PROVIDED TO PATIENTS BY A TALENTED, S PECIALLY TRAINED AND COMPASSIONATE TEAM OF PHYSICIANS, NURSES AND STAFF MEMBERS DCRCC PRO FESSIONALS REMAIN ON THE FOREFRONT OF CANCER CARE, EXPLORING AND IMPLEMENTING THE LATEST T ECHNOLOGY TO ENHANCE EACH PATIENT'S TREATMENT PLAN THE MEMBERS OF THE TEAM WORK CLOSELY T OGETHER TO PLAN AND CARRY OUT TREATMENT THE CANCER CENTER IS PARTNERED WITH FOX CHASE CAN CER CENTER, WHICH HAS BEEN DESIGNATED A COMPREHENSIVE CANCER CENTER BY THE NATIONAL CANCER INSTITUTE THE CANCER CENTER OFFERS ALL OF THE BENEFITS OF A LARGE ACADEMIC MEDICAL CENTE R, INCLUDING ACCESS TO CLINICAL TRIALS CROZER-KEYSTONE HEART INSTITUTE ---------- ---------- CKHS HAS THE LONGEST HISTORY OF PROVIDING CARDIOVASCULAR CARE TO THE PEOPLE OF DELAWARE COUNTY, AND WE'RE PROUD OF OUR MANY ACCOMPLISHMENTS IN DELAWARE COUNTY, WE'RE THE FIRST HEALTHCARE SYSTEM TO - PERFORM OPEN HEART SURGERY - PERFORM PRIMARY ANGIOPLAS TY - ESTABLISH OPEN HEART AND REHABILITATION UNITS - ESTABLISH AN INTERVENTIONAL HEART P ROGRAM - ESTABLISH AN ELECTROPHYSIOLOGY PROGRAM TO TREAT HEART RHYTHM DISORDERS - OFFER CARDIAC RESYNCHRONIZATION THERAPY, A UNIQUE DEVICE THERAPY TO TREAT HEART FAILURE WHEN YO U COME TO ANY CROZER-KEYSTONE HOSPITAL WITH A HEART PROBLEM, OUR TEAM OF HEART SPECIALISTS EVALUATES YOUR CONDITION IMMEDIATELY AND DECIDES UPON A COURSE OF ACTION THE TEAM DETERM INES THE SERIOUSNESS OF YOUR CONDITION, WHETHER IT IS AN EMERGENCY, AND WHAT TREATMENT YOU NEED WHATEVER YOUR HEART REQUIRES, CKHS CAN HELP -- FROM DIAGNOSIS TO TREATMENT TO REHAB ILITATION -- OUR DEDICATION AND EXPERIENCE IS UNMATCHED IN DELAWARE COUNTY MATERNITY ---- ----- EVERY YEAR, MORE NEWBORN BABIES ARE WELCOMED INTO THE WORLD BY THE CARING PROFESSION ALS AT CROZER-CHESTER MEDICAL CENTER AND DELAWARE COUNTY MEMORIAL HOSPITAL THAN BY ANY OTH ER HEALTH SYSTEM IN DELAWARE COUNTY APPROXIMATELY 1,600 BABIES ARE BORN AT CCMC EVERY YEA R, WHILE DCMH DELIVERS ABOUT 1,500

Return Reference	Explanation	
	CORE FORM, PART III	CROZER-KEYSTONE HUMAN MOTION INSTITUTE ---------- THE HUMAN MO TION INSTITUTE IS A UNIQUE PROGRAM OFFERING A COMPREHENSIVE TREATMENT CONTINUUM OF CARE WI THIN A HIGHLY INTEGRATED HEALTHCARE DELIVERY NETWORK OUR GOAL IS SIMPLE TO RETURN OUR PA TIENTS TO NORMAL FUNCTION AS QUICKLY AND SAFELY AS POSSIBLE TO REACH THIS GOAL, THE MEDIC AL PROFESSIONALS AT THE HUMAN MOTION INSTITUTE ENLIST A COMPREHENSIVE, LEADING EDGE APPROA CH TO THE PREVENTION, ASSESSMENT, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL INJURIES OUR HIGHLY TRAINED TEAM OF SURGEONS, NURSES, PHYSICIAN ASSISTANTS, REHABILITATION SPECIA LISTS AND VARIOUS MEDICAL SUPPORT PERSONNEL WORKS WITH EACH PATIENT AND THEIR PRIMARY CARE PHYSICIAN TO DEVELOP A TREATMENT PLAN SPECIFICALLY FOR THAT PATIENT BY COMBINING EXTENSI VE CLINICAL EXPERTISE WITH A COMPASSIONATE, CARING TREATMENT PHILOSOPHY, WE HAVE CREATED A PROGRAM KNOWN FOR ITS QUALITY OF CARE CROZER-KEYSTONE SLEEP CENTERS ---------- --------- FEW THINGS ARE AS FRUSTRATING AS NOT BEING ABLE TO SLEEP CONVERSELY, FALLING AS LEEP AT INAPPROPRIATE TIMES (SUCH AS WHEN DRIVING) IS JUST AS BOTHERSOME AND CAN EVEN BE D ANGEROUS FORTUNATELY, THERE IS A TRUSTED RESOURCE RIGHT HERE IN DELAWARE COUNTY THE CROZ ER-KEYSTONE SLEEP CENTERS FOR MORE THAN 30 YEARS WE'VE HELPED THOUSANDS OF PEOPLE FROM DE LAWARE COUNTY AND BEYOND TO FALL ASLEEP AND STAY ASLEEP AT THE RIGHT TIME AND IN THE RIGHT PLACE THE CROZER-KEYSTONE SLEEP CENTERS ARE LOCATED AT THREE SITES FOR OUR PATIENTS' CON VENIENCE - CROZER HEALTH PAVILION AT BRINTON LAKE (GLEN MILLS) - DELAWARE COUNTY MEMORIAL HOSPITAL (DREXEL HILL) - TAYLOR HOSPITAL (RIDLEY PARK) OUR ACCREDITED, MULTIDISCIPLINARY PROGRAM FOR THE INVESTIGATION AND TREATMENT OF SLEEP PROBLEMS WAS ESTABLISHED IN 1978 IT IS THE OLDEST NATIONALLY ACCREDITED PROGRAM FOR THE EVALUATION OF PATIENTS WITH SLEEP-RELA TED PROBLEMS IN THE GREATER DELAWARE VALLEY OUR SITES ARE STAFFED BY PHYSICIANS WITH SPEC IAL TRAINING IN SLEEP DISORDERS OUR COMPASSIONATE AND CARING TECHNICAL STAFF ARE ENCOURAG ED TO OBTAIN NATIONAL REGISTRATION BY THE BOARD OF POLYSOMNOGRAPHIC TECHNOLOGISTS NATHAN SPEARE REGIONAL BURN TREATMENT CENTER ---------- THE NAT HAN SPEARE REGIONAL BURN TREATMENT CENTER IS STILL THE ONLY BURN FACILITY IN SUBURBAN PHIL ADELPHIA THAT PROVIDES ALL THE SERVICES NEEDED TO MEET ALL THE NEEDS OF BURN PATIENTS AND THEIR FAMILIES WITHIN A SINGLE UNIT - FROM EMERGENCY TREATMENT TO INTENSIVE CARE TO REHABI LITATION TO FOLLOW-UP AND OUTPATIENT CARE IN 2000, IT WAS THE FIRST BURN CENTER IN THE ST ATE OF PENNSYLVANIA TO EARN THE DISTINCTION OF BEING A VERIFIED BURN CENTER, MEETING THE S TANDARDS SET FORTH BY THE AMERICAN COLLEGE OF SURGEONS AND THE AMERICAN BURN ASSOCIATION WE HAVE EARNED AN INTERNATIONAL REPUTATION FOR EXCELLENCE IN HOLISTIC BURN CARE, TREATING MORE THAN 9,400 NEW PATIENTS SINCE 1973, AND AN AVERAGE OF 500 IN-PATIENTS AND OVER 3,000 OUTPATIENT VISITS ANNUALLY WE ALSO TREAT NON-BURN INJURIES, SUCH AS "ROAD RASH" AND "STEV ENS JOHNSON," AND MEDICATION REACTIONS AND OTHER SKIN DISEASES THAT RESULT IN CONDITIONS S IMILAR TO THOSE EXPERIENCED BY BURN PATIENTS SERVICES INCLUDE COUNSELING AND EMOTIONAL S UPPORT, OUTPATIENT BURN WOUND CARE CENTER, AND THE BURN OUTREACH EDUCATION PROGRAM CKHS C ENTER FOR DIABETES ---------- MORE THAN 24 MILLION PEOPLE IN THE U S HAVE D IABETES, BUT APPROXIMATELY 1/3 DON'T KNOW THEY HAVE IT BECAUSE OF MINIMAL SY MPTOMS OR NO S Y MPTOMS AT ALL DIABETES IS NOT A DISEASE TO BE TAKEN LIGHTLY, IT IS A SERIOUS DISEASE WIT H ITS COMPLICATIONS KILLING 224,000 PEOPLE EACH YEAR THE GOAL OF THE CENTER FOR DIABETES IS TO MEET THE NEEDS OF OUR PATIENTS BY EDUCATING AND PROVIDING A CLEAR UNDERSTANDING OF H OW TO MANAGE THEIR CHRONIC CONDITION - EVERY SINGLE DAY THE CENTER FOR DIABETES AT SPRING FIELD HOSPITAL IS AN AMERICAN DIABETES ASSOCIATION RECOGNIZED, HOSPITAL BASED, OUTPATIENT DIABETES EDUCATION PROGRAM THE CENTER FOR DIABETES HAS EXPANDED ITS SERVICES TO THE CROZE R MEDICAL PLAZA AT BRINTON LAKE AND COMMUNITY HOSPITAL PROVIDING NUTRITION AND EDUCATION C LASSES THERE THE CENTER FOR DIABETES SERVICES INCLUDE OUTPATIENT EDUCATION FOR INDIVIDUAL S WHO ARE NEWLY DIAGNOSED, HAVE UNCONTROLLED DIABETES, OR FOR THOSE WHO DESIRE INTENSIVE C ONTROL INSULIN PUMP THERAPY AND MONTHLY EDUCATION/SUPPORT GROUP MEETINGS ARE PROVIDED AT THE CENTER FOR DIABETES ALSO SPECIAL INSTRUCTION IS OFFERED FOR PREGNANT WOMEN WITH GESTA TIONAL DIABETES THE CENTER FOR DIABETES' FOCUS IS TO HELP PATIENTS ACHIEVE BLOOD GLUCOSE CONTROL BY BALANCING MEALS, EXERCISE AND MEDICATION, WHEN NECESSARY THE CERTIFIED DIABETE S EDUCATORS AT THE CENTER FOR DIABETES ARE ALSO AVAILABLE TO TEACH DIABETES EDUCATION, INS ULIN ADMINISTRATION AND USE OF GLUCOMETER TO THE STAFF AND RESIDENTS AT ASSISTED LIVING FA CILITIES IN THE AREA A SERIES OF CLASSES ARE OFFERED MORNING, AFTERNOON AND EVENING TO AC COMMODATE VARIOUS PATIENT SCHEDULES THE FOLLOWING

Return Reference	Explanation	
	CORE FORM, PART III	CLASSES ARE OFFERED IN THE CENTER FOR DIABETES - BASIC DIABETES EDUCATION - BLOOD GLUCO SE MONITORING - NUTRITION COUNSELING - INSULIN ADMINISTRATION - MANAGEMENT SKILLS FOR D IABETES RELATED TO PREGNANCY - INTENSIVE MANAGEMENT PROGRAM - INSULIN PUMP TRAINING - G LUCOSE SENSOR TRAINING - CONTINUOUS GLUCOSE MONITORING SY STEM - PRE-DIABETES CLASSES TH E CENTER FOR DIABETES OFFERS SUPPORT PROGRAMS THROUGHOUT THE Y EAR AT SPRINGFIELD HOSPITAL OUR SUPPORT GROUPS DISCUSS TOPICS SUCH AS COPING SKILLS, RESOURCES, FOOT AND EY E CARE REL ATED TO DIABETES, UNDERSTANDING THE IMPORTANCE OF GOOD BLOOD GLUCOSE CONTROL AND HEALTHY M EAL PLANNING OUR HEALTHCARE TEAM WORKS WITH PATIENTS TO TEACH THEM HOW TO BALANCE THEIR C ARE AND DIABETES (WHAT ARE RISK FACTORS FOR COMPLICATIONS, HEART DISEASE, ETC), HOW TO RE COGNIZE AND TREAT HY PERGLY CEMIA AND HY POGLY CEMIA, HEALTHY EATING AND CARBOHY DRATE COUNTING , DIABETES MEDICATIONS AND VARIOUS MEDICATIONS THAT CAN EFFECT BLOOD GLUCOSE CONTROL, EXER CISE BENEFITS, HOW DIABETES EFFECTS THE EY ES, HEART, AND KIDNEY S, RISK FOR STROKE, AND WHY IT IS IMPORTANT FOR THE PATIENT TO BE AN ACTIVE MEMBER IN THE HEALTHCARE TEAM WE WANT TH E PATIENT TO BE ABLE TO MANAGE THEIR DIABETES ON A DAILY BASIS

Return Reference	Explanation
CORE FORM, PART VI, SECTION B, QUESTION 11B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY IN THE CROZER-KEYSTONE HEALTH SYSTEM (''SYSTEM''), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO AND MADE AVAILABLE TO THE AUDIT COMMITTEE OF CROZER-KEYSTONE HEALTH SYSTEM FOR REVIEW BY ITS MEMBERS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE (''IRS'') FOLLOWING THIS REVIEW THE FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS THE CROZER-KEYSTONE HEALTH SYSTEM BOARD OF DIRECTORS HAS DELEGATED TO ITS AUDIT COMMITTEE THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THIS CPA FIRM MADE AN EDUCATIONAL PRESENTATION TO THE ORGANIZATION'S AUDIT COMMITTEE WITH RESPECT TO THE NEW FORM 990 RULES AND REGULATIONS INCLUDING, BUT NOT LIMITED TO, NEW DISCLOSURES AND FILING REQUIREMENTS THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PRESENTATION OF THE FEDERAL FORM 990 TO THE MEMBERS OF THE CROZER-KEYSTONE HEALTH SYSTEM AUDIT COMMITTEE THEREAFTER, THE FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF THE ORGANIZATION'S GOVERNING BODY, ITS BOARD OF DIRECTORS, PRIOR TO FILING WITH THE IRS

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

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

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

Return Reference	Explanation
CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT/CHIEF OPERATING OFFICER, SENIOR VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND SENIOR VICE PRESIDENT ADMINISTRATION RECEIVING COMPENSATION AND BENEFITS FROM THE ORGANIZATION OR A RELATED ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OR INDEPENDENT CONTRACTORS OF THE ORGANIZATION OR A RELATED ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS

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

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - OTHER CHANGES IN PENSION AND OTHER ACCRUED RETIREMENT BENEFITS LIABILITIES, ($669,000)

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE TAXPAYER IS THE PARENT ENTITY IN A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2014 AND JUNE 30, 2013, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

(a) Name, address, and EIN (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
(1) CROZER KEYSTONE PHYSICIAN PARTNERS LLC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA 19064 45-2275640	HEALTHCARE	PA	1,376,301	88,301	CKHS

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CROZER-KEYSTONE SERVICES LAYTON HALL ONE MEDICAL CENTER BLV UPLAND, PA 19013 23-2735284	HEALTHCARE SVCS	PA	CKHS	C CORP	2,977,126	2,191,485	100 000 %	Yes	
(2) CKS DELAWARE INC LAYTON HALL ONE MEDICAL CENTER BLV UPLAND, PA 19013 52-2069540	INACTIVE	PA	NA	C CORP					No
(3) PENNSYLVANIA HEALTH CLUB INC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA 19064 23-2658404	HEALTHCARE SVCS	PA	NA	C CORP					No
(4) UNIVERSITY TECHNOLOGY PARK INC ONE MEDICAL CENTER BLVD LAYTON HA UPLAND, PA 19013 90-0294852	REAL ESTATE	PA	CKHS	C CORP	325,459	2,976,273	50 000 %	Yes	
(5) TECH PARK PROPERTIES INC ONE MEDICAL CENTER BLVD LAYTON HA UPLAND, PA 19013 01-0847504	REAL ESTATE	PA	CKHS	C CORP	4,141	0	50 000 %	Yes	

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CROZER-CHESTER MEDICAL CENTER	DJKLO	141,599	COST
DELAWARE COUNTY MEMORIAL HOSPITAL	EJKLO	7,975,429	COST
CROZER-CHESTER MEDICAL CENTER	DJKLO	243,407	COST
CROZER-CHESTER MEDICAL CENTER	DJKLO	151,918	COST
HEALTH ACCESS NETWORK	DJKLO	3,940,199	COST
CROZER-CHESTER MEDICAL CENTER	C	1,875,000	COST
HEALTH ACCESS NETWORK	B	11,598,488	COST
CROZER-CHESTER MEDICAL CENTER	L	27,512,412	COST
DELAWARE COUNTY MEMORIAL HOSPITAL	L	10,631,340	COST
HEALTH ACCESS NETWORK	L	3,717,204	COST
CROZER-KEYSTONE SERVICES	L	92,136	COST
HEALTH ACCESS NETWORK	Q	6,730,963	COST
CROZER-CHESTER MEDICAL CENTER	Q	1,437,396	COST
DELAWARE COUNTY MEMORIAL HOSPITAL	P	144,226	COST
CROZER-CHESTER MEDICAL CENTER	A	498,240	COST
DELAWARE COUNTY MEMORIAL HOSPITAL	A	1,083,377	COST
HEALTH ACCESS NETWORK	A	1,764,461	COST
CROZER-KEYSTONE SERVICES	A	245,855	COST

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TY 2013 Earnings and Profits Other Adjustments Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Amount
FINANCIAL STATEMENTS	478,992
IMPAIRMENT LOSS	191,585

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TY 2013 Earnings and Profits Other Adjustments Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Amount
CHANGE IN LOSS RESERVES - TAX DISCOUNTED	488,322
REVERSAL OF PRIOR YEAR IMPAIRMENT LOSS	222,527

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TY 2013 Itemized Other Current Liabilities Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
		PENDING TRADES	261,970	1,618,956

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TY 2013 Itemized Other Assets Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
		REINSURANCE RECOVERABLE	18,155,632	19,172,207
		REINSURANCE BALANCES RECEIVABLE	13,071	0
		INTEREST RECEIVABLE	935,254	820,013
		PREPAID EXPENSES	10,530	13,073
		PENDING TRADES	70,721	1,102,043

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TY 2013 Other Deductions Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
REINSURANCE PREMIUMS CEDED		4,586,404
PROVISION FOR LOSSES & LOSS		
ADJUSTMENT EXPENSES		15,147,023
OTHER THAN TEMPORARY IMPAIRMENT		
LOSS		21,381
GENERAL AND ADMINISTRATIVE EXPENSES		588,611

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TY 2013 Itemized Other Investments Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		MARKETABLE SECURITIES	228,254,812	228,287,791

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TY 2013 Itemized Other Liabilities Schedule

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
		IBNR RESERVE	129,486,516	127,257,641
		LOSS RESERVES	28,172,471	31,896,913
		REINSURANCE BALANCES PAYABLE	1,817,395	3,640,021

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TY 2013 Other Income Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

Description	Foreign Amount	Amount
PREMIUMS EARNED		1,054,714
INVESTMENT INCOME		11,731,878

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TY 2013 Paid-In or Capital Surplus Reconciliation Statement

Name: CROZER-KEYSTONE HEALTH SYSTEM

EIN: 22-2540851

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