See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

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
PHILHAVEN

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 283 SOUTH BUTLER ROAD PO BOX 550

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
MOUNT GRETNA, PA 17064

D Employer identification number
23-1548822

E Telephone number
(717) 270-2414

G Gross receipts $ 70,264,125

F Name and address of principal officer
MATTHEW ROGERS
283 SOUTH BUTLER ROAD PO BOX 550
MOUNT GRETNA, PA 17064

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 PHILHAVEN ORG

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

L Year of formation 1949

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PHILHAVEN PROVIDES BEHAVIORAL HEALTH SERVICES TO INDIVIDUALS IN CENTRAL PA

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	1,278
6	Total number of volunteers (estimate if necessary)	6	99
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	708,985
b	Net unrelated business taxable income from Form 990-T, line 34	7b	179,632

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,787,368	1,205,041
9	Program service revenue (Part VIII, line 2g)	57,597,460	59,563,336
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	165,024	153,512
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,086,164	1,091,817
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,636,016	62,013,706
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	47,966,615	47,073,681
16a	Professional fundraising fees (Part IX, column (A), line 11e)	43,429	55,075
b	Total fundraising expenses (Part IX, column (D), line 25) ▶318,174		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	12,859,135	13,056,086
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	60,869,179	60,184,842
19	Revenue less expenses Subtract line 18 from line 12	-233,163	1,828,864

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	33,059,790	36,733,577
21	Total liabilities (Part X, line 26)	9,489,918	11,237,708
22	Net assets or fund balances Subtract line 21 from line 20	23,569,872	25,495,869

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

****** 2015-05-14
Signature of officer Date

MATTHEW ROGERS CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JULIUS C GREEN				P00350393

Firm's name ▶ BAKER TILLY VIRCHOW KRAUSE LLP — Firm's EIN ▶ 39-0859910

Firm's address ▶ 1650 MARKET STREET SUITE 4500 PHILADELPHIA, PA 19103 — Phone no (215) 972-0701

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 18,752,008 including grants of $) (Revenue $ 22,237,156)

PHILHAVEN'S INPATIENT PSYCHIATRIC PROGRAM IS AVAILABLE TO INDIVIDUALS WHO ARE IN MOST SEVERE DISTRESS AND/OR DANGER OF HARMING THEMSELVES OR OTHERS THE INPATIENT PROGRAM PROVIDES A 24-HOUR A DAY THERAPEUTIC MILIEU AND INTERVENTIONS THAT SERVE TO STABILIZE ACUTE PSYCHIATRIC SYMPTOMS SERVICES ARE PROVIDED TO CHILDREN AND ADOLESCENTS AGES THREE TO 18 AND ADULTS OVER 18 YEARS OF AGE TYPICAL LENGTH OF STAY IS APPROXIMATELY TEN DAYS FOR BOTH ADULTS AND CHILDREN/ADOLESCENTS ADDITIONALLY, PHILHAVEN OFFERS EXTENDED ACUTE PSYCHIATRIC INPATIENT SERVICES FOR ADULTS THAT REQUIRE LONG-TERM INTENSIVE INTERVENTIONS TO STABILIZE THEIR SYMPTOMS ONCE BEHAVIORAL STABILIZATION IS ACHIEVED, THE PATIENT IS THEN PREPARED FOR TRANSITION TO THE NEXT APPROPRIATE LEVEL OF CARE THIS PROGRAM SERVED 2,292 INDIVIDUALS DURING THE JUNE 30, 2014 FISCAL YEAR

4b (Code) (Expenses $ 11,845,789 including grants of $) (Revenue $ 11,978,301)

PHILHAVEN'S CHILDREN'S/ADOLESCENTS' BEHAVIORAL HEALTH REHABILITATION SERVICE (BHRS) PROGRAM INCLUDES BOTH COMMUNITY BASED AND AFTER SCHOOL SERVICES THE GOAL OF ALL BHRS SERVICES IS TO ENHANCE THE CHILD'S/ADOLESCENT'S ABILITY TO FUNCTION EMOTIONALLY, SOCIALLY, AND BEHAVIORALLY INDIVIDUALIZED INTERVENTIONS SERVE TO FACILITATE YOUTH'S BEHAVIORAL STABILIZATION AND EMOTIONAL GROWTH MENTAL HEALTH SPECIALISTS HELP YOUTH LEARN SKILLS AND COPING STRATEGIES, WHICH ENABLE THE YOUTH TO PREVENT DETERIORATION AND MORE RESTRICTIVE SERVICES AFTERSCHOOL SERVICES ARE PROVIDED MONDAY FRIDAY AFTER SCHOOL FOR CHILDREN AGES SIX TO 12 YEARS COMMUNITY BASED SERVICES ARE PROVIDED IN SCHOOLS AND HOMES BY TRAINED THERAPEUTIC SUPPORT STAFF, MOBILE THERAPISTS, AND BEHAVIORAL SPECIALISTS CONSULTANTS THIS PROGRAM SERVED 1,785 INDIVIDUALS DURING THE JUNE 30, 2014 FISCAL YEAR

4c (Code) (Expenses $ 13,510,327 including grants of $) (Revenue $ 11,420,586)

PHILHAVEN'S OUTPATIENT PROGRAM PROVIDES THE LEAST RESTRICTIVE TYPE OF MENTAL HEALTH TREATMENT AVAILABLE AT PHILHAVEN STAFF WHO ARE PROFESSIONALLY TRAINED IN PSYCHIATRY, PSYCHOLOGY, SOCIAL WORK, AND COUNSELING STRIVE TO PROVIDE OUTPATIENT SERVICES TO CLIENTS IN A CONSCIENTIOUS AND CARING MANNER AS THEY WORK TOWARD THEIR THERAPEUTIC GOALS PHILHAVEN STRIVES TO PROVIDE INDIVIDUALS AND THEIR FAMILIES WITH THE SKILLS AND RESOURCES NECESSARY TO LIVE HEALTHY, FULFILLED LIVES WITHIN THEIR HOMES AND COMMUNITIES SPECIFIC SERVICES OFFERED INCLUDE EVALUATIONS AND ASSESSMENTS, PSYCHIATRIC MEDICATION MANAGEMENT, PSYCHIATRIC CONSULTATION, INDIVIDUAL THERAPY, FAMILY THERAPY, GROUP THERAPY, AND MARRIAGE COUNSELING THIS PROGRAM SERVED 15,855 INDIVIDUALS DURING THE JUNE 30, 2014 FISCAL YEAR

(Code) (Expenses $ 8,062,701 including grants of $) (Revenue $ 13,927,293)

OTHER PROGRAM SERVICES PRIMARILY INCLUDES THE DAY AND INTENSIVE OUTPATIENT PROGRAMS, WHICH ARE DESIGNED TO PROVIDE THERAPEUTIC INTERVENTIONS TO INDIVIDUALS WHO DEMONSTRATE SIGNIFICANT IMPAIRMENT IN THEIR DAILY FUNCTIONING DUE TO THEIR HIGH LEVEL OF EMOTIONAL DISTRESS THESE PROGRAMS SERVE BOTH ADULT AND CHILD/ADOLESCENT POPULATIONS IN SEPARATE SETTINGS SERVICES INCLUDE GROUP THERAPY TARGETING COPING SKILLS, ANGER MANAGEMENT AND STRESS MANAGEMENT, AS WELL AS INDIVIDUAL AND FAMILY THERAPY SESSIONS OTHER PROGRAMS INCLUDE RESIDENTIAL PROGRAM FOR ADOLESCENTS AND ASSERTIVE COMMUNITY TREATMENT FOR ADULTS THE OTHER PROGRAMS SERVED 3,255 INDIVIDUALS DURING THE JUNE 30, 2014 FISCAL YEAR

4d Other program services (Describe in Schedule O)

(Expenses $ 8,062,701 including grants of $) (Revenue $ 13,927,293)

4e **Total program service expenses** ▶ 52,170,825

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants 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**		No
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**		No
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	121		
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	1,278		
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		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
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**	15		
	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**	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶ MATTHEW D ROGERS CFO 283 SOUTH BUTLER ROAD
MOUNT GRETNA, PA 17064 (717) 270-2414

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

Check if Schedule O contains a response 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) REBECCA BURKHOLDER DIRECTOR	1 30	X						0	0	0
(2) KENNETH L MOORE TREASURER	1 50	X		X				0	0	0
(3) JANET BRENEMAN DIRECTOR	1 30	X						0	0	0
(4) ROBERT FORTNA DIRECTOR	1 30	X						0	0	0
(5) JANET R STAUFFER VICE PRESIDENT	1 50	X		X				0	0	0
(6) SAM THOMAS DIRECTOR	1 30	X						0	0	0
(7) ROBERT HOFFMAN DIRECTOR	1 30	X						0	0	0
(8) GEORGE STOLTZFUS PRESIDENT	1 50	X		X				0	0	0
(9) AARON GROFF DIRECTOR	1 30	X						0	0	0
(10) KYLE HORST DIRECTOR	1 30	X						0	0	0
(11) MONIQUA ACOSTA SECRETARY	1 50	X		X				0	0	0
(12) DUANE BRITTON DIRECTOR	1 30	X						0	0	0
(13) AUDREY GROFF DIRECTOR	1 30	X						0	0	0
(14) JAMES HERR DIRECTOR	1 30	X						0	0	0
(15) DAVID WARREN DIRECTOR	1 30	X						0	0	0
(16) FRANCIS D SPARROW MD MEDICAL DIRECTOR	52 00			X				311,256	0	10,893
(17) PHILIP D HESS CHIEF EXECUTIVE OFFICER	50 00			X				187,279	0	15,284

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) MATTHEW ROGERS CFO	50 00			X				112,033	0	6,123
(19) OLANIYI I OLULEYE PHYSICIAN	40 00					X		273,067	0	15,451
(20) STEVEN CARTUN PHYSICIAN	40 00					X		266,577	0	0
(21) THOMAS FOLEY PHYSICIAN	40 00					X		237,390	0	11,087
(22) THOMAS FENSTERMACHER PHYSICIAN	40 00					X		242,854	0	15,060
(23) MICHAEL FUEYO PHYSICIAN	40 00					X		241,654	0	14,614
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								1,872,110	0	88,512

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 ▶29

			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
GLS ENTERPRISES PO BOX 673 LEBANON PA 17042	PHARMACY SERVICES	356,000
ALLCARE FAMILY HEALTH PO BOX 1210 LEBANON PA 17042	PHYSICIAN SERVICES	269,112
STC SERVICES 4295 W TILGHMAN ST ALLENTOWN PA 18104	COMMUNICATION SYSTEM	212,785
MEDICAL SEARCH INTERNATIONAL PO BOX 535213 ATLANTA GA 30353	TEMPORARY STAFFING	179,753
GOOD SAMARITAN HOSPITAL PO BOX 1281 LEBANON PA 17042	LABORATORY SERVICES	149,301

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 ▶11

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	9,610			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	626,800			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	568,631			
	g	Noncash contributions included in lines 1a-1f $		4,919			
	h	**Total.** Add lines 1a-1f . . . . . ▶		1,205,041			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	624100	59,456,448	59,456,448		
	b	OTHER OPERATING REVENUE	624100	106,888	106,888		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		59,563,336			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		125,271			125,271
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	5,260				
	b	Less rental expenses	9,282				
	c	Rental income or (loss)	-4,022				
	d	Net rental income or (loss) . . . . . ▶		-4,022			-4,022
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	8,207,511 / 51,157				
	b	Less cost or other basis and sales expenses	8,203,304 / 27,123				
	c	Gain or (loss)	4,207 / 24,034				
	d	Net gain or (loss) . . . . . ▶		28,241		-4,336	32,577
	8a	Gross income from fundraising events (not including $ 9,610 of contributions reported on line 1c) See Part IV, line 18 . . a	6,625				
	b	Less direct expenses . . . b	10,710				
	c	Net income or (loss) from fundraising events . . ▶		-4,085			-4,085
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	FARM INCOME	110000	713,321		713,321	
	b	CAFETERIA SALES	722210	202,952			202,952
	c	INS PREM RECOVERY	624100	84,550			84,550
	d	All other revenue		99,101			99,101
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,099,924			
	12	**Total revenue.** See Instructions . . . . . ▶		62,013,706	59,563,336	708,985	536,344

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				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	662,514	618,839	41,052	2,623
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	37,196,174	34,744,050	2,304,835	147,289
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	168,113	157,032	10,416	665
9 Other employee benefits	6,412,945	6,012,198	364,334	36,413
10 Payroll taxes	2,633,935	2,460,314	163,192	10,429
11 Fees for services (non-employees)				
a Management	75,365	75,365		
b Legal	13,048		13,048	
c Accounting	85,509	17,800	67,709	
d Lobbying	75,890		75,890	
e Professional fundraising services See Part IV, line 17	55,075			55,075
f Investment management fees	15,429	2,117	13,312	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,152,769	1,416,120	720,810	15,839
12 Advertising and promotion	46,759		46,091	668
13 Office expenses	3,334,768	2,794,227	518,147	22,394
14 Information technology	135,947	31	135,916	
15 Royalties . .				
16 Occupancy	2,566,140	1,841,705	724,435	
17 Travel	360,231	340,824		19,407
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	565,821	532,467	33,354	
20 Interest	230,651		230,651	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,046,395	245,286	1,801,109	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FEDERAL INCOME TAX	88,607	88,607		
b BAD DEBTS	455,682	455,682		
c FARM EXPENSES	239,936	239,936		
d BOOKS, DUES & SUBSCRIPT	172,785	51,700	118,441	2,644
e All other expenses	394,354	76,525	313,101	4,728
25 **Total functional expenses.** Add lines 1 through 24e	60,184,842	52,170,825	7,695,843	318,174
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		26,437	1	26,403
	2	Savings and temporary cash investments		3,271,723	2	3,597,220
	3	Pledges and grants receivable, net		851,316	3	1,093,480
	4	Accounts receivable, net		8,589,108	4	8,880,239
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		340,000	7	340,000
	8	Inventories for sale or use		27,084	8	28,735
	9	Prepaid expenses and deferred charges		982,892	9	1,000,039
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 51,030,772			
	b	Less accumulated depreciation	10b 33,766,392	14,846,268	10c	17,264,380
	11	Investments—publicly traded securities		2,669,270	11	3,031,291
	12	Investments—other securities See Part IV, line 11		926,818	12	896,801
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		6,199	14	4,519
	15	Other assets See Part IV, line 11		522,675	15	570,470
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		33,059,790	16	36,733,577
Liabilities	17	Accounts payable and accrued expenses		5,469,490	17	6,273,083
	18	Grants payable			18	
	19	Deferred revenue			19	7,818
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		4,020,428	23	4,956,807
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		9,489,918	26	11,237,708
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		22,538,246	27	24,326,433
	28	Temporarily restricted net assets		472,678	28	561,638
	29	Permanently restricted net assets		558,948	29	607,798
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		23,569,872	33	25,495,869
	34	Total liabilities and net assets/fund balances		33,059,790	34	36,733,577

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	62,013,706
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,184,842
3	Revenue less expenses Subtract line 2 from line 1	3	1,828,864
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	23,569,872
5	Net unrealized gains (losses) on investments	5	97,133
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	25,495,869

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		No
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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

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
PHILHAVEN

Employer identification number
23-1548822

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

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
PHILHAVEN	23-1548822

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		75,890
j	Total Add lines 1c through 1i			75,890
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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
PART II-B, LINE 1	THE HOSPITAL ENGAGED A PROFESSIONAL LOBBYING FIRM TO ASSIST IN SECURING GOVERNMENTAL FUNDING FOR SPECIALIZED PROGRAMS ($71,345) IN ADDITION A PORTION OF THE DUES PAID TO THE HOSPITAL ASSOCIATION OF PENNSYVLANIA INCLUDES LOBBYING($4,545)

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

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
PHILHAVEN

Employer identification number
23-1548822

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ 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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	605,882	475,713	490,269	429,302	401,011
b	Contributions		80,560			
c	Net investment earnings, gains, and losses	64,281	49,609	-14,556	60,967	28,291
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	670,163	605,882	475,713	490,269	429,302

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

- a Board designated or quasi-endowment ▶ 5 000 %
- b Permanent endowment ▶ 95 000 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		355,952		355,952
b Buildings		20,634,029	11,728,170	8,905,859
c Leasehold improvements				
d Equipment		27,287,306	22,003,903	5,283,403
e Other		2,753,485	34,319	2,719,166
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				17,264,380

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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

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	62,122,438
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	97,133		
b	Donated services and use of facilities	2b	4,919		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	102,052
3	Subtract line **2e** from line **1**			3	62,020,386
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	13,312		
b	Other (Describe in Part XIII)	4b	-19,992		
c	Add lines **4a** and **4b**			4c	-6,680
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	62,013,706

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	60,196,441
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	4,919		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	19,992		
e	Add lines **2a** through **2d**			2e	24,911
3	Subtract line **2e** from line **1**			3	60,171,530
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	13,312		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	13,312
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	60,184,842

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
PART V, LINE 4	THE PURPOSE OF THESE DONOR RESTRICTED FUNDS IS TO PROVIDE A STABLE SOURCE OF PERPETUAL FINANCIAL SUPPORT FOR THE PHILHAVEN PROGRAMS
PART X, LINE 2	PHILHAVEN IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON THEIR EXEMPT INCOME UNDER SECTION 501(A) AS THE INTERNAL REVENUE CODE THE FARM'S INCOME IS TAXABLE FOR FEDERAL PURPOSES OF UNRELATED BUSINESS INCOME PHILHAVEN AND THE FARM PRESCRIBE A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY IN RECORDING TAX LIABILITIES IN THE FINANCIAL STATEMENTS MEASUREMENT AND RECOGNITION OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET MANAGEMENT DETERMINED THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD FOR THE YEARS ENDED JUNE 30, 2014 AND 2013 THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS FOR THE YEARS ENDED AFTER JUNE 30, 2010 REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSE -10,710 RENTAL EXPENSES -9,282
PART XII, LINE 2D - OTHER ADJUSTMENTS	FUNDRAISING EVENT EXPENSES 10,710 RENTAL EXPENSES 9,282

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

▶ **Information about Schedule G (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
PHILHAVEN

Employer identification number
23-1548822

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	BENEVON 4528 EIGHT AVENUE NE SEATTLE, WA 98105	FUNDRAISING PROGRAM CONSULTANT		No	235,369	48,035	187,333
2	ENDOWMENT HORIZONS PO BOX 196 WATERVILLE, OH 43566	CONSULTING ON PLANNED GIVING PROGRAM		No	0	9,258	-9,258
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					235,369	57,293	178,075

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

PA

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,235			16,235
	2 Less Contributions	9,610			9,610
	3 Gross income (line 1 minus line 2)	6,625			6,625
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	556			556
	6 Rent/facility costs				
	7 Food and beverages	122			122
	8 Entertainment				
	9 Other direct expenses	10,032			10,032
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(10,710)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-4,085

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PHILHAVEN

Employer identification number
23-1548822

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			481,985		481,985	0 810 %
b Medicaid (from Worksheet 3, column a)			31,598,934	31,598,934		
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			32,080,919	31,598,934	481,985	0 810 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,118,780	2,529,845	588,935	0 990 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			73,169		73,169	0 120 %
j **Total.** Other Benefits			3,191,949	2,529,845	662,104	1 110 %
k **Total.** Add lines 7d and 7j			35,272,868	34,128,779	1,144,089	1 920 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other			31,000		31,000	0 050 %
10 **Total**			31,000		31,000	0 050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 444,261			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	3,200,896
6	Enter Medicare allowable costs of care relating to payments on line 5	6	3,239,434
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-38,538
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		No

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 KE LLC	RENTAL PROPERTY	50 000 %	0 %	0 %
2 2 ADVANCE MANAGEMENT SERVICES LLC	OUTCOMES SOFTWARE DEVELOPMENT FOR THE HEALTHCARE COMMUNITY	22 380 %	0 %	0 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group PHILHAVEN

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

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

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 150 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 300 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**	Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

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

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

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

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

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
PART I, LINE 7	A COST TO CHARGE RATIO WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS ITEMS COST ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS REPORTED IN THE OTHER BENEFITS SECTION BAD DEBT AND OTHER WRITE-OFFS ARE EXCLUDED IN THE DENOMINATOR WHICH, IF INCLUDED, WOULD INCREASE THE PERCENTAGE OF CHARITY CARE REPORTED THE AMOUNT OF BAD DEBT NOT INCLUDED IN THE CALCULATION WAS $455,682

Form and Line Reference	Explanation
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A) OF $455,682 IS SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	PHILHAVEN PARTICIPATES IN THE FOLLOWING PROGRAMS IN THE COMMUNITY CRISIS INTERVENTION/INFO RMATION AND REFERRAL CENTER IS A CONFIDENTIAL SEVEN DAY/24 HOUR SERVICE, PROVIDED BY PHILH AVEN CRISIS COUNSELORS PROVIDE PSYCHOSOCIAL ASSESSMENT OF CRISIS SITUATIONS OVER THE PHON E, IN THE EMERGENCY DEPARTMENT OF THE GOOD SAMARITAN HOSPITAL IN LEBANON PENNSYLVANIA AND IN THE COMMUNITY CRISIS INTERVENTION SERVICES ARE DESIGNED TO PREVENT AN EMERGENCY DEPART MENT VISIT WHEN MEDICALLY AND CLINICALLY APPROPRIATE ADDITIONALLY, WITH THE ASSISTANCE OF THE CRISIS INTERVENTION COUNSELORS, EMERGENCY DEPARTMENTS CAN SIGNIFICANTLY REDUCE THE LE NGTH OF STAY FOR A PERSON WITH MENTAL ILLNESS CRISIS SERVICES ARE FUNDED THROUGH A CONTRA CT BETWEEN THE COUNTY COMMISSIONERS AND PHILHAVEN ALONG WITH MEDICAL ASSISTANCE REIMBURSEM ENT FOR IDENTIFIED INDIVIDUALS WITH MEDICAID THIS CONTRACT ALLOWS FOR LIMITED REIMBURSEME NT OF OVERHEAD EXPENSE RESULTING IN SHORTFALLS THE LANCASTER DIVERSION PROGRAM IS A COMMUN ITY-BASED PROGRAM DESIGNED TO SERVE THE NEEDS OF INDIVIDUALS WHO HAVE A HISTORY OF SERIOUS AND PERSISTENT MENTAL ILLNESS AND LONG-TERM HOSPITALIZATION IT IS ALSO DESIGNED TO SERVE INDIVIDUALS IDENTIFIED BY LANCASTER COUNTY CASE MANAGEMENT STAFF AS BEING AT RISK FOR INP ATIENT OR STATE HOSPITAL SERVICES DUE TO SEVERELY ACUTE PSYCHIATRIC ILLNESS AND BEHAVIOR THE DIVERSION PROGRAM IS FUNDED THROUGH A CONTRACT BETWEEN PHILHAVEN AND LANCASTER COUNTY THIS CONTRACT PROVIDES LIMITED REIMBURSEMENT FOR OVERHEAD EXPENSE RESULTING IN SHORTFALLS SUPPORTED HOUSING IS AN INNOVATIVE PROGRAM DESIGNED TO BENEFIT PERSONS WHO SUFFER FROM CH RONIC MENTAL ILLNESS BY ASSISTING THEM WITH BASIC HOUSING NEEDS CLIENTS ARE ABLE TO LIVE INDEPENDENTLY IN THE COMMUNITY WHILE RECEIVING THE SUPPORTIVE ASSISTANCE THEY NEED THROUGH REGULAR IN-HOME VISITS THE PROGRAM IS ADMINISTERED BY A MASTER'S LEVEL CLINICIAN AND IS A VOLUNTARY PROGRAM FUNDED BY LEBANON COUNTY MENTAL HEALTH AND MENTAL RETARDATION ASSOCIAT ION THE STAFF ALSO ASSISTS WITH ASSESSMENT OF HOUSING NEEDS, PROCUREMENT OF HOUSING AND H OUSEHOLD GOODS, HOME MAINTENANCE SKILLS, LANDLORD/TENANT NEGOTIATIONS AND OTHER ISSUES REL ATED TO MAINTAINING INDEPENDENT LIVING PARTNERS FOR PROGRESS IS A SERVICE DEVELOPED IN CO NJUNCTION WITH THE LEBANON HOUSING AUTHORITY AND LEBANON MH/MR TO PROVIDE HOMES AND SUPPOR T SERVICES TO TEN INDIVIDUALS WHO ARE HOMELESS AND WHO HAVE A HISTORY OF EXPERIENCING PERS ISTENT MENTAL ILLNESS PHILHAVEN IS PARTICIPATING IN AN INTEGRATION PROJECT WITH THE HAMIL TON HEALTH CENTER LOCATED IN HARRISBURG THIS PROJECT WILL INTEGRATE PSYCHIATRIC SERVICES INTO THE FEDERALLY QUALIFIED HEALTH CENTER SETTING SERVICES PROVIDED INCLUDE PSYCHOTHERAP Y, PSYCHIATRIC CONSULTATION, AND CLINICAL SUPERVISION OF STAFF PHILHAVEN PROVIDES PSYCHIAT RIC CONSULTATIONS IN THE EMERGENCY ROOM AND INPATIENT FACILITIES AT GOOD SAMARITAN HOSPITA L IN LEBANON IN ADDITION, PHILHAVEN OFFERS A WIDE RANGE OF BEHAVIORAL HEALTH SERVICES TO N URSING HOMES AND LONG TERM CARE COMMUNITIES SERVICES INCLUDE PSYCHIATRIC DIAGNOSTIC EVALU ATIONS, MEDICATION MANAGEMENT, BEHAVIORAL INTERVENTIONS, AND PSYCHOTHERAPY TO ASSIST SENIO R ADULTS IN NAVIGATING MANY OF LIFE'S CHALLENGES AND TO STRENGTHEN THEIR ABILITY TO LIVE L IFE TO ITS FULLEST IN ADDITION, PHILHAVEN STAFF PROVIDES EDUCATION FOR NURSING HOME STAFF TO BE ABLE TO UNDERSTAND AND MANAGE THEIR RESIDENTS' BEHAVIORAL CHALLENGES IN THE YEAR EN DING JUNE 30, 2014 PHILHAVEN COLLABORATED WITH LEBANON COUNTY TO CREATE A SUICIDE AWARENES S CAMPAIGN THIS CAMPAIGN INCLUDED INFORMATION ON HOW TO IDENTIFY SIGNS OF SUICIDAL IDEATI ON AND RESOURCES AVAILABLE IN THE COMMUNITY FOR PERSONS AT RISK THESE RESOURCES WERE NOT SPECIFIC TO SERVICES PROVIDED BY PHILHAVEN AS PART OF THE CAMPAIGN PHILHAVEN PROVIDED A L EADERSHIP ROLE IN DEVELOPING AND COMMUNICATING INFORMATION THROUGH PRINT, LOCAL TELEVISION AND LOCAL RADIO MENTAL HEALTH FIRST AID IS A NATIONWIDE PROGRAM DESIGNED TO EDUCATE COMM UNITIES ON THE SIGNS OF MENTAL ILLNESS AND HOW TO INTERACT WITH PERSONS WHO HAVE MENTAL IL LNESS PHILHAVEN HAS DEVELOPED A STRATEGY TO PROVIDE THESE TRAININGS IN THE LOCAL COMMUNIT Y TO ORGANIZATIONS SUCH AS OTHER HEALTHCARE PROVIDERS, SCHOOLS, RELIGIOUS ORGANIZATIONS, N OT-FOR-PROFITS, CHILDREN'S SERVICE PROVIDERS, AND ANY ORGANIZATION THAT SERVES THE GENERAL PUBLIC AT NO OR REDUCED COST DURING THE YEAR ENDING JUNE 30, 2014 PHILHAVEN INCURRED THE COST OF GETTING TWO OF ITS EMPLOYEES TRAINED AND CERTIFIED ON THIS PROGRAM EDUCATION SES SIONS ARE SCHEDULED TO START IN THE FOLLOWING FISCAL YEAR FINDING A BETTER WAY FOR MOMS A ND DADS IS A FREE FOUR-SESSION PROGRAM THAT IS OFFERED TO PARENTS WHO ARE DEALING WITH DIF FICULT SITUATIONS WITH THEIR CHILDREN THE PROGRAM FACILITATORS ARE CERTIFIED INSTRUCTORS IN THERAPEUTIC CRISIS INTERVENTION THE PROGRAM, WHICH IS HELD AT DIFFERENT TIMES AND LOCA TIONS, IS DESIGNED TO TEACH PARENTS SKILLS TO OPEN UP THE PATHWAY TO EFFECTIVE COMMUNICATI ON WITH THEIR CHILDREN, GAIN UNDERSTANDING INTO TH

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	EIR CHILDREN'S FEELINGS AND NEEDS, AND PROMOTE COOPERATION AND MANAGE UNCOOPERATIVE BEHAVI ORS PARENTS LEARN TO IDENTIFY TRIGGERS AND EARLY WARNING SIGNS OF CHALLENGING BEHAVIORS, THE BEHAVIOR SUPPORT STRATEGIES TO PREVENT AND MANAGE CHALLENGING BEHAVIORS AND CRISIS SIT UATIONS, AND HOW TO RESTORE THEIR RELATIONSHIP WITH THEIR CHILDREN AFTER A CRISIS AND TRAN SFORM IT INTO A LEARNING EXPERIENCE THE AUTISM SERVICE EDUCATION RESOURCES AND TRAINING (ASERT) COLLABORATIVE IS A PARTNERSHIP OF MEDICAL CENTERS, CENTERS OF AUTISM RESEARCH AND S ERVICES, UNIVERSITIES AND OTHER PROVIDERS OF SERVICES INVOLVED IN THE TREATMENT AND CARE O F INDIVIDUALS OF ALL AGES WITH AUTISM AND THEIR FAMILIES THE ASERT COLLABORATIVE HAS BEEN DESIGNED TO BRING TOGETHER RESOURCES LOCALLY, REGIONALLY, AND STATEWIDE THERE ARE THREE ASERT REGIONS (WESTERN, CENTRAL, AND EASTERN) WORKING TOGETHER TO STREAMLINE RESOURCES AND SHARE EXPERTISE ACROSS THE COMMONWEALTH EACH ASERT REGION IS CHARGED WITH UNDERSTANDING THE NEEDS OF THEIR RESPECTIVE REGION, INCLUDING THE NEEDS OF THE MOST RURAL REGIONS OF THE STATE AND THE MOST UNDERSERVED POPULATIONS PHILHAVEN'S COMMUNITY BUILDING ACTIVITIES INCL UDED CONTRIBUTIONS TO THE MT GRETNA FIRE COMPANY AND THE CORNWALL POLICE DEPARTMENT THES E CONTRIBUTIONS ALLOWED THE ORGANIZATIONS TO IMPROVE THE FACILITIES AND EQUIPMENT THEY USE TO MAINTAIN A SAFE COMMUNITY ADDITIONALLY, REPORTED AS COMMUNITY BUILDING ACTIVITIES ARE CONTRIBUTIONS TO THE UNITED WAY OF LEBANON THE UNITED WAY OF LEBANON PROVIDES ASSISTANCE TO SEVERAL PHYSICAL AND BEHAVIORAL HEALTHCARE PROVIDERS IN LEBANON COUNTY

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT IS RECORDED BASED ON THE NET BALANCE OF THE AGED RECEIVABLES ACCOUNT ALL DISCOUNTS AND PAYMENTS ARE RECORDED PRIOR TO THE ADJUSTMENT TO THE BAD DEBT ACCOUNTS

Form and Line Reference	Explanation
PART III, LINE 4	PATIENT ACCOUNTS RECEIVABLE ARE REPORTED AT NET REALIZABLE VALUE ACCOUNTS ARE WRITTEN OFF WHEN THEY ARE DETERMINED TO BE UNCOLLECTIBLE BASED UPON MANAGEMENT'S ASSESSMENT OF INDIVIDUAL ACCOUNTS IN EVALUATING THE COLLECTIBILITY OF PATIENT ACCOUNTS RECEIVABLE, PHILHAVEN ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUETO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, PHILHAVEN ANALYZES CONTRACTUAL AMOUNTS DUE AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, PHILHAVEN RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OFSERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE BILLED RATES AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFULACCOUNTS PHILHAVEN RECOGNIZES THE PROVISION FOR BAD DEBTS AND THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON HISTORICAL EXPERIENCE A COST CHARGE RATIO WAS USED TO DETERMINE THE AMOUNTS REPORTED AS BAD DEBT BAD DEBT IS RECORDED BASED ON THE NET BALANCE OF THE AGED RECEIVABLES ACCOUNT ALL DISCOUNTS AND PAYMENTS ARE RECORDED PRIOR TO THE ADJUSTMENT OF THE BAD DEBT ACCOUNT A SAMPLE OF CHARITY CARE APPLICATIONS WAS REVIEWED TO DETERMINE A RATIO OF REQUESTED CHARITY CARE TO GRANTED CHARITY CARE THIS PERCENTAGE WAS APPLIED TO THE BAD DEBT BALANCE

Form and Line Reference	Explanation
PART III, LINE 8	PHILHAVEN DOES NOT TREAT THE MEDICARE SHORTFALL AS A COMMUNITY BENEFIT PHILHAVEN USES A COST TO CHARGE RATIO FOR APPLICABLE LEVELS OF CARE REIMBURSED BY MEDICARE THESE INCLUDE INPATIENT, OUTPATIENT AND DAY/IOP PROGRAMS

Form and Line Reference	Explanation
PART III, LINE 9B	THE ORGANIZATION DOES NOT PURSUE COLLECTIONS AGAINST PATIENTS WHO QUALIFY FOR FINANCIAL ASSISTANCE THIS POLICY, HOWEVER, IS NOT CURRENTLY DOCUMENTED THE ORGANIZATION IS WORKING TO MAKE THE POLICY AGAINST COLLECTION EFFORTS FOR FINANCIALLY NEEDY PATIENTS MORE FORMALIZED IN THEIR WRITTEN PROCEDURES

Form and Line Reference	Explanation
PART VI, LINE 2	PHILHAVEN SENIOR MANAGEMENT REGULARLY MEETS WITH LEADERSHIP OF THE COUNTY GOVERNMENTS AND LEADERSHIP OF LOCAL COMMUNITY HOSPITALS, HEALTH SYSTEMS AND OTHER PHYSICAL HEALTHCARE PROVIDERS TO IDENTIFY HEALTH CARE NEEDS OF THE COMMUNITIES IT SERVES RELATED TO MENTAL HEALTH AND PSYCHIATRY ADDITIONALLY PHILHAVEN REGULARLY SURVEYS ITS OWN PATIENTS TO GAIN A BETTER UNDERSTANDING OF THEIR NEEDS AND SATISFACTION WITH SERVICES PROVIDED

Form and Line Reference	Explanation
PART VI, LINE 3	THE "CHARITY CARE" POLICY IS POSTED IN ALL ADMISSIONS / WAITING AREAS UPON ADMISSION THE PATIENT IS INFORMED, IN WRITING, OF THEIR LIABILITY SHOULD A PATIENT BE IDENTIFIED UPON ADMISSION OR DURING THE COURSE OF TREATMENT AS HAVING NO INSURANCE COVERAGE A CHARITY CARE COORDINATOR WILL MEET WITH THEM OR THEIR RESPONSIBLE PARTY TO REVIEW THE "CHARITY CARE" POLICY AND ASSIST IN APPLICATION FOR FINANCIAL ASSISTANCE THROUGH THE CHARITY CARE POLICY AND/OR THROUGH AN APPLICATION TO MEDICAL ASSISTANCE

Form and Line Reference	Explanation
PART VI, LINE 4	PHILHAVEN PRIMARILY SERVES FOUR COUNTIES IN CENTRAL PENNSYLVANIA (LEBANON, LANCASTER, YORK AND DAUPHIN) THESE COUNTIES INCLUDE THE CITIES OF HARRISBURG, LANCASTER, LEBANON AND YORK ALONG WITH RURAL AREAS FIFTY FOUR PERCENT OF THE PATIENTS WE SERVE ARE FEMALE AND FORTY SIX PERCENT ARE MALE ADDITIONALLY SEVENTY PERCENT OF THE PATIENTS WE SERVE ARE CAUCASIAN, NINE PERCENT ARE HISPANIC, FOUR PERCENT ARE AFRICAN-AMERICAN, AND SEVENTEEN PERCENT IDENTIFY THEMSELVES AS ANOTHER RACE OR MIXED RACE

Form and Line Reference	Explanation
PART VI, LINE 5	PHILHAVEN MAKES MEMBERS OF ITS MEDICAL AND CLINICAL STAFF AVAILABLE TO VARIOUS COMMUNITY ORGANIZATIONS INCLUDED IN THIS ARE PSYCHIATRIC PHILHAVEN PROVIDES CONSULTATIONS FROM ITS MEDICAL STAFF MEMBERS TO LOCAL COMMUNITY AND ACUTE CARE HOSPITALS ADDITIONALLY PHILHAVEN PROVIDES MEDICAL STAFF AND CLINICAL STAFF TO A LOCAL SCHOOL DISTRICT FOR PSYCHIATRIC AND THERAPEUTIC CONSULTATION OR DIRECT SERVICES AT NO CHARGE PHILHAVEN ENCOURAGES ITS SENIOR MANAGEMENT AND EMPLOYEES TO VOLUNTEER THEIR TIME FOR LOCAL NON-PROFIT ORGANIZATIONS THESE STAFF PROVIDE MENTAL HEALTH EXPERTISE TO NON-PROFIT AGENCIES PROVIDING SERVICES TO HOMELESS PERSONS, PERSONS WITH DEVELOPMENTAL DISABILITIES, AND PERSONS WITH MENTAL ILLNESS ADDITIONALLY, PHILHAVEN ALLOWS SOME LOCAL NON-PROFIT ORGANIZATIONS USE OF ITS TRAINING FACILITIES AT NO CHARGE INCLUDING OTHER HEALTH CARE ORGANIZATIONS TRAININGS SPONSORED BY PHILHAVEN ARE ALSO MADE AVAILABLE TO OTHER MENTAL HEALTH AND PHYSICAL HEALTHCARE PROVIDERS ON A VARIETY OF MENTAL HEALTH TOPICS IMPROVING THE OTHER HEALTHCARE PROVIDERS' ABILITY TO SERVE PATIENTS WITH MENTAL ILLNESS

Form and Line Reference	Explanation
PART VI, LINE 6	N/A

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	PA

Form and Line Reference	Explanation
IMPLEMENTATION PLAN	I BACKGROUNDPHILHAVEN IS A NON-PROFIT BEHAVIORAL HEALTHCARE ORGANIZATION THAT OFFERS A CO NTINUUM OF COMPASSIONATE, CARING SERVICES FOR CHILDREN, ADOLESCENTS, ADULTS AND OLDER ADUL TS IN SOUTH CENTRAL PENNSYLVANIA PHILHAVEN OFFERS MENTAL HEALTH SERVICES TO OVER 900 PEOP LE EACH DAY THE PROGRAMS SERVE CHILDREN, ADOLESCENTS, ADULTS, FAMILIES, SENIORS, COUPLES, AND MEMBERS FROM PLAIN COMMUNITIES THROUGHOUT THE CENTRAL PENNSYLVANIA REGION PHILHAVEN' S LEVELS OF CARE INCLUDE INPATIENT, DAY HOSPITAL AND OUTPATIENT, AS WELL AS SERVICES IN TH E HOME, SCHOOL, AND COMMUNITY AN AGENCY OF THE LANCASTER CONFERENCE OF THE MENNONITE CHUR CH USA SINCE 1952, PHILHAVEN HOLDS TRUE TO ITS FOUNDERS' VISION OF PROVIDING PROFESSIONAL BEHAVIORAL HEALTHCARE SERVICES IN AN ATMOSPHERE OF CHRISTIAN LOVE AND CARE PHILHAVEN LED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO EVALUATE THE HEALTH NEEDS OF I NDIVIDUALS STRUGGLING WITH MENTAL HEALTH ISSUES AND/OR ADDICTION IN THE PENNSYLVANIA COUNT IES OF DAUPHIN, LANCASTER, LEBANON, AND YORK BEGINNING IN LATE 2012 THE PURPOSE OF THE AS SESSMENT WAS TO GATHER INFORMATION ABOUT LOCAL HEALTH NEEDS AND HEALTH BEHAVIORS THE ASSE SSMENT EXAMINED A VARIETY OF INDICATORS INCLUDING RISKY HEALTH BEHAVIORS (ALCOHOL USE, TOB ACCO USE) AND CHRONIC MORTALITY DATA (MENTAL AND BEHAVIORAL DISORDERS, SUICIDE) QUALITATI VE FEEDBACK WAS ALSO GATHERED FROM AREA PROFESSIONALS REGARDING THEIR PERCEPTIONS OF COMMU NITY NEEDS AS THEY RELATE TO MENTAL AND BEHAVIORAL HEALTH THE COMPLETION OF THE CHNA ENAB LED PHILHAVEN TO TAKE AN IN-DEPTH LOOK AT ITS GREATER COMMUNITY THE FINDINGS FROM THE ASS ESSMENT WERE UTILIZED BY THE ORGANIZATION TO PRIORITIZE COMMUNITY MENTAL HEALTH ISSUES AND WILL BE USED TO DEVELOP A COMMUNITY HEALTH IMPLEMENTATION PLAN FOCUSED ON MEETING COMMUNI TY NEEDS PHILHAVEN IS COMMITTED TO THE PEOPLE IT SERVES AND THE COMMUNITIES THEY LIVE IN HEALTHY COMMUNITIES LEAD TO LOWER HEALTH CARE COSTS, ROBUST COMMUNITY PARTNERSHIPS, AND A N OVERALL ENHANCED QUALITY OF LIFE THIS CHNA FINAL SUMMARY REPORT SERVES AS A COMPILATION OF THE OVERALL FINDINGS OF EACH RESEARCH COMPONENT II THE CHNA PROCESSA COMPREHENSIVE CH NA WAS CONDUCTED THAT INCLUDED MULTIPLE QUANTITATIVE AND QUALITATIVE RESEARCH COMPONENTS THESE COMPONENTS INCLUDED THE FOLLOWING -SECONDARY STATISTICAL DATA PROFILE OF SOUTH CENTR AL PENNSYLVANIA -TWO COMMUNITY FORUMS WITH MORE THAN 75 AREA PROFESSIONALS -PRIORITIZATION SESSION OF COMMUNITY NEEDS QUANTITATIVE DATA - A SECONDARY STATISTICAL DATA PROFILE DEPI CTING POPULATION AND HOUSEHOLD STATISTICS, EDUCATION AND ECONOMIC MEASURES, MORBIDITY AND MORTALITY RATES, INCIDENCE RATES, AND OTHER HEALTH STATISTICS FOR SOUTH CENTRAL PENNSYLVAN IA WAS COMPILED SPECIFICALLY, DATA WAS GATHERED FOR DAUPHIN, LANCASTER, LEBANON AND YORK COUNTIES QUALITATIVE DATA - TWO COMMUNITY FORUMS WERE CONDUCTED WITH COMMUNITY MEMBERS AN D MENTAL HEALTH PROFESSIONALS IN TOTAL, 76 PEOPLE PARTICIPATED, REPRESENTING A VARIETY OF SECTORS INCLUDING PUBLIC HEALTH AND MEDICAL SERVICES AND NON-PROFIT AND SOCIAL ORGANIZATI ONS PHILHAVEN CONTRACTED WITH HOLLERAN, AN INDEPENDENT RESEARCH AND CONSULTING FIRM LOCATE D IN LANCASTER, PENNSYLVANIA, TO CONDUCT RESEARCH IN SUPPORT OF THE CHNA HOLLERAN HAS OVE R 21 YEARS OF EXPERIENCE IN CONDUCTING PUBLIC HEALTH RESEARCH AND COMMUNITY HEALTH ASSESSM ENTS THE FIRM PROVIDED THE FOLLOWING ASSISTANCE 1) COLLECTED AND INTERPRETED SECONDARY D ATA 2) CONDUCTED, ANALYZED AND INTERPRETED DATA FROM COMMUNITY FORUMS 3) FACILITATED A PRI ORITIZATION AND IMPLEMENTATION PLANNING SESSION COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS PHILHAVEN SOUGHT COMMUNITY INPUT THROUGH COMMUNITY FORU MS WITH COMMUNITY MEMBERS AND STAKEHOLDERS ADDITIONALLY, KEY COMMUNITY PARTNERS PARTICIPA TED IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS PUBLIC HEALTH AND HEALTH CA RE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES LEADERS AND REPRESENT ATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY S ERVED BY PHILHAVEN INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS FOLLOWING THE COMPLETION OF THE CHNA RESEARCH, PHILHAVEN PRIORITIZED COMMUNITY HEALTH ISSU ES AND DEVELOPED AN IMPLEMENTATION PLAN TO ADDRESS PRIORITIZED COMMUNITY NEEDS A DESCRIPT ION OF THE PRIORITIZATION PROCESS IS INCLUDED IN THIS SUMMARY DOCUMENT III SELECTION OF C OMMUNITY HEALTH PRIORITIESFOLLOWING THE COMPLETION OF THE RESEARCH, PHILHAVEN'S CHNA ADVIS ORY COMMITTEE CONVENED TO REVIEW THE ASSESSMENT RESULTS AND MAKE RECOMMENDATIONS ON PRIORI TY AREAS FOR CONSIDERATION BY PHILHAVEN LEADERSHIP AS THEY FINALIZE THEIR IMPLEMENTATION P LAN THE COMMITTEE WAS PUT IN PLACE TO PROVIDE STRATEGIC DIRECTION FOR THE CONDUCT OF THE CHNA AND TO INTERPRET THE RESULTS UPON COMPLETION THE PURPOSE OF THE MEETING WAS NOT ONLY TO REVIEW THE RESULTS OF THE RECENTLY COMPLETED CHNA, BUT TO PARTICIPATE IN A DISCUSSION AROUND POTENTIAL PRIORITY AREAS FOR INCLUSION IN P

Form and Line Reference	Explanation
IMPLEMENTATION PLAN	HILHAVEN'S COMMUNITY IMPLEMENTATION PLAN FOLLOWING WELCOMING REMARKS AND INTRODUCTIONS, L ISA MCCRACKEN, PRESIDENT OF HOLLERAN, PRESENTED AN OVERVIEW OF THE CHNA RESULTS A SYNOPSI S OF A NUMBER OF KEY INDICATORS FROM THE SECONDARY DATA PROFILE WAS SHARED ALONG WITH THEM ES FROM THE TWO COMMUNITY FORUMS ATTENDEES DISCUSSED THE RESULTS AND SHARED OBSERVATIONS AND INTERPRETATIONS OF THE DATA THE GROUP WAS THEN ASKED TO RESPOND TO THE QUESTION, "WHA T STRATEGIC ISSUES CAN BE IDENTIFIED FROM THE NEEDS UNCOVERED IN THE COMMUNITY NEEDS ASSES SMENT?" ATTENDEES WERE ENCOURAGED TO THINK OF ROOT CAUSES OF THE NEEDS UNCOVERED AND TO CO NSIDER SYSTEM-LEVEL ISSUES AS OPPOSED TO POTENTIAL OPERATIONAL NEEDS THROUGH LARGE-GROUP DIALOGUE, A LIST OF SEVEN KEY STRATEGIC ISSUES WAS IDENTIFIED THE SEVEN ARE LISTED BELOW IN NO PARTICULAR ORDER 1 A LACK OF "HUMAN RESOURCES"-THERE IS LIMITED TIME FOR STAFF TO ENGAGE IN NON-CLINICAL ENDEAVORS SUCH AS TRAINING, COMMUNICATIONS, OUTREACH, ETC -FUNDING CUTS HAVE RESULTED IN FEWER STAFF TO DO THE WORK -FEWER PROFESSIONALS ARE ENTERING THE MEN TAL HEALTH FIELD 2 OPPORTUNITY FOR NEW PARADIGMS & INTEGRATED MODELS-THE AFFORDABLE CARE ACT HAS STIMULATED INCREASED DIALOG ABOUT THE INTEGRATION OF PRIMARY CARE AND MENTAL HEALT H -THERE IS AN OPPORTUNITY FOR NEW PARADIGMS AND NEW MODELS -CHALLENGES ARE PRESENT WITH THE FACT THAT THERE IS NO FUNDING SYSTEM YET FOR THESE NEW MODELS -FOR INTEGRATED MODELS, THERE SHOULD BE ONE MENTAL HEALTH PROFESSIONAL FOR EVERY TWO PRIMARY CARE PROVIDERS THER E IS A DEFINITE SHORTAGE OF TRAINED AND CERTIFIED PROFESSIONALS TO MEET THESE STANDARDS 3 STIGMA-THE STIGMA FACED BY CONSUMERS CONTINUES TO PERSIST, BUT IT GOES BEYOND CONSUMERS TO PROFESSIONALS AS WELL GENERALLY SPEAKING, MENTAL HEALTH PROFESSIONALS CAN MAKE HIGHER SALARIES IN OTHER FIELDS AND THE WORK IS NOT ALWAYS VIEWED AS DESIRABLE 4 INCREASED NEED FOR PREVENTION AS A PRIORITY-THERE SHOULD BE A HIGHER PRIORITY PLACED ON PREVENTION AS OPP OSED TO SO MUCH FOCUS ON CRISIS AND ACUTE PHASES OF MENTAL ILLNESS -IT IS IMPORTANT TO EDU CATE THE PUBLIC ABOUT MENTAL WELLNESS -PROVIDERS AND ORGANIZATIONS NEED TO FOCUS ON WHOLE PERSON WELLNESS AND THINK DIFFERENTLY ABOUT HOW WE TREAT INDIVIDUALS -CURRENT EFFORTS WITH COLLABORATIVE INTERVENTIONS (PHYSICAL HEALTH AND MENTAL HEALTH) HAVE THUS FAR NOT FINANCI ALLY BENEFITTED ALL PARTIES 5 EMERGENCY DEPARTMENT IS OFTEN THE FIRST STOP -FOR MANY INDI VIDUALS WITH A MENTAL ILLNESS OR ADDICTION ISSUES, THE EMERGENCY DEPARTMENT IS THEIR FIRST STOP FOR HELP -IN DAUPHIN COUNTY, THE EMERGENCY DEPARTMENT IS THEIR NUMBER ON REFERRAL T O CRISIS MANAGEMENT IT IS SUSPECTED THAT THIS IS THE CASE IN MOST COUNTIES -MANY INDIVID UALS DO NOT KNOW WHO TO CALL OR WHERE TO GO FOR HELP SO THEY USE THE EMERGENCY DEPARTMENT 6 LACK OF A FORUM FOR COLLECTIVE ADVOCACY-THERE ARE CHALLENGES AT THE STATE LEVEL WITH T HE SLOW PACE OF DECISION-MAKING REGARDING HEALTHCARE REFORM -THERE IS NO ONE GROUP OR ASS OCIATION TAKING THE LEAD -A UNIFIED APPROACH TO ADVOCACY IS NEEDED INDIVIDUAL ORGANIZATIO NS TALK, BUT THERE IS NOT A FORUM FOR COLLABORATIVE SHARING OF INFORMATION AND ADVOCACY FO R MENTAL HEALTH 7 INCREASED NEED FOR CULTURAL COMPETENCY-THE RACIAL AND ETHNIC DIVERSITY OF CONSUMERS CONTINUES TO GROW AND PROVIDERS ARE NOT KEEPING UP WITH THE VARYING NEEDS OF THESE POPULATIONS -MORE DIVERSITY IS NEEDED WITHIN THE PROVIDER GROUP AND MORE TRAINING I S NEEDED AS WELL

Form and Line Reference	Explanation
IMPLEMENTATION PLAN (CONT)	THE SEVEN STRATEGIC ISSUES WERE PROGRAMMED INTO A WIRELESS KEYPAD VOTING SYSTEM EACH ATTE NDEE WAS PROVIDED WITH A KEYPAD FOR INSTANT, ANONYMOUS FEEDBACK TO A SERIES OF QUESTIONS P OSED TO THEM THE ATTENDEES WERE ASKED TO RATE EACH OF THE STRATEGIC ISSUES WITH REGARD TO HOW STRONGLY THEY FELT THAT THE ISSUE SHOULD BE INCLUDED IN THE FINAL IMPLEMENTATION PLAN ADDITIONALLY, OF THE SEVEN, ATTENDEES WERE ASKED TO SELECT ONE ISSUE THAT THEY DEEMED TH E MOST IMPORTANT "INTEGRATED MODELS AND NEW PARADIGMS" IS THE STRATEGIC ISSUE THAT RECEIVE D THE HIGHEST AVERAGE RATING (4 3), FOLLOWED BY FOCUS ON PREVENTION WITH A RATING OF 4 2 THE LOWEST AVERAGE RATING WAS FOR "CULTURAL COMPETENCY" (2 7) WHEN ASKED TO SELECT JUST O NE OF THE SEVEN STRATEGIC ISSUES AS A PRIORITY AREA, THERE WAS A TIE BETWEEN "INTEGRATED M ODELS" AND "COLLECTIVE ADVOCACY " ALL STRATEGIC ISSUES GARNERED AT LEAST ONE VOTE, EXCEPT "CULTURAL COMPETENCE " THE FOLLOWING GRAPH OUTLINES THESE RESULTS ADOPTED PRIORITY AREASFO LLOWING THE PRIORITIZATION SESSION WITH THE ADVISORY COMMITTEE, THE PHILHAVEN EXECUTIVE TE AM MET WITH THE PHILHAVEN LEADERSHIP AND BOARD OF DIRECTORS TO SHARE THE GROUP'S RECOMMEND ATIONS THE LEADERSHIP TEAM AND BOARD MEMBERS DISCUSSED A NUMBER OF FACTORS INCLUDING CURR ENT INITIATIVES UNDERWAY BY PHILHAVEN AND COMMUNITY PARTNERS, AREAS WHERE PHILHAVEN CAN HA VE THE GREATEST IMPACT ON COMMUNITY NEEDS AND UPSTREAM EFFORTS TO LESSEN THE MENTAL HEALTH NEEDS IN THE COMMUNITIES THEY SERVE THE FOLLOWING THREE PRIORITY AREAS WERE ADOPTED BY T HE PHILHAVEN LEADERSHIP AND BOARD OF DIRECTORS INTEGRATED TREATMENT MODELS, FOCUS ON PREV ENTION, AND REDUCE THE USE OF EMERGENCY DEPARTMENT AS AN ACCESS POINT FOR PERSONS WITH A M ENTAL ILLNESS IV STRATEGIES TO ADDRESS COMMUNITY NEEDSPHILHAVEN HAS ADOPTED THE FOLLOWIN G IMPLEMENTATION DETAILS TO SUPPORTS ITS COMMUNITY-BASED WORK REGARDING THE THREE PRIORITY COMMUNITY NEEDS THIS WORK WILL BE SPEARHEADED BY THE PHILHAVEN LEADERSHIP TEAM WITH ONGO ING GUIDANCE FROM A COMMUNITY ADVISORY GROUP ADDITIONALLY, PHILHAVEN WILL ENGAGE WITH ARE A PARTNERS, MANY OF WHOM PARTICIPATED IN THE COMMUNITY FORUMS, TO ADVANCE THE WORK OF THE PRIORITIZED COMMUNITY NEEDS INTEGRATED TREATMENT MODELSGOAL STATEMENT TO IMPROVE THE DEL IVERY OF COMMUNITY HEALTHCARE SERVICES THROUGH THE INTEGRATION OF PRIMARY CARE, MENTAL HEA LTHCARE, AND OTHER RELATED SERVICES OBJECTIVES A TO PROVIDE PATIENT SERVICES IN AT LEAST ONE INTEGRATED CARE MODEL BY JANUARY 1, 2014 B TO MEET WITH IDENTIFIED PRIMARY HEALTHCAR E PROVIDERS AT LEAST TWO TIMES PER YEAR IN ORDER TO IDENTIFY AND ENHANCE STRATEGIES THAT P ROMOTE WELLNESS C TO DEVELOP AT LEAST ONE TRAINING SERIES OR COMMUNICATION CAMPAIGN ANNUA LLY DESIGNED TO INCREASE INTERNAL AND COMMUNITY AWARENESS OF THE NEED FOR INTEGRATED TREAT MENT MODELS TO MEET COMMUNITY HEALTHCARE NEEDS IMPLEMENTATION STRATEGIES 1 ESTABLISH A WO RKGROUP OF PRIMARY CARE AND MENTAL HEALTH PROFESSIONALS TO IDENTIFY POSSIBLE MODELS FOR IN TEGRATED CARE, THIS GROUP WOULD MEET ON A SEMIANNUAL BASIS 2 PROVIDE INTEGRATED COMMUNITY SERVICES WITH HAMILTON HEALTHCARE 3 SUPPORT EXISTING COMMUNITY GROUPS AND STAKEHOLDERS F OCUSED ON INTEGRATING TREATMENT MODELS TO IMPROVE THE DELIVERY OF HEALTHCARE SERVICES 4 D EVELOP TRAINING AND EDUCATION OPPORTUNITIES FOR STAFF, CLIENTS, AND THE COMMUNITY REGARDIN G HEALTHCARE DELIVERY MODELS AND MODALITIES FOCUS ON PREVENTIONGOAL STATEMENT TO IMPROVE THE COMMUNITY'S QUALITY OF LIFE THROUGH PREVENTION STRATEGIES OBJECTIVES A TO ANNUALLY EN GAGE AND COLLABORATE WITH COMMUNITY PHYSICAL HEALTH PROVIDERS AND AGENCIES ON AT LEAST TWO COMMUNITY HEALTH PROMOTION AND PREVENTION PROJECTS B TO INCREASE COMMUNITY AWARENESS OF PREVENTION STRATEGIES AS EVIDENCED BY CIRCULATION OF HEALTHY LIVING LITERATURE IN 50% OF L EBANON COUNTY PRIMARY CARE PHYSICIAN OFFICES BY JANUARY 2015 C TO PROMOTE HEALTHY LIFEST YLES BY PROVIDING AT LEAST ONE ANNUAL EDUCATION OPPORTUNITY FOR STAFF, CLIENTS AND THE COM MUNITY TO ADDRESS KEY PHYSICAL AND MENTAL HEALTH ISSUES BY JANUARY 2015 IMPLEMENTATION ST RATEGIES 1 COLLABORATE ON PREVENTION FOCUSED ENDEAVORS SUCH AS HEALTH SCREENING PROJECTS, COMMUNITY HEALTH COUNCIL, COALITIONS, ETC WITH COMMUNITY STAKEHOLDERS 2 PROVIDE INFORMA TION TO CLIENTS AND THE COMMUNITY TO IMPROVE UNDERSTANDING OF KEY BEHAVIORAL HEALTHCARE IS SUES FACING THE COMMUNITY INCLUDING BUT NOT LIMITED TO SUICIDE, DOMESTIC VIOLENCE, TRAUMA AND SUBSTANCE ABUSE 3 PROVIDE MEDICAL/PHYSICAL HEALTH INFORMATION AND LITERATURE IN WAITI NG AREAS 4 WORK WITH COMMUNITY AGENCIES AND PROVIDERS TO IMPROVE UNDERSTANDING OF BEHAVIO RAL HEALTHCARE SYSTEMS BY OFFERING ONGOING INFORMATION INCLUDING WHEN AND HOW TO ACCESS CA RE, SYSTEM ENTRY POINTS, EVALUATIONS AND TREATMENT 5 DEVELOP PEDAGOGY TO PROMOTE HEALTH L ITERACY USING HEALTHY PEOPLE 2020 AS A FRAMEWORK FOR NEEDS REDUCTION OF THE USE OF THE EM ERGENCY DEPARTMENT AS AN ACCESS POINT FOR PERSONS WITH A MENTAL ILLNESSGOAL STATEMENT TO REDUCE THE USE OF EMERGENCY DEPARTMENTS AS AN ACCE

Form and Line Reference	Explanation
IMPLEMENTATION PLAN (CONT)	SS POINT FOR PERSONS WITH MENTAL ILLNESS OBJECTIVES A MEET WITH REPRESENTATIVES FROM EME RGENCY DEPARTMENTS IN LANCASTER AND LEBANON COUNTIES AT LEAST TWO TIMES PER YEAR STARTING IN 2014 TO ADDRESS BEHAVIORAL HEALTH NEEDS OF "SUPER-UTILIZERS" IN ORDER TO ADDRESS ISSUES RELATED TO EMERGENCY DEPARTMENT OVERUSE B ENGAGE COMMUNITY STAKEHOLDERS IN SEMIANNUAL ME ETINGS STARTING 2014 TO IDENTIFY DISCRETE BEHAVIORAL HEALTH SERVICES AND SUPPORTS NEEDED W ITHIN EMERGENCY DEPARTMENTS TO MEET URGENT, NON-EMERGENCY BEHAVIORAL HEALTH NEEDS IMPLEME NTATION STRATEGIES 1 PARTICIPATE IN MEETING WITH LOCAL EMERGENCY DEPARTMENT LEADERS TO ID ENTIFY TACTICS TO REDUCE USE OF DEPARTMENTS AS AN ACCESS POINT FOR PERSONS WITH MENTAL ILL NESS 2 PARTICIPATE IN MEETINGS WITH LEADERS FROM LOCAL ADULT COMMUNITY BASED PSYCHIATRIC INPATIENT DIVERSION PROGRAMS TO DEVELOP STRATEGIES FOR REDUCING EMERGENCY DEPARTMENT USE B Y CLIENTS SERVED IN THESE PROGRAMS 3 PARTICIPATE IN REGULAR "SUPER-UTILIZER" MEETINGS WI TH COMMUNITY STAKEHOLDERS TO ADDRESS ISSUES THAT LEAD MENTAL HEALTH CONSUMERS TO USE EMERG ENCY DEPARTMENTS IN PLACE OF OTHER CARE OPTIONS 4 PROVIDE EDUCATION AND INFORMATION TO T HE COMMUNITY ON ALTERNATIVE OPTIONS TO EMERGENCY DEPARTMENT USE AS AN ACCESS POINT FOR PER SONS WITH MENTAL ILLNESS MECHANISMS TO COMMUNICATE THIS INFORMATION INCLUDE BUT ARE NOT L IMITED TO LITERATURE AT PRIMARY CARE AND OTHER HEALTHCARE PROVIDER OFFICES AND SPEAKING EN GAGEMENTS BY PHILHAVEN STAFF

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PHILHAVEN	
PHILHAVEN	PART V, SECTION B, LINE 7 SEE THE IMPLEMENTATION PLAN PROVIDED IN PART VI
PHILHAVEN	PART V, SECTION B, LINE 20D AS DETAILED IN ITS CHARITY CARE POLICY, PHILHAVEN USES A SLID ING SCALE BASED ON HOUSEHOLD INCOME AND THE FEDERAL POVERTY GUIDELINES AS THE BASIS FOR CH ARGES TO INDIVIDUALS QUALIFYING FOR FINANCIAL ASSISTANCE THIS INCLUDES DISCOUNTS FROM 25% TO 100% OF THE USUAL AND CUSTOMARY CHARGES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

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
PHILHAVEN

Employer identification number
23-1548822

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**		No
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**		No
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				
(1)FRANCIS D SPARROW MD MEDICAL DIRECTOR	(i)	311,256	0	0	718	10,175	322,149	0
	(ii)	0	0	0	0	0	0	0
(2)PHILIP D HESS CHIEF EXECUTIVE OFFICER	(i)	187,279	0	0	432	14,852	202,563	0
	(ii)	0	0	0	0	0	0	0
(3)OLANIYI I OLULEYE PHYSICIAN	(i)	273,067	0	0	599	14,852	288,518	0
	(ii)	0	0	0	0	0	0	0
(4)STEVEN CARTUN PHYSICIAN	(i)	266,577	0	0	0	0	266,577	0
	(ii)	0	0	0	0	0	0	0
(5)THOMAS FOLEY PHYSICIAN	(i)	237,390	0	0	551	10,536	248,477	0
	(ii)	0	0	0	0	0	0	0
(6)THOMAS FENSTERMACHER PHYSICIAN	(i)	242,854	0	0	568	14,492	257,914	0
	(ii)	0	0	0	0	0	0	0
(7)MICHAEL FUEYO PHYSICIAN	(i)	241,654	0	0	552	14,062	256,268	0
	(ii)	0	0	0	0	0	0	0

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

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
PHILHAVEN

Employer identification number
23-1548822

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

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

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

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

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

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493135035545

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
PHILHAVEN

Employer identification number
23-1548822

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) KE LLC 283 S BUTLER ROAD PO BOX 550 MT GRETNA, PA 17064 23-2647658	REAL ESTATE RENTAL	PA	N/A	UNRELATED	64,948	610,724		No		Yes		50 000 %
(2) ADVANCED MANAGEMENT SERVICES 320 HIGHLAND DRIVE MOUNTVILLE, PA 17554 61-1676937	SOFTWARE COMPANY	PA	N/A	UNRELATED	43,887	50,000		No		Yes		23 380 %

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

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		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
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		No
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		No
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		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) KE LLC	K	197,795	COST
(2) KE LLC	S	95,000	CASH

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

Philhaven

Financial Statements and
Supplementary Information

June 30, 2014 and 2013

Candor. Insight. Results.

Philhaven

Table of Contents
June 30, 2014 and 2013

BAKER TILLY

formerly
PARENTEBEARD

Baker Tilly Virchow Krause LLP
1869 Charter Ln Ste 301
Lancaster PA 17601-5898
tel 717 393 5696
tel 800 267 9405
fax 888 264 9617
bakertilly com

Independent Auditors' Report

Board of Directors
Philhaven

Report on the Financial Statements

We have audited the accompanying financial statements of Philhaven, which comprise the balance sheet as of June 30, 2014 and 2013, and the related statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Philhaven as of June 30, 2014 and 2013, and the results of its operations, changes in net assets, and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying supplementary information on pages 27-31 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Baker Tilly Virchow Krause, LLP

Lancaster, Pennsylvania
December 3, 2014

Philhaven

Balance Sheet
June 30, 2014 and 2013

	2014	2013
Assets		
Current Assets		
Cash and cash equivalents	$ 3,623,624	$ 3,298,158
Assets limited as to use, grant agreements	-	1,006
Patient accounts receivable, net of allowances for doubtful accounts of $639,600 in 2014 and $149,265 in 2013	8,773,670	7,448,949
Estimated settlements due from third-party payors	69,957	868,090
Grant receivable	750,000	573,200
Prepaid expenses and other assets	1,057,960	1,046,611
Accounts receivable, insurance recovery	7,800	235,807
Unconditional promises to give	128,401	130,025
Total current assets	14,411,412	13,601,846
Investments	2,607,101	2,266,349
Assets Limited as to Use		
Board-designated	31,146	30,441
Donor restricted	312,176	295,614
Funds held by trustee for workers' compensation	39,313	39,193
Total assets limited as to use	382,635	365,248
Property, Equipment and Cattle, Net	17,264,380	14,846,268
Beneficial Interest in Irrevocable Trusts	530,782	483,111
Unconditional Promises to Give, Net	215,079	148,091
Investment in Limited Liability Companies	896,801	926,818
Note Receivable	340,000	340,000
Other Assets	85,387	82,059
Total assets	$ 36,733,577	$ 33,059,790

See notes to financial statements

Philhaven

Balance Sheet
June 30, 2014 and 2013

	2014	2013
Liabilities and Net Assets		
Current Liabilities		
Bank line of credit	$ 1,555,618	$ 780,249
Current maturities of notes payable	677,310	525,663
Accounts payable	789,960	848,393
Accrued expenses	5,445,041	4,575,197
Advances due to third-party payors	45,900	45,900
Total current liabilities	8,513,829	6,775,402
Notes Payable, Net of Current Maturities	2,723,879	2,714,516
Total liabilities	11,237,708	9,489,918
Net Assets		
Unrestricted	24,326,433	22,538,246
Temporarily restricted	561,638	472,678
Permanently restricted	607,798	558,948
Total net assets	25,495,869	23,569,872
Total liabilities and net assets	$ 36,733,577	$ 33,059,790

See notes to financial statements

Philhaven

Statement of Operations and Changes in Net Assets
Years Ended June 30, 2014 and 2013

	2014	2013
Unrestricted Revenues, Gains, and Support		
Patient service revenues	$ 59,456,448	$ 57,012,583
Provision for bad debts	(455,682)	(446,858)
Net patient service revenues	59,000,766	56,565,725
Sales	708,985	606,770
Grants	450,000	450,000
Other revenues	414,311	433,752
Net assets released from restrictions used for operations	121,451	135,276
Total unrestricted revenues, gains, and support	60,695,513	58,191,523
Expenses		
Salaries and wages	37,679,025	37,829,293
Employee benefits	9,215,434	9,966,419
Supplies and expenses	9,065,778	8,627,997
Depreciation and amortization	2,046,395	1,900,064
Professional fees	1,098,603	1,595,721
Interest	230,651	239,740
Total expenses	59,335,886	60,159,234
Gain (loss) from operations	1,359,627	(1,967,711)
Non-Operating Gains (Losses)		
Investment income	107,800	123,698
Gifts and bequests	235,369	129,513
Other	84,550	646,250
Gain on sale of property and equipment	28,370	20,143
Net assets released from restrictions	77,064	1,358
Fundraising	(316,266)	(261,366)
Income taxes	(88,607)	(27,102)
Non-operating gains, net	128,280	632,494
Revenues in excess of (less than) expenses	1,487,907	(1,335,217)
Net Assets Released from Restrictions Used for Capital Projects	68,050	666,106
Grant Income Used for Long-Term Purposes	176,800	573,200
Net Unrealized Gains on Investments	55,430	47,026
Increase (decrease) in unrestricted net assets	1,788,187	(48,885)

See notes to financial statements

Philhaven

Statement of Operations and Changes in Net Assets
Years Ended June 30, 2014 and 2013

	2014	2013
Temporarily Restricted Net Assets		
Gifts and bequests	$ 354,416	$ 584,250
Investment income	1,109	494
Net assets released from restrictions for		
Operating expense	(121,451)	(135,276)
Non-operating	(77,064)	(1,358)
Capital projects	(68,050)	(666,106)
Increase (decrease) in temporarily restricted net assets	88,960	(217,996)
Permanently Restricted Net Assets		
Investment gains	48,850	13,040
Gifts and bequests	-	78,090
Increase in permanently restricted net assets	48,850	91,130
Increase (decrease) in net assets	1,925,997	(175,751)
Net Assets, Beginning of Year	23,569,872	23,745,623
Net Assets, End of Year	$ 25,495,869	$ 23,569,872

See notes to financial statements

Philhaven

Statement of Cash Flows
Years Ended June 30, 2014 and 2013

	2014	2013
Cash Flows from Operating Activities		
Increase (decrease) in net assets	$ 1,925,997	$ (175,751)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities		
Depreciation and amortization	2,046,395	1,900,064
Gain on sale of property and equipment	(28,370)	(20,143)
Provision for bad debts	455,682	446,858
Net unrealized and realized (gains) losses on investments	(61,961)	(53,484)
Income from investments in limited liability companies	(39,983)	(50,396)
Restricted gifts and bequests	(419,780)	(684,708)
Increase in the fair market value of beneficial interest in irrevocable trust	(47,671)	(10,922)
Changes in certain assets and liabilities		
Patient accounts receivable	(1,780,403)	(856,047)
Grant receivable	(176,800)	(573,200)
Prepaid expenses and other assets	211,650	107,274
Advances due to third-party payors	798,133	(448,225)
Accounts payable and accrued expenses	952,747	(654,879)
Net cash provided by (used in) operating activities	3,835,636	(1,073,559)
Cash Flows from Investing Activities		
Net (purchases) sales of investments	(295,172)	4,599,227
Proceeds from the sale of property and equipment	51,157	27,267
Distributions from limited liability companies	95,000	85,000
Purchase of property, equipment, and cattle	(4,626,950)	(4,352,446)
Investment in limited liability company	(25,000)	(25,000)
Net cash (used in) provided by investing activities	(4,800,965)	334,048
Cash Flows from Financing Activities		
Cash received on restricted gifts and bequests	354,416	662,340
Net increase in bank line of credit	775,369	625,993
Proceeds from long-term debt	604,000	-
Repayment of long-term debt	(442,990)	(404,363)
Net cash provided by financing activities	1,290,795	883,970
Net increase in cash and cash equivalents	325,466	144,459
Cash and Cash Equivalents, Beginning	3,298,158	3,153,699
Cash and Cash Equivalents, Ending	$ 3,623,624	$ 3,298,158

See notes to financial statements

Philhaven

Statement of Cash Flows
Years Ended June 30, 2014 and 2013

	2014	2013
Supplementary Cash Flow Information		
Interest paid	$ 230,235	$ 241,453
Income taxes paid	$ 43,207	$ 27,102
Supplementary Disclosure of Noncash Investing Activities		
Acquisition of property, equipment, and cattle which have not been paid	$ 141,336	$ 668,701

See notes to financial statements

1. Organization and Basis of Presentation

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

- Philhaven - a behavioral healthcare provider specializing in the diagnosis and care of persons with mental, emotional, and behavioral difficulties and providing inpatient, residential, outpatient, partial hospitalization, and community-based facilities and services.

- Philhaven Farm (Farm) - a dairy farm, whose income is taxable for federal purposes as unrelated business income of a not-for-profit organization.

2. Summary of Significant Accounting Policies

Use of Estimates

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

Cash and Cash Equivalents

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

Patient Accounts Receivable

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

Philhaven's allowance for doubtful accounts for self-pay patients increased to approximately 42% of self-pay accounts receivable at June 30, 2014 from approximately 36% of self-pay accounts receivable at June 30, 2013. The increase is directly related to an adjustment made by management to more accurately reflect the allowance balance based on historical write-offs and increase in self pay volume. In addition, Philhaven's total account write-offs (net of recoveries) increased to $236,547 in 2014 from $215,412 in 2013. The increase was primarily related to the result of an increase in self-pay volumes. Philhaven has not changed its financial assistance policy in 2014 or 2013.

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

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

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

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

Property, Equipment and Cattle

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

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

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

Impairment losses are recognized in the statement of operations as a component of operating income as they are determined. Philhaven reviews its long-lived assets whenever events or changes in circumstances indicate that the carrying value of an asset may not be recoverable. In that event, Philhaven calculates the estimated future net cash flows to be generated by the asset. If those future net cash flows are less than the carrying value of the asset, and impairment loss is recognized for the difference between the estimated fair value and the carrying value of the asset. No such impairment losses were recorded in 2014 and 2013.

Donor-Restricted Gifts

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

Unconditional Promises to Give

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

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

Unconditional promises to give at June 30, 2014 and 2013 are as follows:

	2014	2013
Unrestricted	$ 349,742	$ 266,940
Caring Fund	1,838	14,876
	$ 351,580	$ 281,816
Receivable in less than one year	$ 128,401	$ 130,025
Receivable in one to five years	223,179	151,791
	351,580	281,816
Less discount to net present value	(8,100)	(3,700)
	$ 343,480	$ 278,116

Unconditional promises to give due in more than one year have been discounted at range of 2.44% to 3.63%.

Beneficial Interest in Irrevocable Trust

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

Estimated Medical Malpractice Claims Liability

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

Investment in Limited Liability Companies

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

Temporarily Restricted Net Assets

Temporarily restricted net assets represent those whose use has been limited by donors to a specific time period or purpose. Temporarily restricted net assets are released from donor restrictions when expenses are incurred or time period expires satisfying the restricted purposes. Net assets of $266,565 in 2014 and $802,740 in 2013 were released from restrictions.

Permanently Restricted Net Assets

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

Revenues in Excess of (Less Than) Expenses

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

Net Patient Service Revenues

Philhaven has agreements with third-party payors that provide for payments to Philhaven at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, per diem payments, and contracted amounts. Philhaven recognizes patient service revenues associated with services provided to patients who have third-party payor coverage on the basis of these established rates for the services rendered. For uninsured patients that do not qualify for charity care, Philhaven recognizes revenues on the basis of its standard rates, discounted in accordance with the Philhaven's policy. On the basis of historical experience, a portion of the Philhaven's uninsured patients will be unable or unwilling to pay for the services provided. Thus, Philhaven records a provision of bad debts related to uninsured patients in the period the services are provided. Patient service revenues, net of contractual allowances and discounts (but before the provision of bad debts), recognized in 2014 and 2013 from these major payor sources, are as follows:

	June 30, 2014			
	Third-Party Government Payors	Third-Party Commercial Payors	Self-Pay	Total
Patient service revenues (net of contractual allowances and discounts)	$ 39,159,763	$ 17,217,770	$ 3,078,915	$ 59,456,448

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

Charity Care and Community Service

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

Philhaven maintains records to identify and monitor the level of charity care it provides. A patient is classified as a charity care patient by reference to established policies of Philhaven. These policies utilize the Department of Health and Human Services' Poverty Levels as guidelines for eligibility for charity care. The costs associated with the charity care services provided are estimated by applying a cost-to-charge ratio to the amount of gross uncompensated charges for the patients receiving charity care. The level of charity care provided by Philhaven amounted to $289,550 in 2014 and $196,886 in 2013.

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

Income Taxes

Philhaven is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on their exempt income under Section 501(a) as the Internal Revenue Code. The Farm's income is taxable for federal purposes as unrelated business income. Philhaven and the Farm prescribe a recognition threshold of more-likely-than-not to be sustained upon examination by the appropriate taxing authority in recording tax liabilities in the financial statements. Measurement and recognition of the tax uncertainty occurs if the recognition threshold has been met. Management determined there were no tax uncertainties that met the recognition threshold for the years ended June 30, 2014 and 2013. The Organization's federal Exempt Organization Business Income Tax Returns for the years ended after June 30, 2010 remain subject to examination by the Internal Revenue Service.

Subsequent Events

Philhaven has evaluated subsequent events through December 3, 2014, which is the date these financial statements were available to be issued.

Reclassifications

Certain items relating to 2013 have been reclassified to conform to the 2014 reporting format.

New Accounting Standard

In May 2014, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2014-09, *Revenue from Contracts with Customers* (Topic 606). ASU No. 2014-09 supercedes the revenue recognition requirements in Topic 605, *Revenue Recognition*, and most industry-specific guidance. Under the requirements of ASU No. 2014-09, the core principle is that entities should recognize revenue to depict the transfer of promised goods or services to patients in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. Philhaven will be required to retrospectively adopt the guidance in ASU No. 2014-09 for years beginning after December 15, 2017; early application is not permitted. Philhaven has not yet determined the impact of adoption of ASU No. 2014-09 on its consolidated financial statements.

3. Net Patient Service Revenue

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

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

Philhaven's Medicare cost reports have been finalized through the year ended June 30, 2013. Differences between the estimated and final settlements are recorded in the year of settlement. In the opinion of management, adequate provision has been made for any adjustment that may result from the final settlement of these reports. Net patient service revenue for 2014 and 2013 include no favorable (unfavorable) settlements of prior-year cost reports.

Revenues from the Medicare and Medical Assistance programs constitute approximately 66% and 67% in for the years ended 2014 and 2013 of Philhaven's net patient service revenues. Laws and regulations governing the Medicare and Medical Assistance programs are extremely complex and subject to interpretation, and noncompliance could be subject to significant regulatory action, including fines and penalties. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

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

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

4. Fair Value Measurements, Investments and Assets Whose Use is Limited

Fair Value Measurements

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

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

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

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

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

The fair value of the Philhaven's assets whose use is limited, investments, and beneficial interest in irrevocable trusts were measured using the following inputs at June 30, 2014 and 2013:

	2014			
	Total	**Level 1**	**Level 2**	**Level 3**
Investments and assets limited as to use:				
Cash	$ 10,630	$ 10,630	$ -	$ -
Mutual funds	189,702	189,702	-	-
Marketable equity securities	247,954	247,954	-	-
Bonds:				
Municipal	1,624,149	-	1,624,149	-
Government	500,650	-	500,650	-
Corporate	261,518	-	261,518	-
Certificates of deposit	155,133	155,133	-	-
	$ 2,989,736	$ 603,419	$ 2,386,317	$ -
Beneficial interest in irrevocable trusts	$ 530,782	$ -	$ -	$ 530,782

	2013			
	Total	**Level 1**	**Level 2**	**Level 3**
Investments and assets limited as to use:				
Cash	$ 14,294	$ 14,294	$ -	$ -
Mutual funds	173,840	173,840	-	-
Marketable equity securities	217,661	217,661	-	-
Bonds:				
Municipal	1,485,754	-	1,485,754	-
Government	301,421	-	301,421	-
Corporate	289,741	-	289,741	-
Certificates of deposit	149,892	149,892	-	-
	$ 2,632,603	$ 555,687	$ 2,076,916	$ -
Beneficial interest in irrevocable trusts	$ 483,111	$ -	$ -	$ 483,111

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

Balance at June 30, 2012	$ 394,099
Contribution	78,090
Valuation gain	10,922
Balance at June 30, 2013	483,111
Investment income	6,180
Valuation gain	41,491
Balance at June 30, 2014	$ 530,782

The valuation gains on irrevocable trusts for the years ended June 30, 2014 and 2013 is included in the changes in permanently restricted net assets.

Investments and Assets Limited as to Use

Cash and certificates of deposit are carried at fair value as the carrying amounts approximate fair value because of the short maturity of these instruments.

Mutual funds are carried at fair value as determined by the closing price reported on the active market on which the individual securities are traded, and bonds are carried at fair value as determined based on quoted prices for the same or similar securities.

Beneficial Interest in Irrevocable Trusts

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

Investments and assets limited as to use at June 30 consist of the following:

	2014	2013
Investments	$ 2,607,101	$ 2,266,349
Assets Whose Use is Limited:		
Grant agreements	-	1,006
Board-designated funds	31,146	30,441
Donor restricted funds	312,176	295,614
Funds held by trustee for workers' compensation	39,313	39,193
	382,635	366,254
Total	$ 2,989,736	$ 2,632,603

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

	2014	2013
Interest income	$ 74,598	$ 86,719
Income in investment in Limited Liability Company	39,983	50,396
Investment fees	(13,312)	(19,875)
Net realized gains on investments	6,531	6,458
Total	$ 107,800	$ 123,698

5. Property, Equipment and Cattle and Accumulated Depreciation

Property, equipment and cattle and accumulated depreciation are as follows:

	June 30, 2014			
	Hospital	Farm	Total	Estimated Useful Lives in Years
Land	$ 355,952	$ -	$ 355,952	
Land improvements and buildings	20,072,559	729,396	20,801,955	40
Furniture, fixtures and equipment	25,620,886	473,341	26,094,227	5-15
Transportation equipment	1,025,152	-	1,025,152	4
Cattle	-	177,921	177,921	5
Construction in process	2,575,565	-	2,575,565	
	49,650,114	1,380,658	51,030,772	
Accumulated depreciation	(32,856,930)	(909,462)	(33,766,392)	
	$ 16,793,184	$ 471,196	$ 17,264,380	

	June 30, 2013			
Land	$ 355,952	$ -	$ 355,952	
Land improvements and buildings	18,291,097	736,433	19,027,530	40
Furniture, fixtures and equipment	25,093,980	498,460	25,592,440	5-15
Transportation equipment	897,435	-	897,435	4
Cattle	-	177,059	177,059	5
Construction in process	799,099	-	799,099	
	45,437,563	1,411,952	46,849,515	
Accumulated depreciation	(31,071,877)	(931,370)	(32,003,247)	
	$ 14,365,686	$ 480,582	$ 14,846,268	

Depreciation expense was $2,044,715 in 2014 and $1,898,141 in 2013. Philhaven is completing renovations and implementing Electronic Health Records. At June 30, 2014, Philhaven is estimating that approximately $800,000 of additional cost is required to complete these projects.

6. Investment in Limited Liability Companies

Condensed financial information of KE LLC as of and for the periods ended June 30, 2014 and 2013 is as follows:

	2014	2013
Assets		
Current assets	$ 90,761	$ 90,761
Property and equipment, net	1,130,686	1,190,790
	$ 1,221,447	$ 1,281,551
Partners' Equity		
Partners' equity	$ 1,221,447	$ 1,281,551
Net revenues	$ 224,041	$ 222,857
Expenses, net	(94,145)	(122,065)
	$ 129,896	$ 100,792

Philhaven received distributions from KE LLC of $95,000 in 2014 and $85,000 in 2013.

Philhaven contributed $25,000 in 2014 and 2013 to AMS for a total contributed capital of $50,000. AMS had immaterial activity in 2014. As a result of the activity, Philhaven recorded a net loss of $43,887 in 2014 and net income of $18,922 in 2013 for its investment in AMS.

7. Note Receivable, Solar Project

During October 2011, Philhaven entered into a 72 month Retail Electricity Agreement with HHG, LLC. HHG, LLC installed solar panels located at Philhaven's Lebanon location. Energy is provided at a discounted fixed rate from HHG, LLC to Philhaven. In addition, Philhaven loaned HHG, LLC $340,000. This note accrues interest at an annual rate of 5% and calls for interest only payments until maturity in October 2017. No principal payments have been received on this note as of June 30, 2014. Philhaven will have the option to inherit ownership of the system at the end of the term.

8. Long-Term Debt

Long-term debt at June 30, 2014 and 2013 is summarized as follows:

	2014	2013
Eastern Mennonite Missions, shared first mortgage on certain real property located on main campus, bearing interesting at 5.25% (adjusting in April 2015), payable in monthly payments of $32,519 including interest, due June 2020.	$ 1,980,114	$ 2,258,409
Everence Financial Credit Union, shared first mortgage on certain real property located on main campus, bearing interesting at 6.25% (adjusting in May 2015), payable in monthly payments of $9,892 including interest, due June 2017.	306,243	404,564
Fulton Bank, second mortgage on certain real property located on main campus, bearing interest at 3.25%, payable in monthly payments of $5,326, including interest, due January 2022.	428,285	477,206
Fulton Bank, construction loan agreement, secured by a first mortgage on real property, bearing interest at 4.55% to August 2018, payable in monthly payments of $4,657, including interest, due November 2028.	586,547	-
In September 2011, Philhaven was the recipient of a $100,000 interest free loan that is payable upon demand at any time after October 1, 2012.	100,000	100,000
	3,401,189	3,240,179
Current portion	(677,310)	(525,663)
	$ 2,723,879	$ 2,714,516

Aggregate maturities on long-term debt as of June 30, 2014 are due in future years as follows:

Years ending June 30:	
2015	$ 677,310
2016	502,020
2017	504,702
2018	432,918
2019	454,813
Thereafter	829,426
	$ 3,401,189

9. Lines of Credit

Philhaven has available an unsecured line of credit totaling $4,000,0000 with an interest rate equal to the 1 month LIBOR rate plus 235 basis points with a floor of 4% (4.0% at June 30, 2014 and 2013). This line of credit had $1,555,618 and $780,249 outstanding at June 30, 2014 and 2013, respectively. This line of credit expired November 1, 2014, and Philhaven is currently under negotiations to extend this agreement. Management believes this line of credit will renew without interruption to operations.

During November 2013, Philhaven secured an additional $900,000 line of credit totaling $900,000 with an interest rate equal to the 1 month LIBOR rate plus 235 basis points with a floor of 4% (4.0% at June 30, 2014) to be used only for capital purposes. The line of credit must be paid down to $0 by June 30 of each year. There was no balance outstanding at June 30, 2014

In connection with certain loan agreements, Philhaven is required to meet certain financial ratios. Philhaven was in compliance with all ratios at June 30, 2014.

10. Accrued Expenses

Accrued expenses consist of the following at June 30:

	2014	2013
Payroll	$ 2,397,997	$ 2,216,337
Compensated absences	1,270,444	1,136,489
Workers' compensation	510,250	396,543
Health insurance	698,600	335,506
Insurance	209,521	205,695
Other	270,085	196,664
Payroll taxes	74,671	74,906
Interest	13,473	13,057
	$ 5,445,041	$ 4,575,197

11. Self-Funded Employee Health Insurance Plan

Philhaven began to self insure its employee health insurance coverage effective January 1, 2012. Philhaven accrues the estimated costs of incurred and reported and incurred but not reported claims, after consideration of its stop-loss insurance coverages, based upon data provided by the third-party administrator of the program and its historical claims experience. The amount accrued was $698,600 at June 30, 2014 and $335,506 at June 30, 2013. These amounts are included in accrued expenses in the balance sheet at June 30, 2014 and 2013.

12. Pension Plan

Philhaven has a defined contribution 401(k) plan covering substantially all employees. Participants may generally contribute into the plan up to a maximum of 100% of their annual salary, not to exceed $17,500 for the years ended 2014 and 2013. For employees age fifty or older, provisions allow for contributions up to $23,000 for 2014 and 2013. The plan provides for an annual employer base contribution and a matching contribution both at Philhaven's discretion. Pension expense, including fees, was $168,113 in 2014 and $265,356 in 2013.

13. Net Assets

Temporarily restricted net assets consist of the following at June 30:

	2014	2013
Lancaster Autism	$ 283,290	$ 172,738
Building Family Resources	132,564	148,671
Other	62,896	57,770
Bicycle Path fund	49,819	62,000
Caring fund	33,069	31,499
	$ 561,638	$ 472,678

Permanently restricted net assets consist of the following at June 30:

	2014	2013
Irrevocable Trusts	$ 530,782	$ 483,111
Endowment	77,016	75,837
	$ 607,798	$ 558,948

14. Commitments and Contingencies

Workers' Compensation Insurance

Philhaven is self-insured for workers' compensation claims in accordance with the Department of Labor and Industry for Self-Insurance status under the Pennsylvania Worker's Compensation Act (the Act). As required under the Act, Philhaven obtained a letter of credit in the amount of $700,000 and established a trust fund to provide a source of funds and to maintain reserves solely for the payment of workers' compensation benefits. At June 30, 2014 and 2013, Philhaven has accrued $510,250 and $396,543, respectively, for potential losses. These amounts were included in accrued expenses in the accompanying balance sheets.

Healthcare Industry

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

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

Operating Leases

Philhaven leases office space under various building lease arrangements. Total rental expense for operating leases was $907,693 in 2014 and $787,331 in 2013. Minimum future rental payments on noncancelable operating leases with terms in excess of one year at June 30, 2014 are as follows:

Years ending June 30:	
2015	$ 721,274
2016	576,607
2017	467,118
2018	367,861
2019	236,175
Total	$ 2,369,035

15. Medical Malpractice Claims Coverage

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

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

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

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

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

16. Related Party Transactions

At June 30, 2014 and 2013, Philhaven has outstanding unconditional promises to give from members of its Board of Directors totaling $15,570 and $17,757, respectively.

Philhaven rents office space from KE LLC, of which it owns 50% (Note 6). Total rental expense incurred to KE LLC amounted to $197,795 in 2014 and $143,465 in 2013.

17. Functional Expenses

Philhaven provides general health care services to residents within its geographic location. Philhaven's expenses related to providing these services in 2014 and 2013 are approximately as follows:

	2014	2013
	In Thousands	
Health care services	$ 52,374	$ 52,953
General and administrative	6,473	6,717
Farm expenses	489	489
Subtotal	59,336	60,159
Fundraising expenses (included in non-operating activities)	316	261
Total	$ 59,652	$ 60,420

18. Concentrations of Credit Risk

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

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

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

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

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

	June 30,	
	2014	2013
Medicare	14 %	17 %
Medical Assistance	51	55
Blue Cross	10	6
Other third-party payors	13	11
Patients	12	11
	100 %	100 %

Philhaven

Balance Sheet, by Division
June 30, 2014 and 2013

	2014			2013		
	Hospital	Farm	Total	Hospital	Farm	Total
Assets						
Current Assets						
Cash and cash equivalents	$ 3,508,449	$ 115,175	$ 3,623,624	$ 3,227,772	$ 70,386	$ 3,298,158
Assets limited as to use, grant agreements	-	-	-	1,006	-	1,006
Patient accounts receivable, net of allowances for doubtful accounts of $639,600 in 2014 and $149,265 in 2013	8,773,670	-	8,773,670	7,448,949	-	7,448,949
Estimated settlements due from third-party payors	69,957	-	69,957	868,090	-	868,090
Grant receivable	750,000	-	750,000	573,200	-	573,200
Prepaid expenses and other assets	1,001,099	56,861	1,057,960	993,992	52,619	1,046,611
Other receivables	7,800	-	7,800	235,807	-	235,807
Unconditional promises to give	128,401	-	128,401	130,025	-	130,025
Total current assets	14,239,376	172,036	14,411,412	13,478,841	123,005	13,601,846
Investments	2,197,928	409,173	2,607,101	1,909,560	356,789	2,266,349
Assets Limited as to Use						
Board-designated	31,146	-	31,146	30,441	-	30,441
Donor restricted	312,176	-	312,176	295,614	-	295,614
Funds held by trustee for workers' compensation	39,313	-	39,313	39,193	-	39,193
Total assets limited as to use	382,635	-	382,635	365,248	-	365,248
Property, Equipment and Cattle, Net	16,793,184	471,196	17,264,380	14,365,686	480,582	14,846,268
Beneficial Interest in Irrevocable Trusts	530,782	-	530,782	483,111	-	483,111
Unconditional Promises to Give, Net	215,079	-	215,079	148,091	-	148,091
Investment in Limited Liability Company	896,801	-	896,801	926,818	-	926,818
Notes Receivable	340,000	-	340,000	340,000	-	340,000
Other Assets	85,387	-	85,387	82,059	-	82,059
Total assets	$ 35,681,172	$ 1,052,405	$ 36,733,577	$ 32,099,414	$ 960,376	$ 33,059,790

Philhaven

Balance Sheet, by Division
June 30, 2014 and 2013

	2014			2013		
	Hospital	Farm	Total	Hospital	Farm	Total
Liabilities and Net Assets						
Current Liabilities						
Bank line of credit	$ 1,555,618	$ -	$ 1,555,618	$ 780,249	$ -	$ 780,249
Current maturities of notes payable	677,310	-	677,310	525,663	-	525,663
Accounts payable	777,923	12,037	789,960	838,663	9,730	848,393
Accrued expenses	5,399,641	45,400	5,445,041	4,575,197	-	4,575,197
Advances due to third-party payors	45,900	-	45,900	45,900	-	45,900
Total current liabilities	8,456,392	57,437	8,513,829	6,765,672	9,730	6,775,402
Notes Payable, net of current maturities	2,723,879	-	2,723,879	2,714,516	-	2,714,516
Total liabilities	11,180,271	57,437	11,237,708	9,480,188	9,730	9,489,918
Net Assets						
Unrestricted	23,331,465	994,968	24,326,433	21,587,600	950,646	22,538,246
Temporarily restricted	561,638	-	561,638	472,678	-	472,678
Permanently restricted	607,798	-	607,798	558,948	-	558,948
Total net assets	24,500,901	994,968	25,495,869	22,619,226	950,646	23,569,872
Total liabilities and net assets	$ 35,681,172	$ 1,052,405	$ 36,733,577	$ 32,099,414	$ 960,376	$ 33,059,790

Philhaven

Statement of Operations and Changes in Unrestricted Net Assets, by Division
Years Ended June 30, 2014 and 2013

	2014			2013		
	Hospital	Farm	Total	Hospital	Farm	Total
Unrestricted Revenues, Gains and Support						
Net Patient service revenues	$ 59,456,448	$ -	$ 59,456,448	$ 57,012,583	$ -	$ 57,012,583
Provision for doubtful collections	(455,682)	-	(455,682)	(446,858)	-	(446,858)
Net patient service revenues	59,000,766	-	59,000,766	56,565,725	-	56,565,725
Sales	-	708,985	708,985	-	606,770	606,770
Grants	450,000	-	450,000	450,000	-	450,000
Other Revenues	405,169	9,142	414,311	428,367	5,385	433,752
Net assets released from restrictions used for operations	121,451	-	121,451	135,276	-	135,276
Total unrestricted revenues, gains and support	59,977,386	718,127	60,695,513	57,579,368	612,155	58,191,523
Expenses						
Salaries and wages	37,679,025	-	37,679,025	37,829,293	-	37,829,293
Employee benefits	9,215,434	-	9,215,434	9,966,419	-	9,966,419
Supplies and expenses	8,705,819	359,959	9,065,778	8,254,087	373,910	8,627,997
Depreciation and amortization	2,000,179	46,216	2,046,395	1,866,722	33,342	1,900,064
Professional fees	1,015,438	83,165	1,098,603	1,513,835	81,886	1,595,721
Interest	230,651	-	230,651	239,740	-	239,740
Total expenses	58,846,546	489,340	59,335,886	59,670,096	489,138	60,159,234
Income (loss) from operations	1,130,840	228,787	1,359,627	(2,090,728)	123,017	(1,967,711)

Philhaven

Statement of Operations and Changes in Unrestricted Net Assets, by Division
Years Ended June 30, 2014 and 2013

	2014			2013		
	Hospital	Farm	Total	Hospital	Farm	Total
Non-Operating Gains (Losses)						
Investment income	$ 96,530	$ 11,270	$ 107,800	$ 115,584	$ 8,114	$ 123,698
Gifts and bequests	235,369	-	235,369	129,513	-	129,513
Other	84,550	-	84,550	646,250	-	646,250
Gain on sale of property and equipment	28,370	-	28,370	20,143	-	20,143
Net assets released from restrictions	77,064	-	77,064	1,358	-	1,358
Fundraising	(316,266)	-	(316,266)	(261,366)	-	(261,366)
Income taxes	-	(88,607)	(88,607)	-	(27,102)	(27,102)
Non-operating gains (losses), net	205,617	(77,337)	128,280	651,482	(18,988)	632,494
Revenues in excess of (less than) expenses	1,336,457	151,450	1,487,907	(1,439,246)	104,029	(1,335,217)
Net Assets Released from Restrictions Used for Capital Projects	68,050	-	68,050	666,106	-	666,106
Grant Income Used for Long-Term Purposes	176,800	-	176,800	573,200	-	573,200
Net Unrealized Gains on Investments	12,558	42,872	55,430	16,093	30,933	47,026
Net Asset Transfers	150,000	(150,000)	-	33,000	(33,000)	-
Increase (decrease) in unrestricted net assets	$ 1,743,865	$ 44,322	$ 1,788,187	$ (150,847)	$ 101,962	$ (48,885)

Philhaven

Statement of Operations and Changes in Unrestricted Net Assets, by Division
Years Ended June 30, 2014 and 2013

	2014			2013		
	Hospital	Farm	Total	Hospital	Farm	Total
Temporarily Restricted Net Assets						
Gifts and bequests	$ 354,416	$ -	$ 354,416	$ 584,250	$ -	$ 584,250
Investment income	1,109	-	1,109	494	-	494
Net assets released from restrictions for						
Operating expense	(121,451)	-	(121,451)	(135,276)	-	(135,276)
Non-operating	(77,064)	-	(77,064)	(1,358)	-	(1,358)
Capital projects	(68,050)	-	(68,050)	(666,106)	-	(666,106)
Increase (decrease) in temporarily restricted net assets	88,960	-	88,960	(217,996)	-	(217,996)
Permanently Restricted Net Assets						
Gifts and bequests	-	-	-	78,090	-	78,090
Valuation gains	48,850	-	48,850	13,040	-	13,040
Increase in permanently restricted net assets	48,850	-	48,850	91,130	-	91,130
Increase (decrease) in net assets	1,881,675	44,322	1,925,997	(277,713)	101,962	(175,751)