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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CROZER-KEYSTONE HEALTH SYSTEM
% PHILIP J RYAN CPA

Doing business as

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

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

D Employer identification number
22-2540851

E Telephone number
(610)447-6252

G Gross receipts $ 52,561,519

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW CROZERKEYSTONE ORG

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

L Year of formation 1984

M State of legal domicile PA

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	430
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	172,364
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	49,580

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,491,496	2,611,500
9	Program service revenue (Part VIII, line 2g)	42,168,402	44,942,727
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,287,985	-5,125,037
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	453,802	353,012
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	43,825,715	42,782,202
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	11,603,488	6,521,731
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	33,948,486	33,010,926
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,043,049	7,783,405
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	53,595,023	47,316,062
19	Revenue less expenses Subtract line 18 from line 12	-9,769,308	-4,533,860

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	106,401,131	102,475,824
21	Total liabilities (Part X, line 26)	87,308,907	87,044,290
22	Net assets or fund balances Subtract line 21 from line 20	19,092,224	15,431,534

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

****** | 2016-05-10
Signature of officer | Date

PHILIP J RYAN CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Scott J Mariani	Scott J Mariani			P00642486

Firm's name ▶ WithumSmithBrown PC
Firm's EIN ▶
Firm's address ▶ 465 South St Ste 200
Morristown, NJ 079606497
Phone no (973) 898-9494

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 38,551,165 including grants of $ 6,521,731) (Revenue $ 45,115,091)

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

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

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

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

4e **Total program service expenses** ▶ 38,551,165

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	127		
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	430		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								3,981,948	101,908	875,676

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 ▶ 51

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SIEMENS MEDICAL SOLUTIONS USA INC, 51 VALLEY STREAM PARKWAY MALVERN, PA 19355	IT	6,210,002
MEDASSETS INC, 100 NORTH POINT CENTER EAST SUITE ALPHARETTA, GA 30022	BILLING	869,292
KAUFMAN HALL, 5202 OLD ORACHARD ROAD SUITE N700 SKOKIE, IL 60077	CONSULTING	429,264
ERNST YOUNG LLP, 200 PLAZA DRIVE SECAUCUS, NJ 07094	AUDITING/ACCOUNTING	414,500
NATIONAL RESEARCH CORPORATION, 1245 Q STREET LINCOLN, NE 68508	MARKETING	409,494

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	937,500			
	e	Government grants (contributions)	1e	1,674,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,611,500			
Program Service Revenue			Business Code				
	2a	NET PATIENT SERVICE REVENUE	541900	20,559	20,559		
	b	MANAGEMENT FEE REVENUE	541610	44,922,168	44,922,168		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		44,942,727			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		-5,644,488			-5,644,488
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	8,527,426				
	b	Less rental expenses	9,779,317				
	c	Rental income or (loss)	-1,251,891	0			
	d	Net rental income or (loss) . . . . . ▶			-1,251,891		36,253	-1,288,144
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		519,451			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)		519,451			
	d	Net gain or (loss) . . . . . ▶			519,451			519,451
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶			0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶			0			
		Miscellaneous Revenue		Business Code				
	11a	OTHER REVENUE		611600	1,604,903		136,111	1,468,792
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d . . . . . ▶			1,604,903			
	12	**Total revenue.** See Instructions . . . . . ▶			42,782,202	44,942,727	172,364	-4,944,389

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 domestic organizations and domestic governments See Part IV, line 21	6,521,731	6,521,731		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,869,999	2,582,999	287,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	23,464,946	18,771,957	4,692,989	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	963,891	771,113	192,778	
9 Other employee benefits	4,143,737	3,314,990	828,747	
10 Payroll taxes	1,568,353	1,254,682	313,671	
11 Fees for services (non-employees)				
a Management	49,704		49,704	
b Legal	319,727		319,727	
c Accounting	324,996		324,996	
d Lobbying	260,482		260,482	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,933,677	4,736,769	1,196,908	
12 Advertising and promotion	169,146	163,052	6,094	
13 Office expenses	492,244	393,796	98,448	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	1,143,826	915,156	228,670	
17 Travel	105,825	84,660	21,165	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	277,483	221,986	55,497	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	68,412	54,730	13,682	
23 Insurance	-1,939,172	-1,551,338	-387,834	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DUES AND SUBSCRIPTIONS	252,581	186,234	66,347	0
b STAFF DEVELOPMENT	130,412	104,330	26,082	0
c REPAIRS AND MAINTENANCE	15,329	0	15,329	0
d OTHER EXPENSES	178,733	24,318	154,415	0
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	47,316,062	38,551,165	8,764,897	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		10,820	1	10,453
	2	Savings and temporary cash investments		26,422,780	2	22,646,351
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		2,466,673	4	3,399,052
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		532,806	9	546,234
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 47,193,608			
	b	Less accumulated depreciation	10b 26,795,173	18,203,641	10c	20,398,435
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		47,496,178	13	40,313,410
	14	Intangible assets		206,566	14	175,544
	15	Other assets See Part IV, line 11		11,061,667	15	14,986,345
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		106,401,131	16	102,475,824
Liabilities	17	Accounts payable and accrued expenses		12,991,351	17	15,465,983
	18	Grants payable		0	18	0
	19	Deferred revenue		7,921,622	19	7,402,172
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		32,929,486	23	30,089,307
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		33,466,448	25	34,086,828
	26	**Total liabilities.** Add lines 17 through 25		87,308,907	26	87,044,290
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		19,092,224	27	15,431,534
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		19,092,224	33	15,431,534
	34	Total liabilities and net assets/fund balances		106,401,131	34	102,475,824

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	42,782,202
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,316,062
3	Revenue less expenses Subtract line 2 from line 1	3	-4,533,860
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,092,224
5	Net unrealized gains (losses) on investments	5	685,000
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	188,170
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,431,534

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE G FISCHER CHAIRMAN - DIRECTOR	1 0 0 0	X		X				0	0	0
(1) MICHAEL J DALY VICE CHAIRMAN - DIRECTOR	1 0 0 0	X		X				0	0	0
(2) JEROME S PARKER PHD SECRETARY - DIRECTOR	1 0 0 0	X		X				0	0	0
(3) SARA B SCHUKRAFT TREASURER - DIRECTOR	1 0 0 0	X		X				0	0	0
(4) ELIZABETH L ALBRIGHT DIRECTOR	1 0 0 0	X						0	0	0
(5) DAVID B ARSHT DO DIRECTOR	1 0 0 0	X						0	0	0
(6) ROBERT M BARBACANE CPA DIRECTOR	1 0 0 0	X						0	0	0
(7) CORLISS BOGGS DIRECTOR	1 0 0 0	X						0	0	0
(8) PHILIP H BROWN II DIRECTOR	1 0 0 0	X						0	0	0
(9) ROBERT J BRUCE DIRECTOR	1 0 0 0	X						0	0	0
(10) MARK H DAMBLY DIRECTOR	1 0 0 0	X						0	0	0
(11) DANIEL C DUPONT DO DIRECTOR	25 0 0 0	X						0	101,908	0
(12) NORMAN V EDMONSON DIRECTOR	1 0 0 0	X						0	0	0
(13) WALTER E FARNAM DIRECTOR	1 0 0 0	X						0	0	0
(14) ROBERT E FENZA DIRECTOR	1 0 0 0	X						0	0	0
(15) TIMOTHY P MALARKEY DIRECTOR	1 0 0 0	X						0	0	0
(16) SHAWN P O'BRIEN DIRECTOR	1 0 0 0	X						0	0	0
(17) JOAN K RICHARDS DIRECTOR - PRESIDENT/CEO	55 0 0 0	X		X				1,000,142	0	233,339
(18) GAIL M WHITAKER ESQ DIRECTOR	1 0 0 0	X						0	0	0
(19) JOHN D SPRANDIO MD DIRECTOR (7/1 - 2/5/15)	1 0 0 0	X						0	0	0
(20) DONALD W LEGREID ESQ ASST SEC-VP GENERAL COUNSEL	55 0 0 0			X				311,444	0	42,102
(21) PHILIP J RYAN CPA ASST TREASURER - SVP/CFO	55 0 0 0			X				447,185	0	141,408
(22) PATRICK J GAVIN EVP & COO	55 0 0 0				X			478,353	0	216,026
(23) ERIC DOBKIN VP, QUALITY & PATIENT SAFETY	55 0 0 0					X		390,086	0	49,239
(24) WILLIAM MCCUNE TERM 022614 FORMER PRESIDENT, DCMH	55 0 0 0					X		276,372	0	47,771

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

(A) Name and Title	(B) Average hours per week (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			
(26) ELIZABETH JAEKLE VP, BUSINESS DEVELOPMENT	55 0 0 0					X		274,764	0	47,239
(1) G DONALD REED VP, CIO	55 0 0 0					X		268,562	0	49,286
(2) LINDA HART VP, MANAGED CARE CONTRACTING	55 0 0 0					X		256,154	0	49,266
(3) WILLIAM KREIDERTERM 120513 FORMER VP, HUMAN RESOURCES	0 0 0 0						X	278,886	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☑ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☑ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations 3

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 3					6,516,731	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1	Yes	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

		Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) CROZER-CHESTER MEDICAL CENTER	231637191		Yes		0	0
(A) DELAWARE COUNTY MEMORIAL HOSPITAL	230517130		Yes		0	0
(B) HEALTH ACCESS NETWORK	232692637		Yes		6,516,731	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	260,482	260,482
c Total lobbying expenditures (add lines 1a and 1b)	260,482	260,482
d Other exempt purpose expenditures	47,055,580	768,910,518
e Total exempt purpose expenditures (add lines 1c and 1d)	47,316,062	769,171,000
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	219,997	213,916	207,058	260,482	901,453
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

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

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

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

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

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

Part IV Supplemental Information

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

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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,519,686		1,519,686
b Buildings		27,691,368	14,593,306	13,098,062
c Leasehold improvements		5,118,497	4,063,656	1,054,841
d Equipment		8,369,621	8,138,211	231,410
e Other		4,494,436	0	4,494,436
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				20,398,435

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) CARE ACTIVITIES	40,058,390	F
(2) LIMITED USE	255,020	F
(3) U S GOVERNMENT OBLIGATIONS	0	F
(4) U S TREASURY OBLIGATIONS	0	F
(5) CORPORATE BONDS	0	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	40,313,410	

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

(a) Description	(b) Book value
(1) OTHER ASSETS	8,805,414
(2) DUE FROM AFFILIATES	6,180,931
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	14,986,345

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO AFFILIATES	14,552,291
PENSION PAYABLE	10,927,730
OTHER LIABILITIES	8,606,807
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	34,086,828

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X	CROZER-KEYSTONE HEALTH SYSTEM ("CKHS") IS THE TAX-EXEMPT PARENT ORGANIZATION OF THE CROZER-KEYSTONE HEALTH SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE SYSTEM ISSUES CONSOLIDATED AUDITED FINANCIAL STATEMENTS WHICH INCLUDE ALL RELATED ENTITIES, INCLUDING THIS ORGANIZATION THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ALSO CONTAIN CONSOLIDATING SCHEDULES ON AN ENTITY BY ENTITY BASIS THE FOLLOWING FOOTNOTE IS INCLUDED IN THE ORGANIZATION'S FISCAL YEAR ENDED JUNE 30, 2015 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATIONS LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48(ASC 740) CKHS AND MOST OF ITS SUBSIDIARIES ARE NONPROFIT ORGANIZATIONS AS DESCRIBED IN SECTIONS 501(C)(3) AND 509(A)(1) OF THE INTERNAL REVENUE CODE AND ARE EXEMPT FROM TAXES THE HEALTH SYSTEM FILES U S FEDERAL, STATE AND LOCAL INFORMATION RETURNS AND NO RETURNS ARE CURRENTLY UNDER EXAMINATION THE STATUTE OF LIMITATIONS ON THE HEALTH SYSTEM'S U S FEDERAL INFORMATION RETURNS REMAINS OPEN FOR THREE YEARS FOLLOWING THE YEAR THEY ARE FILED GAAP REQUIRES THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE HEALTH SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean	1	1	Program Services	FINANCIAL VEHICLE	9,726,456
(2)						
(3)						
(4)						
(5)						
3a	Sub-total	1	1			9,726,456
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)	1	1			9,726,456

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

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

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

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PART I	THIS ORGANIZATION PAID CASSATT INSURANCE COMPANY, LTD $4,460,954, $3,932,557 AND $1,160,731, A FINANCIAL VEHICLE, FOR THE BENEFIT OF HEALTH ACCESS NETWORK, CROZER-CHESTER MEDICAL CENTER AND DELAWARE COUNTY MEMORIAL HOSPITAL, RESPECTIVELY, ALL RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATIONS IN ADDITION, THE ORGANIZATION MADE A CAPITAL CONTRIBUTION IN THE AMOUNT OF $172,214 TO CASSATT INSURANCE COMPANY, LTD

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEALTH ACCESS NETWORK 100 W SPROUL RD HLTHPLEX PAV II SPRINGFIELD,PA 19064	23-2692637	501(C)(3)	6,516,731				GENERAL SUPPORT

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

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

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

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

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM 2014 FORMS W-2
SCHEDULE J, PART I, QUESTION 4A	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT DURING CALENDAR YEAR 2014 WHICH WAS INCLUDED IN EACH INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES WILLIAM KREIDER, $274,541 AND WILLIAM MCCUNE, $215,209
SCHEDULE J, PART I, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B (III) FOR THE FOLLOWING INDIVIDUAL INCLUDES AMOUNTS RELATING TO PARTICIPATION IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE INDIVIDUAL HAS SATISFIED BOTH THE AGE AND THE YEARS OF SERVICE REQUIREMENTS SPECIFIED BY THE SERP THIS AMOUNT WAS INCLUDED IN THE INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOAN K RICHARDS, $188,117 HOWEVER, THE INDIVIDUAL DID NOT ACTUALLY RECEIVE ALL OF THESE FUNDS THE INDIVIDUAL ONLY RECEIVED AN AMOUNT SUFFICIENT TO COVER THEIR FEDERAL AND STATE TAX LIABILITIES ASSOCIATED WITH THEIR GROSS AMOUNT IN ADDITION THESE FUNDS STILL REMAIN SUBJECT TO A RISK OF RECEIPT BY THE INDIVIDUAL UNTIL THEIR RETIREMENT FROM EMPLOYMENT AT THE CROZER-KEYSTONE HEALTH SYSTEM THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN THESE INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES JOAN K RICHARDS, $195,207, PHILIP J RYAN, CPA, $91,512 AND PATRICK J GAVIN, $163,928
SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2014 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES AS FOLLOWS JOAN K RICHARDS, $188,117 THIS AMOUNT WAS REPORTED ON PRIOR YEAR FORMS 990 AS ACCRUED NON-TAXABLE BENEFITS

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
JOAN K RICHARDS, DIRECTOR - PRESIDENT/CEO	(I)	792,916	0	207,226	212,807	20,532	1,233,481	188,117
	(II)	0	0	0	0	0	0	0
DONALD W LEGREID ESQ, ASST SEC-VP GENERAL COUNSEL	(I)	307,880	0	3,564	17,600	24,502	353,546	0
	(II)	0	0	0	0	0	0	0
PHILIP J RYAN CPA, ASST TREASURER - SVP/CFO	(I)	430,411	0	16,774	109,112	32,296	588,593	0
	(II)	0	0	0	0	0	0	0
PATRICK J GAVIN, EVP & COO	(I)	465,651	0	12,702	180,528	35,498	694,379	0
	(II)	0	0	0	0	0	0	0
ERIC DOBKIN, VP, QUALITY & PATIENT SAFETY	(I)	384,152	0	5,934	16,600	32,639	439,325	0
	(II)	0	0	0	0	0	0	0
WILLIAM MCCUNE TERM 022614, FORMER PRESIDENT, DCMH	(I)	55,411	0	220,961	17,600	30,171	324,143	0
	(II)	0	0	0	0	0	0	0
ELIZABETH JAEKLE, VP, BUSINESS DEVELOPMENT	(I)	271,758	0	3,006	16,600	30,639	322,003	0
	(II)	0	0	0	0	0	0	0
G DONALD REED, VP, CIO	(I)	267,324	0	1,238	17,600	31,686	317,848	0
	(II)	0	0	0	0	0	0	0
LINDA HART, VP, MANAGED CARE CONTRACTING	(I)	236,332	0	19,822	16,600	32,666	305,420	0
	(II)	0	0	0	0	0	0	0
WILLIAM KREIDERTERM 120513, FORMER VP, HUMAN RESOURCES	(I)	0	0	278,886	0	0	278,886	0
	(II)	0	0	0	0	0	0	0

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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

2014

Open to Public Inspection

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

Return Reference	Explanation	
	CORE FORM, PART III	Crozer-Keystone Health System ========== Crozer-Keystone Health System is the parent entity of a tax-exempt integrated healthcare delivery system ("system") The system ensures that it provides medically necessary healthcare services to all individuals in a non-discriminatory manner regardless of race, color, creed, sex, national origin, religion or ability to pay Crozer-Chester Medical Center ("CCMC") and Delaware County Memorial Hospital ("DCMH") are affiliates within the system and both file their own separate form 990 which both include a supplemental schedule h, hospitals For purposes of form 990, schedule h reporting and in accordance with current IRS rules and regulations, CCMC and DCMH both utilized the Catholic Health Association ("CHA") model when quantifying community benefit costs Under the CHA methodology for quantifying community benefit costs CCMC's and DCMH's fiscal year ended June 30, 2015 net community benefit costs were approximately $ 53,502,777 and $10,647,022 or approximately 10 38% and 6 35%, respectively of each organizations total fiscal year ended June 30, 2015 expenses less provision for bad debt The CHA methodology does not include medicare shortfalls and certain costs related to bad debt Utilizing the model adopted by the American Hospital Association ("AHA"), which CCMC and DCMH both believe more clearly represents actual community benefit, when quantifying its estimated total community benefit costs for the fiscal year ended June 30, 2015 would result in a significantly higher community benefit percentage Under the AHA model, a hospital may include medicare shortfalls (the amount by which your costs exceed reimbursements), bad debt expense attributable to Charity care and community building activities Under the AHA model for the 2014 form 990, CCMC and DCMH incurred net community benefit costs of approximately $75,022,144 and $18,853,915 which accounted for approximately 14 55% and 11 24%, respectively of each organizations total fiscal year ended June 30, 2015 expenses Net costs means costs after all associated reimbursements Crozer-Keystone Health System ("CKHS") is a not for-profit tax-exempt organization with its central office in Springfield, Pennsylvania CKHS is the sole corporate member of various healthcare related organizations, including Crozer-Chester Medical Center, the majority of which are tax-exempt entities The internal revenue service has recognized CKHS as being a tax-exempt organization under internal revenue code ("irc") section 501(c)(3) As the parent organization of a tax-exempt integrated healthcare delivery system in Pennsylvania, CKHS and its affiliates strive to continually develop and operate a multi-hospital healthcare system which provides substantial community benefit through the provision of a comprehensive spectrum of medically necessary healthcare services to the residents of Pennsylvania counties including Delaware, Chester , Montgomery and Philadelphia, Pennsylvania, Southern New Jersey and Northern Delaware CKHS ensures that its system provides medically necessary healthcare services to all individuals regardless of race, color, creed, sex, national origin, religion or ability to pay No individuals are denied necessary medical care, treatment or service CKHS admissions and observations totaled 34,500, CKHS provides treatment and services to approximately 587,000 outpatients, 22,300 same day surgery patients, 128,800 emergency department patients and delivers more than 2,900 babies annually CKHS includes approximately 6,000 employees and 350 volunteers Mission ======= Crozer-Keystone Health System is committed to the improved health status of those we serve We are focused on providing the highest quality of medical care and acting decisively to prevent disease while partnering with the community to educate and encourage healthy life choices Volunteer services ---------- Volunteer services at CKHS offer numerous programs and services to the community at large and to the patients at our hospitals Among these services are monthly blood pressure screenings, student mentoring, patient advocacy, youth leadership, and donation programs Residency/education ========== CKHS offers numerous Challenging and fully accredited residency programs as one of the leading healthcare systems in the Delaware valley Notably, CKHS offers stellar allopathic residencies in family practice, internal medicine, obstetrics and gynecology, pediatrics and transitional year, as well as osteopathic internal medicine, podiatric residency and a variety of osteopathic and allied health training programs CKHS is a top-rated regional Health System with a longstanding teaching tradition and a superb faculty offering the benefits of a university-based teaching model, plus the advantages of community-based residency programs Each year, approximately 97 to 100 percent of CKHS' highly competitive allopathic residency positions a

Return Reference	Explanation	
	CORE FORM, PART III	re filled through the national resident matching program As a whole, CKHS' residencies ar e committed to developing highly skilled physicians who master the science of their specia lty, the practice of top-quality patient care and the art of teaching new generations of d octors CKHS' residents receive rigorous academic experiences and hands-on clinical and re search opportunities, which fully prepare them to pursue their career goals In fact, CKHS is particularly proud of the outstanding performances its graduates continue to achieve o n national board examinations Fostering a well-rounded educational experience, CKHS resid encies provide strong didactic instruction that reinforces the clinical, ethical and pract ice-management aspects of medicine The residency programs also emphasize the use of compu ters at the point of care to access expert information, decision support, literature searc hes, drug interactions and patient education materials As they train, CKHS residents have the opportunity to use CKHS' own cutting-edge facilities, as well as those of our world-c lass educational affiliates The majority of residency training takes place at Crozer-Ches ter Medical Center ("CCMC"), a not-for-profit tertiary-care teaching hospital Selected ac complishments ========== Community Hospital Outreach Programs key to Clinica l Service Certifications and Connectivity to Health System Programs and Services ========= ========== CKHS Community Health Edu cation, DCMH Healthline Services, and Senior Health Services' daily work addresses communi ty needs as identifies in the CKHS Community Health Needs Assessment These programs targe t their efforts to provide education, outreach, screening opportunities and connectivity t o system-wide programs and services throughout the community we serve Each program works with diverse communities and develops relationships with diverse populations This outreac h assists some of the system's clinical programs in promoting their product-lines and in m aintaining their program certifications Examples of outreach include smoking cessation, n utrition and physical activity, promotion of regular screenings, cardiovascular disease, s troke, injury prevention, and diabetes to name a few These services assist system product lines such as CKHS Regional Cancer Centers, CKHS Certified Stroke Centers, CKHS Center fo r Diabetes, Laboratory, Radiology Services, and Sleep Center as well as our Trauma Center CKHS Community Health Nutrition & Physical Activity Outreach ========== ========== The CKHS Community Health Education Department is worki ng with Chester Community Charter Schools East, West and Upland campuses to provide nutrit ion education and taste-testing opportunities based on the USDA and Department of Health & Human Services guidelines for nutrition and physical activity The 2014-2015 school year has been the first of a three-year Carol M White Physical Education Program (PEP) grant r eceived by Chester Community Charter School in collaboration with CKHS Community Health Ed ucation CKHS Community Health staff works collaboratively with the charter school's PEP t eam on this project CKHS Community Health staff has designed lessons for Kindergarten and 3rd grades which will be provided over a three-year period on subjects such as "ChooseMyP late," Energy-In/Energy-Out and other evidence based topics These concepts are presented in fun and active formats to engage the students in making healthful food choices and to i nclude physical activity in their daily lives The project also includes a parent engageme nt program hosted at the schools entitles "Raising a Fit Kid" as well as Fit Family Newsle tters and Teacher engagement activities

Return Reference	Explanation	
	CORE FORM, PART III	SelfMade Health Network Tobacco Cessation Marketplace Project Grant ========== ========== Community Health Education department was recently awarded a multi-year project grant from the Self Made Health Network to promote the National Self Made Health Network Tobacco (SMHN) Cessation Marketplace Project CKHS was one of the ten organizations in the county to receive this highly competitive grant In partnership with the American Lung Association (ALA) Assistors Project Toolkit throughout several geographic regions to reduce the risk of developing some of the nation's leading health concerns associated with tobacco use Using the ALA toolkit, certified application counselor organizations partners and other types of organizations will gain the resources and knowledge to directly connect clients with cancer prevention tools and tobacco cessation programs during the health insurance enrollment and plan selection process Comprehensive Screening Events at CKHS locations ========== Healthline Services, in collaboration with CKHS Marketing Department and various programs and services across CKHS has coordinated comprehensive "one-stop-shop" screening at CKHS locations in our community this year Participants can receive up to 12 screenings all in the time span of about 3 hours Screenings include breast exams, mammograms, prostate, glucose/ cholesterol, blood pressure, BMI's, podiatry, leg vein, bone density, scheduling of colonoscopies and lung screenings and walk0in mammography Fall events have also included free flu shots Events have been well attended with 75 in attendance at Brinton Lake and Springfield and 82 at the DCMH location This one-stop-shop for health has made health screenings and connection to CKHS programs and services an easy process for today's busy healthcare consumer Pediatric asthma task force of Delaware County ========== ========== The kids asthma management program provides primary staff support for the pediatric asthma task force of Delaware county (PAFT) and Dr Vatsala ramprasad, CKHS pediatric pulmonologist is the convener PAFT is a coalition of providers, managed care organizations, school nurses, universities, EPA and other government representatives, american lung association and other stakeholders working to improve the health and quality of life for children with asthma through collaborative care practices, education, advocacy, and community partnerships that also incorporate sustainability Some of patf's programs include annual asthma awareness month fairs, educational literature development and distribution for family and providers, and outreach to entities such as the Delaware county school nurse association The mission of the task force is to improve the health and quality of life for children with asthma through collaborative care practices, education, advocacy, and community partnerships that also incorporate sustainability Specific objectives of the task force are - to collect local asthma prevalence data based on such entities as census tracts , zip codes, school districts, er listings or other avenues, identifying resources to support data collection - to foster collaboration in the identification of funding sources and the subsequent development and submission of grant proposals related to pediatric asthma , including its relationship to obesity and sleep apnea - to be a forum for community efforts in pediatric asthma control that improves clinical care, child/family self-management and quality of life - to advocate for the reimbursement of patient education and home-based environmental remediation conducted by both clinical and paraprofessional staff Bringing people to the table ---------- The community health committee meeting brings individuals together from across the system This opportunity to share ideas and information, and to collaborate in their efforts to provide outreach and improve the health of our community Blueprints/peer leader program ---------- The Blue print /Peer Leader Program have been awarded a 3rd round of funding from the Federal Office of Minority Health - 1 of 6 in the Nation Blueprints is a year-round out-of school youth development program open to the young people residing within the boundaries of the Chester Upland School District Members of the program are in the 11th grade for the 2015/2016 school year The program will support this group of your for 5 years (from 8th grade until high school graduation and launch into college or training) The program meets after-school 3-4 days per week as well as some Saturday and has a 4-week summer camp each year Blue prints operates through a partnership between Swarthmore College, Crozer Wellness Center, the College Access Center of Delaware County, with support from the Chester Upland School Distract and are charter schools The federal Offi

Return Reference	Explanation	
	CORE FORM, PART III	ce of Minority Health is Blueprints' primary funder (grant too Swarthmore College) along w ith the United Way of Greater Philadelphia and Southern New Jersey (grant to Crozer Wellne ss Center) Partners each lead certain areas based on their enterprise (see Bullets below) , but activities betw een all sites are planned to reinforce each other Community health e ducation program ---------- Community health education program ser ves those individuals living in the DCMH service area as w ell as across Delaw are County I t is the goal of the community health education program to improve the overall health stat us of residents in Delaw are county by - measuring progress of key health indicators and r eporting on trends over time - addressing community need through targeted risk reduction and health promotion interventions - promote the prevention of disease and encourage heal thy life choices through education The community health education program serves as a lia ison to various community based coalitions and boards to address community health concerns and a point of entry as w ell as a point of access to community based and hospital service s for health improvement Community health education program provides targeted programming to address health concerns identified in our community needs assessment and in alignment w ith healthy people goals Programs and services include - nutrition and physical educati on outreach - obesity prevention - tobacco prevention and cessation - bully prevention col laborative - cultural connections collaborative w ith community inclusion netw ork community leader meetings held exclusively at DCMH to address the needs of our multi-cultural commu nity - kids asthma management program Healthline services ---------- DCMH's healt hline services, the hospital's community education/outreach department, provides w ellness programs and health promotion services for the community at large This includes free scre enings, health fairs and educational sessions presented by healthcare professionals on var ious related topics Healthline participates in the CKHS speaker's bureau, providing outre ach at community health fairs and special events Ongoing CPR, first aid and safe sitter b abysitting courses are offered throughout the year at DCMH or can be scheduled at an outsi de site School-based education services and programs include the follow ing Passport to h ealth program reaching approximately 6,000 students each school year The purpose of the passport to health program is to educate children, through science, history and physical e ducation, about positive health behaviors The program is designed to promote sensible, po sitive health behavior patterns during those early years so they become routine and are co ntinued for a lifetime This program provides health curriculum to schools on both sides o f the county reaching students in the 3rd, 4th and 5th grades We provide health related t opics from September through May, providing materials and interactive activities for each student Many of these schools do not have "health" as part of their lesson plans and w oul d not be able to instill good health behaviors in these young students w ithout our program Schools that do have a health curriculum in place use our program to supplement w hat the y traditionally teach Topics include genetics, tooth health, cancer prevention, heart hea lth, exercise, germ prevention, safety and more Educational sessions on each topic are av ailable by a healthcare professional at the home school for students and/or parents upon r equest Stride ("students taking responsibility in drug education") program reaching 600 students each year from area schools This program brings 5th and 6th grade students to ou r hospital, w here they receive education on drug/tobacco prevention by healthcare professi onals This interactive program covers the physical, social and emotional aspects of drug and tobacco addiction

Return Reference	Explanation	
	CORE FORM, PART III	Collaboration community health education program, healthline services and DCMH regional c ancer program collaborate to provide education and outreach activities not limited to but including the following - diversity programs - screening programs - support groups - heal th fairs - community education programs - local school and community based education/outre ach programs and activities - speakers bureau presentations at community locations Congreg ational nursing program ---------- Congregational nursing is health mi nistry to faith communities that focuses on the w holeness of body, mind and spirit The co ngregational nurse ministry grows out of the belief that all faith communities are places of health and healing and have a role in promoting w holeness through integrating faith and health A congregational nurse provides health promotion and outreach to a faith-based co mmunity in the context w ith the values, beliefs and practices of that community w hich they serve Crozer-Keystone Health System provides outreach, assistance and training to congre gational nurses throughout the community that w e serve This commitment to health promotio n and access to health services and resources at the community level assists the congregat ional nurses in connecting their parishioners to programs and services in an effort to ens ure optimal community health Senior health services ---------- Senior health services develops, coordinates and implements programs committed to the promotion of a hea lthy senior community in Delaw are county The services offered are easily accessible, meet s the needs of the community served, and are provided w ith respect and dignity With the g row ing number of seniors in the country the elderly population in our county is also expec ted to surge significantly By the year 2030 there w ill be 70 million americans over the a ge of 65 Delaw are county, one of the most densely populated counties in the state w ill be heavily impacted by the population surge As one of its many goals senior health services develops initiatives to educate and sensitize healthcare professionals to the unique need s of our grow ing senior community These initiatives focus on enhancing the skills of the healthcare and academic communities to develop expertise and best practices in geriatrics Responsibilities include but not limited to, training employees across the system in area s related to age competency, developing senior friendly hospitals on all levels and bridgi ng the gap betw een the inpatient and outpatient services In addition the department is al so responsible for the Health System's senior specific support line The senior support li ne (1-800-CKHS-key) is a single point of contact for patients, families, physicians and co mmunity organizations, to access resources through our Health System, as w ell as attain se rvices from local and national organizations Senior health services - provides ease of a ccess to services for older adults - stabilizes the individual at home and in the communi ty - coordinates resources to enhance quality of life - provides additional support to f amilies and caregivers - arranges in home support services - offers assistance in access ing state funded services - provides assistance w ith long term care (ltc) or alternative placement - provides medicare education and enrollment options - enhances overall health and w ell-being Services provided by senior health services include the follow ing Senior support line ---------- - toll-free number available to all community members - triage clinician assesses callers' needs, provides information, and refers to the appropr iate services - all services are coordinated until fully implemented - remains connected w ith older adults to ensure systems are in place to meet their needs Geriatric resource center the goal of the geriatric resource center located strategically in the center of t he county at our Springfield hospital site is to provide Delaw are county's older adults, c hildren of aging parents, and caregivers w ith easy access to educational and instructional information on a variety of health-related topics as w ell as local, state and national se nior services and programs Delaw are county care transition initiative ---------- ---------- As of result of the success of the initial care transition program , Delaw are county's area agency on aging received additional funding The 2012 community-b ased care transitions program ("cctp") aw ard - CKHS ow ns four of the five acute care hosp itals in the county participating in this initiative - CKHS nurses and AAA social w orkers w ork together to provide extensive in-home services for older adults w ith multiple co-mor bidities and minimal or no support system at home - cctp grant involves coordination by m ultiple community-based partners to sustain older adults in the community Caring for olde r people ("cop") ---------- -

Return Reference	Explanation	
	CORE FORM, PART III	a community partnership betw een Crozer-Keystone Health System ("CKHS"), the county office of services for the aging ("cosa") and the district attorney's office - the primary purp ose of the program is to identify at-risk elderly in the community and connect them to the appropriate health and community care resources - CKHS staff coordinates this program by educating and sensitizing pre-hospital providers and other first responders to the needs of the at-risk elderly - in a training environment, cop provides a very brief assessment tool for first responders to use in identifying these individuals - cop training is avail able to all organizations w ho are concerned w ith the care of the elderly Senior focused c ommunity health education ---------- - dining at dusk - a d inner program held at all four acute care hospitals w ithin the Health System Attendees pa rticipate in senior focused presentations generally offered by CKHS physicians and clinica l staff - physician lecture series - a free lecture series offering older adults an oppor tunity to learn important health related information These presentations offer seniors ti ps on how to partner w ith their healthcare providers in managing their ow n health They al so provide participants w ith strategies in promoting good emotional and physical w ell-bein g - evidence-based senior center health promotion - "primetime health" contracted servic es through the Pennsylvania department of aging Series offered annually at several local senior centers in Delaw are county - senior-focused speaker's bureau - free lectures in th e community on various health topics Presentations are often arranged w ith local 55+ comm unities, libraries, senior centers, senior associations, corporate retiree organizations a nd churches - community health fairs - free health and w ellness information, blood pressu re screenings, stroke risk assessments and flu shots Cultural connections program ---------- Upper Darby is one of the most diverse tow nships in the united state s In addition to having the most diverse and grow ing immigrant population in the region (over 50 languages spoken), Upper Darby's low-income population is also grow ing The most r ecent projection of residents living below the poverty level is 15 4% Census data confirm s major shifts in the demographics of the population The Upper Darby area has the largest number of asian and w est african immigrants in the region, and burgeoning mexican and sou th and central american populations (under-counted in the census) The cultural connection s collaborative program provides connectivity of community and health services to immigran t and refugee families in the county to help them deal more effectively w ith health, menta l health and social issues that hinder new immigrant and refugee families Outreach activi ties include collaborative efforts w ith the Upper Darby school district in their immigrant and refugee resettlement task force, a forum for the community's social service and law e nforcement agencies, to acquaint the groups w ith the services, and quarterly community inc lusion netw ork meetings held at DCMH w ith representatives from the respective communities In addition, program staff design and coordinate and provide diversity trainings

Return Reference	Explanation	
	CORE FORM, PART III	Crozer-Keystone Health System services ========== Crozer-Keyst one Health System provides substantial community benefit Its system includes the follow in g acute care hospitals located throughout the commonw ealth of Pennsylvania 1 Crozer-Ches ter Medical Center including taylor hospital, Springfield hospital and community hospital, and 2 Delaw are County Memorial Hospital Each hospital operates consistently w ith the fo llow ing criteria outlined in IRS revenue ruling 69-545 1 Provides medically necessary he althcare services in a non-discriminatory manner to all individuals regardless of race, co lor, creed, sex, national origin, religion or ability to pay, including Charity care, self -pay, medicare and medicaid patients, 2 Operates an active emergency department for all p ersons, w hich is open 24 hours a day, 7 days a w eek, 365 days per year, 3 Maintains an op en medical staff, w ith privileges available to all qualified physicians, 4 Control of eac h hospital rests w ith its board of directors and the board of directors of Crozer-Keystone Health System, the tax-exempt parent organization of the hospital Both boards are compri sed of independent civic leaders and other prominent members of the community 5 Surplus funds are used to improve the quality of patient care, expand and renovate facilities and advance medical care, programs and activities The operations of each hospital, as show n t hrough the factors outlined above and other information contained herein, clearly demonstr ate that the use and control of each hospital is for the benefit of the public and that no part of the income or net earnings of the organization inures to the benefit of any priva te individual nor is any private interest being served other than incidentally CROZER-CHE STER MEDICAL CENTER ========== Crozer-Chester Medical Center (Crozer) i s a 300-bed not-for-profit tertiary-care teaching hospital located on a 68-acre campus Cr ozer w as established in 1963 through the merger of Chester Hospital (c 1893) and Crozer H ospital (c 1902), and became one of the founding hospitals of CKHS in 1990 Today, the me dical center admits more than 19,000 patients, treats approximately 53,000 Emergency Depar tment patients and delivers about 1,700 babies a year Featured services include - Nation ally recognized Nathan Speare Regional Burn Treatment Center, celebrating 41 years of care - Comprehensive cardiac services, including open heart surgery and interventional cardiol ogy procedures - Center for Maternal Fetal Medicine - Center for Minimally Invasive and Ba riatric Surgery, named a Center of Excellence by the American Society for Metabolic and Ba riatric Surgery - Center for Wound Healing and Hyperbaric Medicine - Certified by The Join t Commission as a Primary Stroke Center - Crozer Regional Trauma Center, the only one of i ts kind in Delaw are County, as w ell as an inpatient Shock Trauma Unit - Crozer Reproductiv e Endocrinology and Fertility Center - Emergency Department - Fox Chase Crozer-Keystone Ca ncer Partnership Crozer Regional Cancer Center - Crozer has been honored by the National Accreditation Program for Breast Centers and is certified by The Joint Commission in Breas t Cancer Care - Full range of musculoskeletal services, including orthopedic, rehabilitati on, spine and sports medicine services as w ell as a dedicated Joint/Spine Unit for inpatie nts - Gastroenterology services, including Endoscopy Laboratory - Inpatient Pediatric Unit - Interventional radiology - Crozer-Keystone Regional Kidney Transplant Center at Crozer- Chester Medical Center - Level III Intensive Care Nursery - Maternity Center and comprehen sive gynecologic services - Medical imaging services, including MRI, 3D mammography and w o men's imaging, Crozer has been named a Breast Imaging Center of Excellence by the American College of Radiology - Surgical services, inpatient and outpatient - daVinci Surgical Sys tem - Vascular and endovascular care DELAWARE COUNTY MEMORIAL HOSPITAL ========== ========== Delaw are County Memorial Hospital (DCMH), one of the founding hospitals of the Crozer-Keystone Health System, is a 168-bed, not-for-profit facility that offers a bro ad range of acute and specialized services Established in 1927, DCMH currently admits ove r 10,000 patients, treats nearly 40,000 Emergency Department patients, completes more than 5,800 surgeries and delivers more than 1,800 babies each year Featured services include - Bariatric Surgery services - Cardiac services - Center for Breast Health, honored by th e National Accreditation Program for Breast Centers and certified by The Joint Commission in Breast Cancer Care - Center for Maternal Fetal Medicine - Center for Wound Healing and Hyperbaric Medicine - Certified by The Joint Commission as a Primary Stroke Center - Compr ehensive inpatient and outpatient medical imaging services, including MRI, w omen's imaging and Positron Emission Tomography/Computed Tomogra

Return Reference	Explanation	
	CORE FORM, PART III	phy (PET/CT) - Comprehensive Pain Management Program at DCMH - Crozer-Keystone Home Health Care and Hospice (located offsite in Springfield), recipient of the HomeCare Elite design ation - Crozer-Keystone Sleep Center at DCMH - Emergency Department and 14-bed Critical In tensive Care Unit - Full range of musculoskeletal services, including orthopedic, rehabili tation, spine and sports medicine services - Fox Chase Crozer-Keystone Cancer Partnership Delaw are County Regional Cancer Center - Gastroenterology services, including endoscopy l aboratory - Healthline Services, providing community education - Level IIA Neonatal Intens ive Care Nursery - Maternity Center and comprehensive gynecologic services, - Osteoporosis Center - Philadelphia CyberKnife (located offsite in Havertow n) - SurgiCenter, offering i npatient and outpatient services - Surgical Oncology services - The DCMH Regional Rehabili tation Center - The Interventional Radiology and Vascular Laboratory - Thoracic Surgical O ncology program - Crozer-Keystone/Philadelphia Hand Center Partnership - Vascular and endo vascular care TAYLOR HOSPITAL ========== Taylor Hospital (c 1910) joined the Crozer- Keystone Health System in 1997 Each year, the 105-bed, not-for-profit hospital admits mor e than 7,000 patients and receives more than 28,000 Emergency Department visits Featured services include - Cardiac Catheterization Laboratory and Cardiovascular Laboratory - Car diac services - Certified by The Joint Commission as a Primary Stroke Center - Crozer-Keys tone Sleep Center at Taylor Hospital - Emergency Department - Fox Chase Crozer-Keystone Ca ncer Partnership - Full range of musculoskeletal services, including orthopedic, rehabilit ation, spine, hand and sports medicine services as w ell as The Orthopedic Center - Gastroe nterology services, including an endoscopy laboratory - Crozer-Keystone Hospice Residence at Taylor Hospital - Medical imaging services, including DEXA scanning and MRI services - Surgical services, inpatient and outpatient - The Taylor Regional Rehabilitation Center - Vascular and endovascular care SPRINGFIELD HOSPITAL ========== Founded in 1960 a s Tri-County Hospital and later renamed Metropolitan Hospital, Springfield Hospital today is a 25-bed not-for-profit community hospital that provides comprehensive acute-care servi ces and w ellness care The hospital is connected to the pavilions that house Crozer-Keysto ne Health system corporate offices and the Healthplex Sports Club Each year, Springfield Hospital admits more than 1,800 patients and receives more than 11,000 Emergency Departmen t visits Featured services include - Cardiac services, including cardiac rehabilitation - Center for Diabetes - Center for Dizziness and Balance - Center for Minimally Invasive S urgery - Center for Preventive Medicine, a Center for Occupational Health and a designated United States Olympic Committee Sports Science and Technology National Netw ork Site - Cri tical Care Unit - Diagnostic Imaging Center, including Positron Emission Tomography/Comput ed Tomography (PET/CT) imaging and w omen's imaging - Emergency Department - Fox Chase Croz er-Keystone Cancer Partnership - Full range of musculoskeletal services, including orthope dic, rehabilitation, spine, hand and sports medicine services - Gastroenterology services - Moore Eye Institute - Pain Management Center - Pulmonary rehabilitation - Sports Medicin e Institute - Surgical services, inpatient and outpatient

Return Reference	Explanation	
	CORE FORM, PART III	HEALTHPLEX SPORTS CLUB Established in 1996 to complement the full range of health and well ness programs at Springfield Hospital and throughout the Crozer-Keystone Health System, th e Healthplex Sports Club is considered one of the largest and most fully integrated center s of its kind in the United States More than 6,500 members belong to the 176,000-square-f oot sports club Featured programs and services include - Member orientation program for each new member - Spacious, state-of-the-art facilities, including 2 indoor pools, 10 tenn is courts, 3 NBA size basketball courts, squash/racquetball courts, 3-lane 1/5 mile indoor track and more - Over 150 Group Fitness classes per w eek, including Zumba, BODYPUMP, BODY FLOW, Pilates, Yoga, Spinning and much more - Comprehensive personal training and w ellness programs for people of all ages and conditions - Fitness area featuring cardiovascular an d strength-training equipment - Special amenities like The SPA at the Healthplex, saunas, steam rooms and cold plunge - Locker rooms and tow el service - Kidz Klub babysitting area - Covered parking garage - Cardio equipment w ith private view ing screens w ith over 90 diff erent TV channels - Small Group Training Studio w ith TRX, Cardio Kick, and more - Mind and Body Studio w ith Yoga and Pilates - Nutrition programs and counseling - Mindfulness-Based Stress Reduction (MBSR) courses COMMUNITY HOSPITAL ========== Community Hospital is a not-for-profit community hospital that coordinates a full range of outpatient behavio ral and community health services as w ell as primary care Founded as Sacred Heart Hospita l in 1953 and renamed Community Hospital in 1992 w hen it joined the Crozer-Keystone Health System, the hospital today is a central and convenient place for area families to come fo r all of their social service needs The hospital partners w ith more than 20 local organiz ations, including the Chester Youth Collaborative, Chester Education Foundation, the Chest er Housing Authority, and ChesPenn Health Services Featured services include - Mental he alth services - Adult and pediatric primary care and dentistry through the ChesPenn Center for Family Health - The Wellness Center and Chester Youth Collaborative - Women's and Chi ldren's Health Services, including the Crozer-Keystone Healthy Start program, the Nurse-Fa mily Partnership and the Hispanic Resource Center - Substance abuse services CROZER MEDICA L PLAZA AT BRINTON LAKE 300 Evergreen Drive Glen Mills, PA 19342 (610) 579-3400 The Crozer Medical Plaza at Brinton Lake, w hich opened in 2005, is a comprehensive outpatient center located just off Route 1 in Glen Mills at The Shoppes at Brinton Lake The facility provi des w estern Delaw are County, Chester County, and Northern Delaw are residents w ith convenie nt access to an array of diagnostic, surgical, and physician services, including full-serv ice medical imaging and an outpatient surgery center Featured services include - Asthma and Allergy - Cardiology - Diabetes Education - Dialysis Access Center - Family Medicine - General Surgery - Gynecologic Oncology - Internal Medicine - Laboratory Services - Medica l Imaging/Radiology - OB/GYN - Ophthalmology - Orthopedics and Sports Medicine - Osteoporo sis Center - Outpatient Physical Therapy - Pain Management - Pediatrics - Pulmonology - Su rgery Center at Brinton Lake (outpatient surgery center) - Urogynecology - Vein Center CRO ZER HEALTH PAVILION 145 S Brinton Lake Road Glen Mills, PA 19342 1-855-CKHS-4BL (1-855-25 4-7425) This outpatient facility is located just across Route 1 from the Crozer Medical Pl aza at Brinton Lake Featured services include - Family Medicine - Crozer-Keystone Sleep Center at Brinton Lake - Neurology CROZER MEDICAL PLAZA AND CROZER-KEYSTONE CANCER CENTER AT BRINTON LAKE 500 Evergreen Drive Glen Mills, PA 19342 1-855-CKHS-4BL (1-855-254-7425) C rozer-Keystone's new est outpatient center features a full-service cancer center, and endos copy center and other specialties Feature services include - Cardiovascular - Dermatolog y - Ear, Nose & Throat - Endocrinology - Endoscopy Center - Gastroenterology - Hematology/ Oncology - Integrated Wellness - Medical Imaging (PET-CT) - Podiatry - Psychotherapy Servi ces - Pulmonology - Radiation Oncology - Urology - Vascular Crozer-Keystone Surgery Center at Haverford 2010 West Chester Pike MOB Wellness Center II, Suite 212 Havertow n, PA 19083 (610) 853-7700 With a keen focus on quality and patient-centered care, the Center's exper ienced team of surgeons, clinical professionals and staff deliver family-friendly, persona lized care in a relaxed setting Featured services include - Ear, Nose and Throat Surgery - General Surgery - Hand Surgery - Interventional Pain Management - Ophthalmologic Surger y - Gastroenterology Surgery (plus colonoscopies) - Oral and Maxillofacial Surgery - Ortho pedic Surgery - Plastic and Cosmetic Surgery - Podiatric Surgery MEDIA MEDICAL PLAZA 200 E ast State Street Media, PA 19063 (610) 480-5800 To

Return Reference	Explanation	
	CORE FORM, PART III	provide more convenient access to Crozer-Keystone's clinical services and physicians, the health system expanded Media Medical Imaging in 2006 to become the Media Medical Plaza Featured services include - Family Practice - Gastroenterology - Center for Geriatric Medicine - Media Medical Imaging (medical imaging/radiology, including women's imaging and MRI) - Internal Medicine - Laboratory Services - OB/GYN - Orthopedics and Sports Medicine, including an Urgent Care Center - Urology Pioneer Urgent Care 1572 West Chester-Wilmington Pike West Chester (610) 459-FAST (3278) https //urgentcare crozerkeystone org Pioneer Urgent Care, which has been open since 2007 and joined Crozer-Keystone in January 2014, cares for more than 12,000 patients each year from the greater West Chester community, and throughout Chester County and Delaware County The facility offers walk-in care for common illnesses and conditions Crozer-Keystone Health Network The more than 300 community-based physicians of the Crozer-Keystone Health Network (CKHN) are the face of Crozer- Keystone Health System for many area residents As the largest primary care and specialty physician network in Delaware County, CKHN is a critical source of quality healthcare for many families across the region Network physicians practice at locations throughout the county, serving as the backbone of healthcare delivery by CKHS to the community In large part, they enable Crozer-Keystone Health System to realize its mission of building a healthy community in which to live, work, and raise our families More than 85 primary care physicians practice internal medicine and family medicine throughout the county CKHN also boasts a wide array of specialty services, including emergency medicine, endocrinology, gastroenterology, gynecologic oncology, infectious disease, neonatology, neurology, obstetrics and gynecology, pathology, pediatrics, reproductive endocrinology, rheumatology, sports medicine and urogynecology Surgical subspecialties include neurosurgery, cardiothoracic, vascular, bariatric, trauma and general surgery Centers of excellence at Crozer-Keystone Health System's acute care hospitals include, but are not limited to, the following Crozer regional cancer center (Crozer-Chester Medical Center) ---------- ---------- Located at Crozer-Chester Medical Center, the four-story cancer center brings advanced technology, programs and services together in one location - providing a level of care that rivals any university-based cancer center in the world As part of CKHS, the cancer center houses comprehensive diagnostic and treatment programs, as well as prevention, education and complementary treatment resources in one location The cancer center has received approval with commendation by the commission on cancer of the american college of surgeons The cancer center's approach to treating people with cancer is based upon a patient's individual needs To meet these needs, a multidisciplinary team of specialists that may include medical oncologists, surgeons, pathologists and radiation oncologists provide coordinated treatments for patients The cancer center is designed to not only deliver high tech treatments, but to soothe the spirit Interior gardens, waterfalls and other features provide patients with a brief haven from the outside world Patients also benefit from the strength of the new clinical and research partnership between CKHS and fox CHAse cancer center The fox CHAse Crozer-Keystone cancer partnership, which expands on the successful partnership between fox CHAse cancer center and Delaware county regional cancer center, will provide patients with an even greater level of access to clinical trials and programs to prevent and treat cancer

Return Reference	Explanation	
	CORE FORM, PART III	In addition, the cancer center offers cancer support groups that bring patients and their families and loved ones together with others who share and understand their experiences T hrough these support groups, patients can explore complementary alternative approaches - m assage therapy and yoga, for example -- to coping with side effects, as well as learn tech niques to help them look their best during cancer treatment Cancer services are also prov ided at taylor hospital and Springfield hospital Delaware county regional cancer center (Delaware County Memorial Hospital) ---------- ---------- The Delaware county regional cancer center ("dcrcc") provides a compreh ensive approach to cancer care, combining state-of-the-art diagnosis and treatment with su pportive care Physicians and staff work as a multidisciplinary team, using the newest tec hnologies and therapies, to tailor treatment to each patient's condition and situation Th e treatment options available include surgery, radiation therapy and medical oncology Our services are provided to patients by a talented, specially trained and compassionate team of physicians, nurses and staff members Dcrcc professionals remain on the forefront of c ancer care, exploring and implementing the latest technology to enhance each patient's tre atment plan The members of the team work closely together to plan and carry out treatment The cancer center is partnered with fox CHAse cancer center, which has been designated a comprehensive cancer center by the national cancer institute The cancer center offers al l of the benefits of a large academic medical center, including access to clinical trials Crozer-Keystone heart institute ---------- ---------- CKHS has the longest hist ory of providing cardiovascular care to the people of Delaware county, and we're proud of our many accomplishments In Delaware county, we're the first healthcare system to - perf orm open heart surgery - perform primary angioplasty - establish open heart and rehabili tation units - establish an interventional heart program - establish an electrophysiolog y program to treat heart rhythm disorders - offer cardiac resynchronization therapy, a un ique device therapy to treat heart failure When you come to any Crozer-Keystone hospital with a heart problem, our team of heart specialists evaluates your condition immediately a nd decides upon a course of action The team determines the seriousness of your condition, whether it is an emergency, and what treatment you need Whatever your heart requires, CK HS can help -- from diagnosis to treatment to rehabilitation -- our dedication and experie nce is unmatched in Delaware county Maternity --------- Every year, more newborn babies a re welcomed into the world by the caring professionals at Crozer-Chester Medical Center an d Delaware County Memorial Hospital than by any other Health System in Delaware county Ap proximately 1,600 babies are born at CCMC every year, while DCMH delivers about 1,500 Cro zer-Keystone human motion institute ---------- The human motio n institute is a unique program offering a comprehensive treatment continuum of care withi n a highly integrated healthcare delivery network. Our goal is simple to return our patie nts to normal function as quickly and safely as possible To reach this goal, the medical professionals at the human motion institute enlist a comprehensive, leading edge approach to the prevention, assessment, treatment and rehabilitation of musculoskeletal injuries O ur highly trained team of surgeons, nurses, physician assistants, rehabilitation specialis ts and various medical support personnel works with each patient and their primary care ph ysician to develop a treatment plan specifically for that patient By combining extensive clinical expertise with a compassionate, caring treatment philosophy, we have created a pr ogram known for its quality of care Crozer-Keystone sleep centers ---------- ------ Few things are as frustrating as not being able to sleep Conversely, falling aslee p at inappropriate times (such as when driving) is just as bothersome and can even be dang erous Fortunately, there is a trusted resource right here in Delaware county The Crozer-Keystone sleep centers For more than 30 years we've helped thousands of people from Delaw are county and beyond to fall asleep and stay asleep at the right time and in the right pl ace The Crozer-Keystone sleep centers are located at three sites for our patients' conven ience - crozer health pavilion at brinton lake (glen mills) - Delaware County Memorial Ho spital (drexel hill) - taylor hospital (ridley park) Our accredited, multidisciplinary pro gram for the investigation and treatment of sleep problems was established in 1978 It is the oldest nationally accredited program for the evaluation of patients with sleep-related problems in the greater Delaware valley Our site

Return Reference	Explanation	
	CORE FORM, PART III	s are staffed by physicians with special training in sleep disorders Our compassionate and caring technical staff are encouraged to obtain national registration by the board of polysomnographic technologists Nathan speare regional burn treatment center ---------- ---------- The nathan speare regional burn treatment center is still the only burn facility in suburban philadelphia that provides all the services needed to meet all the needs of burn patients and their families within a single unit - from emergency treatment to intensive care to rehabilitation to follow-up and outpatient care In 2000, it was the first burn center in the state of Pennsylvania to earn the distinction of being a verified burn center, meeting the standards set forth by the american college of surgeons and the american burn association We have earned an international reputation for excellence in holistic burn care, treating more than 9,400 new patients since 1973, and an average of 500 in-patients and over 3,000 outpatient visits annually We also treat non-burn injuries, such as "road rash" and "stevens johnson," and medication reactions and other skin diseases that result in conditions similar to those experienced by burn patients Services include counseling and emotional support, outpatient burn wound care center, and the burn outreach education program CKHS center for diabetes ---------- More than 24 million people in the us Have diabetes, but approximately 1/3 don't know they have it because of minimal symptoms or no symptoms at all Diabetes is not a disease to be taken lightly, it is a serious disease with its complications killing 224,000 people each year The goal of the center for diabetes is to meet the needs of our patients by educating and providing a clear understanding of how to manage their chronic condition - every single day The center for diabetes at Springfield hospital is an american diabetes association recognized, hospital based, outpatient diabetes education program The center for diabetes has expanded its services to the crozer medical plaza at brinton lake and community hospital providing nutrition and education classes there The center for diabetes services include outpatient education for individuals who are newly diagnosed, have uncontrolled diabetes, or for those who desire intensive control Insulin pump therapy and monthly education/support group meetings are provided at the center for diabetes Also special instruction is offered for pregnant women with gestational diabetes The center for diabetes' focus is to help patients achieve blood glucose control by balancing meals, exercise and medication, when necessary The certified diabetes educators at the center for diabetes are also available to teach diabetes education, insulin administration and use of glucometer to the staff and residents at assisted living facilities in the area A series of classes are offered morning, afternoon and evening to accommodate various patient schedules The following classes are offered in the center for diabetes - basic diabetes education - blood glucose monitoring - nutrition counseling - insulin administration - management skills for diabetes related to pregnancy - intensive management program - insulin pump training - glucose sensor training - continuous glucose monitoring system - pre-diabetes classes

Return Reference	Explanation
CORE FORM, PART III	The center for diabetes offers support programs throughout the year at Springfield hospital Our support groups discuss topics such as coping skills, resources, foot and eye care related to diabetes, understanding the importance of good blood glucose control and healthy meal planning Our healthcare team works with patients to teach them how to balance their care and diabetes (what are risk factors for complications, heart disease, etc), how to recognize and treat hyperglycemia and hypoglycemia, healthy eating and carbohydrate counting, diabetes medications and various medications that can effect blood glucose control, exercise benefits, how diabetes effects the eyes, heart, and kidneys, risk for stroke, and why it is important for the patient to be an active member in the healthcare team We want the patient to be able to manage their diabetes on a daily basis

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

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

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

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

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

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

Return Reference	Explanation
CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - OTHER CHANGES IN PENSION AND OTHER ACCRUED RETIREMENT BENEFITS LIABILITIES, $188,170

Return Reference	Explanation
CORE FORM, PART XII, QUESTION 2	THE TAXPAYER IS THE PARENT ENTITY IN A TAX-EXEMPT, INTEGRATED HEALTHCARE DELIVERY SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2015 AND JUNE 30, 2014, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM THE TAXPAYER'S AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PURCHASED SERVICES TOTAL FEES 3319269

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONSULTING FEES TOTAL FEES 2018620

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY EMPLOYEES TOTAL FEES 595788

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
CROZER-KEYSTONE HEALTH SYSTEM

Employer identification number
22-2540851

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) CROZER KEYSTONE PHYSICIAN PARTNERS LLC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA 19064 45-2275640	HEALTHCARE	PA	2,061,704	2,068,910	CKHS

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) CROZER-KEYSTONE SERVICES LAYTON HALL ONE MEDICAL CENTER BLV UPLAND, PA 19013 23-2735284	HEALTHCARE SVCS	PA	CKHS	C CORP	4,433,074	3,017,657	100 000 %	Yes	
(2) CKS DELAWARE INC LAYTON HALL ONE MEDICAL CENTER BLV UPLAND, PA 19013 52-2069540	INACTIVE	PA	NA	C CORP					No
(3) PENNSYLVANIA HEALTH CLUB INC 100 W SPROUL RD HLTHPLX PAV II SPRINGFIELD, PA 19064 23-2658404	HEALTHCARE SVCS	PA	NA	C CORP					No
(4) UNIVERSITY TECHNOLOGY PARK INC ONE MEDICAL CENTER BLVD LAYTON HA UPLAND, PA 19013 90-0294852	REAL ESTATE	PA	CKHS	C CORP	271,200	2,817,591	50 000 %	Yes	
(5) TECH PARK PROPERTIES INC ONE MEDICAL CENTER BLVD LAYTON HA UPLAND, PA 19013 01-0847504	REAL ESTATE	PA	CKHS	C CORP	0	0	50 000 %	Yes	

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART V	CROZER-KEYSTONE HEALTH SYSTEM ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN CROZER-KEYSTONE HEALTH SYSTEM IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENT OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

Additional Data

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

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

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

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CROZER-CHESTER MEDICAL CENTER	DJKLO	642,199	COST
DELAWARE COUNTY MEMORIAL HOSPITAL	DJKLO	3,076,045	COST
CROZER-CHESTER MEDICAL CENTER	DJKLO	1,682,916	COST
HEALTH ACCESS NETWORK	EJKLO	1,008,352	COST
CROZER-CHESTER MEDICAL CENTER	C	937,500	COST
HEALTH ACCESS NETWORK	B	6,516,731	COST
CROZER-CHESTER MEDICAL CENTER	L	29,352,576	COST
DELAWARE COUNTY MEMORIAL HOSPITAL	L	11,149,572	COST
HEALTH ACCESS NETWORK	L	4,899,108	COST
CROZER-KEYSTONE SERVICES	L	84,312	COST
HEALTH ACCESS NETWORK	Q	4,460,954	COST
CROZER-CHESTER MEDICAL CENTER	Q	3,932,557	COST
DELAWARE COUNTY MEMORIAL HOSPITAL	Q	1,160,731	COST
CROZER-CHESTER MEDICAL CENTER	A	506,762	COST
DELAWARE COUNTY MEMORIAL HOSPITAL	A	1,095,313	COST
HEALTH ACCESS NETWORK	A	1,775,984	COST
CROZER-KEYSTONE SERVICES	A	250,047	COST