

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared For:

Eagleville Hospital
100 Eagleville Road
Eagleville, PA 19408-0045

Prepared By:

Kreischer Miller
100 Witmer Road, Suite 350
Horsham, PA 19044-2369

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 16, 2022

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

EAGLEVILLE HOSPITAL

23-1352115

Name and title of officer or person subject to tax

**EUGENE J. OTT
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>37,750,334.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **KREISCHER MILLER** to enter my PIN **51125**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24293757408

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

3/25/2022

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EAGLEVILLE HOSPITAL		D Employer identification number 23-1352115
	Doing business as		E Telephone number (610) 539-6000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 41,798,928.
	100 EAGLEVILLE ROAD		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code EAGLEVILLE, PA 19408-0045		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: EUGENE J. OTT SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.EAGLEVILLEHOSPITAL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1909
			M State of legal domicile: PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	17	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	497	
	6 Total number of volunteers (estimate if necessary)	17	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,880,941.	2,449,048.
	9 Program service revenue (Part VIII, line 2g)	32,197,129.	33,649,977.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,971,575.	1,121,034.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	667,359.	530,275.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	39,717,004.	37,750,334.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	28,605,155.	23,684,260.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,293,609.	14,059,594.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,898,764.	37,743,854.
19 Revenue less expenses. Subtract line 18 from line 12	-1,181,760.	6,480.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	71,638,053.	91,764,898.
	21 Total liabilities (Part X, line 26)	8,687,194.	23,042,178.
	22 Net assets or fund balances. Subtract line 21 from line 20	62,950,859.	68,722,720.

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	Signature of officer	Date
	EUGENE J. OTT, CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER M. PEKULA	Preparer's signature 	Date 3/25/2022	Check if self-employed <input type="checkbox"/>	PTIN P00734965
	Firm's name KREISCHER MILLER	Firm's EIN 23-1980475	Firm's address 100 WITMER ROAD, SUITE 350 HORSHAM, PA 19044-2369		
					Phone no. (215) 441-4600

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. EAGLEVILLE HOSPITAL	Taxpayer identification number (TIN) 23-1352115
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 100 EAGLEVILLE ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAGLEVILLE, PA 19408-0045	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

WILLIAM KEENAN, CFO

- The books are in the care of ▶ **100 EAGLEVILLE RD - EAGLEVILLE, PA 19408**
Telephone No. ▶ **(610) 539-6000** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 22,413,046. including grants of \$) (Revenue \$ 33,649,977.) THE PRIMARY PURPOSES OF THE CORPORATION ARE TO SPONSOR, ENCOURAGE, SUPPORT AND ADVANCE THE PROVISION AND BETTERMENT OF HEALTH CARE IN THE COMMUNITIES SERVED BY EAGLEVILLE HOSPITAL BY PROVIDING BEHAVIORAL HEALTH AND DRUG AND ALCOHOL ADDICTION SERVICES THROUGH ITS INPATIENT AND RESIDENTIAL PROGRAMS. THE HOSPITAL OPERATED 305 BEDS WITH 4,013 ADMISSIONS AND PROVIDED 73,834 TREATMENT DAYS TO INDIVIDUALS WHO NEEDED TREATMENT AND CARE. THE HOSPITAL PARTICIPATED IN MEDICAID, MEDICARE, SINGLE COUNTY AUTHORITY AND PENNSYLVANIA DEPARTMENT OF CORRECTIONS PROGRAMS.

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

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

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

4e Total program service expenses 22,413,046.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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	X	

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		497
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a	17	
b	Enter the number of voting members included on 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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O		X

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?		X
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?	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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		X
b	Other officers or key employees of the organization		X
	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?		X
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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 **WILLIAM KEENAN, CFO - (610) 539-6000**
100 EAGLEVILLE RD, EAGLEVILLE, PA 19408

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, and 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. See instructions for the order in which to list the persons above.

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 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) EUGENE J. OTT CEO	40.00				X			344,575.	0.	42,928.
(2) JOHN REITANO PSYCHIATRIST	40.00					X		340,260.	0.	0.
(3) RICHARD H. SPIEGEL COVERAGE PHYSICIAN	40.00					X		266,432.	0.	20,612.
(4) GEORGE ABRAHAM PSUCHATRIST	40.00					X		229,289.	0.	13,665.
(5) ADNAN B. ZAWAWI NEUROPSYCHIATRIST - FORMER	40.00					X		220,111.	0.	8,543.
(6) WENDY A. MANEVAL CHIEF LEGAL AND REGULATORY	40.00					X		205,662.	0.	15,966.
(7) REGINA REED DIRECTOR - OPIOID TREATMENT PROGRAM	40.00					X		195,972.	0.	11,836.
(8) MAUREEN POLLOCK FORMER - CEO	40.00						X	174,194.	0.	0.
(9) WILLIAM R. KEENAN CFO	40.00						X	148,232.	0.	10,181.
(10) ALEXANDRA BRETSCHNEIDER DIRECTOR	2.00	X						0.	0.	0.
(11) ANN E. EICHEN, PH.D. DIRECTOR	2.00	X						0.	0.	0.
(12) DAVID T. PIERCE, CPA DIRECTOR	2.00	X						0.	0.	0.
(13) EILEEN M. JOSEPH, M.S., C.P.R.P DIRECTOR	2.00	X						0.	0.	0.
(14) HARRY S. SHANIS, PH.D DIRECTOR	2.00	X						0.	0.	0.
(15) JAMES P. BAKER, J.R VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(16) JASON R. MCLAUGHLIN, M.S., M.S.S. DIRECTOR	2.00	X						0.	0.	0.
(17) JON A. SHAPIRO, M.D. DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSEPH P. MCGINLEY DIRECTOR	2.00	X					0.	0.	0.	
(19) KAREN D. WILLIAMS, MBA, PHR, SHRM-SECRETARY-TREASURER	2.00	X		X			0.	0.	0.	
(20) LARRY S. GERSHMAN, BG-USAR (RET.) DIRECTOR	2.00	X					0.	0.	0.	
(21) PARVATI THIRU, M.D., MBA, F.A.C.P. DIRECTOR	2.00	X					0.	0.	0.	
(22) RAFAEL A. PORRATA-DORIA, JR. ES DIRECTOR	2.00	X					0.	0.	0.	
(23) STEPHEN BLEYER, CPA DIRECTOR	2.00	X					0.	0.	0.	
(24) SUSAN E. MCNAMARA DIRECTOR	2.00	X					0.	0.	0.	
(25) VICTOR LIDZ, PH.D. CHAIRMAN	2.00	X		X			0.	0.	0.	
(26) WAYNE R. WALKER, ESQ. ASST. SECRETARY-TREASURER	2.00	X		X			0.	0.	0.	
1b Subtotal							2,124,727.	0.	123,731.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,124,727.	0.	123,731.	

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 **10**

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

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
W.S. CUMBY INC. 938 LINCOLN AVENUE, SPRINGFIELD, PA 19064	CONSTRUCTION SERVICES	14,443,391.
SODEXO INC & AFFILIATES 4880 PAYSPHERE CIRCLE, CHICAGO, IL 60674	HOSPITALITY SERVICES	2,904,595.
MCKESSON DRUG COMPANY PO BOX 848442, DALLAS, TX 75284	PHARMACY SERVICES	1,252,257.
COMPREHENSIVE PHARMACY SERVICES LLC PO BOX 7410634, CHICAGO, IL 60674	PHARMACY SERVICES	875,736.
VERIS BENEFITS 201 E OREGON RD STE 100, LITITZ, PA 17543	HEALTHCARE SERVICES	785,162.

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 **28**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,449,048.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f	1g	\$			
	h	Total. Add lines 1a-1f		2,449,048.			
Program Service Revenue	2 a	MEDICARE/MEDICAID	Business Code 524298	24,582,864.	24,582,864.		
	b	BEHAVIORAL HEALTH SERVICE	524298	6,242,374.	6,242,374.		
	c	FEEES FROM GOVERNMENT AGENCIES	900099	1,392,900.	1,392,900.		
	d	PHARMACY	900099	847,358.	847,358.		
	e	BLUE CROSS	524298	464,338.	464,338.		
	f	All other program service revenue	524298	120,143.	120,143.		
	g	Total. Add lines 2a-2f		33,649,977.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		363,273.		363,273.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
			(ii) Personal				
b		Less: rental expenses	6b				
c		Rental income or (loss)	6c				
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				4,806,355.			
b		Less: cost or other basis and sales expenses	7b	4,048,594.			
c		Gain or (loss)	7c	757,761.			
d		Net gain or (loss)		757,761.		757,761.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
		8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	TOBACCO SETTLEMENT	Business Code 900099	320,080.		320,080.	
	b	DSH-PA MEDICAL ASST	900099	119,510.		119,510.	
	c	CANTEEN REVENUE	900099	14,373.		14,373.	
	d	All other revenue	900099	76,312.		76,312.	
	e	Total. Add lines 11a-11d		530,275.			
	12	Total revenue. See instructions		37,750,334.	33,649,977.	0.	1,651,309.

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 X

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 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	893,469.	536,083.	357,386.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,286,875.	10,857,688.	7,429,187.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	259,908.	153,325.	106,583.	
9 Other employee benefits	3,055,702.	1,804,410.	1,251,292.	
10 Payroll taxes	1,188,306.	701,904.	486,402.	
11 Fees for services (nonemployees):				
a Management				
b Legal	119,536.		119,536.	
c Accounting	100,711.		100,711.	
d Lobbying	34,969.	34,969.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	172,652.		172,652.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	8,198,978.	4,716,172.	3,482,806.	
12 Advertising and promotion				
13 Office expenses	187,029.	110,473.	76,556.	
14 Information technology				
15 Royalties				
16 Occupancy	513,454.	457,709.	55,745.	
17 Travel	51,448.	30,389.	21,059.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	21,990.	12,989.	9,001.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,080,452.	711,609.	368,843.	
23 Insurance	859,807.		859,807.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DRUGS	1,252,525.	1,252,525.		
b SUPPLIES	496,784.	282,426.	214,358.	
c BAD DEBT	315,381.	315,381.	0.	
d REPAIRS & MAINTENANCE	259,091.	153,039.	106,052.	
e All other expenses	394,787.	281,955.	112,832.	
25 Total functional expenses. Add lines 1 through 24e	37,743,854.	22,413,046.	15,330,808.	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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	970.	1	970.	
	2 Savings and temporary cash investments	26,394,610.	2	8,109,614.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	3,630,951.	4	1,955,560.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	313,141.	9	1,284,651.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 77,541,683.			
	b Less: accumulated depreciation	10b 32,448,677.	12,958,587.	10c 45,093,006.	
	11 Investments - publicly traded securities	27,972,895.	11	34,710,893.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	366,899.	15	610,204.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,638,053.	16	91,764,898.		
Liabilities	17 Accounts payable and accrued expenses	3,576,462.	17	11,632,554.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	50,000.	23	6,271,743.	
	24 Unsecured notes and loans payable to unrelated third parties	4,855,305.	24	4,855,305.	
	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	205,427.	25	282,576.	
	26 Total liabilities. Add lines 17 through 25	8,687,194.	26	23,042,178.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	61,981,957.	27	67,753,818.	
	28 Net assets with donor restrictions	968,902.	28	968,902.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	62,950,859.	32	68,722,720.	
	33 Total liabilities and net assets/fund balances	71,638,053.	33	91,764,898.	

Part XI Reconciliation 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	37,750,334.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,743,854.
3	Revenue less expenses. Subtract line 2 from line 1	3	6,480.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,950,859.
5	Net unrealized gains (losses) on investments	5	5,765,381.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	68,722,720.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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?
If the organization changed either its oversight process or selection process during the tax year, explain on 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **EAGLEVILLE HOSPITAL** Employer identification number **23-1352115**

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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 _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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		<input type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
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)? <i>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).</i>		
1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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? <i>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.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 (*explain in Part VI*). 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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE PO BOX 8047 HARRISBURG, PA 17105	\$ 2,449,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____

	_____	\$ _____	_____

	_____	\$ _____	_____

	_____	\$ _____	_____

	_____	\$ _____	_____

Name of organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on 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," on 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," on 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 organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
--	---

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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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 (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	34,969.													
c	Total lobbying expenditures (add lines 1a and 1b)	34,969.													
d	Other exempt purpose expenditures	22,378,077.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	22,413,046.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	26,400.	26,400.	24,200.	34,969.	111,969.
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					

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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
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 campaign activity 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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization: EAGLEVILLE HOSPITAL; Employer identification number: 23-1352115

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-9. Monitoring and enforcement questions (Yes/No).

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

Form with questions 1a-1b and 2a-2b regarding reporting requirements for art and historical treasures, including revenue and asset values.

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 make 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 program
 - 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" on 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 on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	968,902.	968,902.	1,096,562.	1,096,562.	1,096,562.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs			127,660.		
f Administrative expenses					
g End of year balance	968,902.	968,902.	968,902.	1,096,562.	1,096,562.

- 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 100 %
 - c Term endowment _____ %
- The percentages on 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 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" on 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		6,400.		6,400.
b Buildings		12,889,271.	11,517,548.	1,371,723.
c Leasehold improvements		11,382,425.	9,357,071.	2,025,354.
d Equipment		11,019,513.	9,652,558.	1,366,955.
e Other		42,244,074.	1,921,500.	40,322,574.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				45,093,006.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) WORKER'S COMPENSATION CLAIMS	282,576.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	282,576.

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 FASB 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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	43,343,063.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,765,381.
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	5,765,381.
3	Subtract line 2e from line 1	3	37,577,682.
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	172,652.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	172,652.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	37,750,334.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	37,571,202.
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	0.
3	Subtract line 2e from line 1	3	37,571,202.
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	172,652.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	172,652.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,743,854.

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.

PART V, LINE 4:

THE TEMPORARILY RESTRICTED NET ASSETS INCLUDE FUNDS WHICH MAY BE USED PRIMARILY FOR EDUCATIONAL AND LIBRARY RELATED EXPENSES OF THE HOSPITAL. THE PERMANENTLY RESTRICTED NET ASSETS CONSIST OF INSTRUMENTS WHICH ARE TO BE HELD IN PERPETUITY, THE INCOME OF WHICH IS EXPENDABLE TO SUPPORT HEALTH CARE SERVICES. THE INCOME IS REPORTED AS UNRESTRICTED INCOME.

PART X, LINE 2:

THE HOSPITAL IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC).

THE HOSPITAL FILES FEDERAL FORM 990 AND NOT FORM 990T. WITH FEW

Part XIII Supplemental Information (continued)

EXCEPTIONS, THE HOSPITAL IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE OR
LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2018.
IT IS DIFFICULT TO PREDICT THE FINAL TIMING AND RESOLUTION OF ANY
PARTICULAR UNCERTAIN TAX POSITION. BASED ON THE HOSPITAL'S ASSESSMENT OF
MANY FACTORS, INCLUDING PAST EXPERIENCE AND COMPLEX JUDGMENTS ABOUT FUTURE
EVENTS, THE HOSPITAL DOES NOT CURRENTLY ANTICIPATE SIGNIFICANT CHANGES IN
ITS TAX POSITIONS OVER THE NEXT 12 MONTHS.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **EAGLEVILLE HOSPITAL** Employer identification number **23-1352115**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500</u> %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?		<input checked="" type="checkbox"/>
b If "Yes," did the organization make it available to the public?		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			34,846.	34,846.		
b Medicaid (from Worksheet 3, column a)			30407963.	23760230.	6647733.	17.69%
c Costs of other means-tested government programs (from Worksheet 3, column b)			1713915.	1375546.	338,369.	.90%
d Total. Financial Assistance and Means-Tested Government Programs			32156724.	25170622.	6986102.	18.59%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits						
k Total. Add lines 7d and 7j			32156724.	25170622.	6986102.	18.59%

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

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. 315,381.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. 0.
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Yes/No table for items 1, 2, 3, 4, 5, 6, 7, 9a, 9b.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME). 2,095,658.
6 Enter Medicare allowable costs of care relating to payments on line 5. 1,791,060.
7 Subtract line 6 from line 5. This is the surplus (or shortfall). 304,598.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: Cost accounting system, Cost to charge ratio, Other (checked).

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

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

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

**1 EAGLEVILLE HOSPITAL
100 EAGLEVILLE ROAD
EAGLEVILLE, PA 19408-0045**

Licensed hospital	gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X									

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group EAGLEVILLE HOSPITAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>16</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.EAGLEVILLE.ORG</u>		
b <input type="checkbox"/> Other website (list url):		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>HTTP://WWW.EAGLEVILLE.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group EAGLEVILLE HOSPITAL

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>HTTP://WWW.EAGELVILLE.ORG</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>HTTP://WWW.EAGELVILLE.ORG</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.EAGELVILLE.ORG</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group EAGLEVILLE HOSPITAL

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?		X
If "No," indicate why:		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group EAGLEVILLE HOSPITAL

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EAGLEVILLE HOSPITAL:

PART V, SECTION B, LINE 5: IN 2018-19, THE COUNTY PARTNERED WITH MAGELLAN BEHAVIORAL HEALTH, AS THE PUBLIC-PAY INSURER, TO ADDRESS THIS PRIORITY BY EXAMINING THE DEPTH OF PROGRAMS AND CLINICAL PRACTICES OF EXISTING NETWORK PROVIDERS. THIS ENGAGEMENT, KNOWN AS THE CO-OCCURRING DISORDER (COD) COLLABORATIVE, INVOLVED THE PAYER, REPRESENTATIVES FROM THE OFFICE OF BEHAVIORAL HEALTH AND DRUG AND ALCOHOL, AS WELL AS TWELVE AREA SUBSTANCE USE TREATMENT PROVIDERS DECLARED "CO-OCCURRING CAPABLE", INCLUDING EAGLEVILLE HOSPITAL. THE OUTCOME OF THIS STUDY CALLS FOR CONTINUED PROFESSIONAL EDUCATION ON INTEGRATED CO-OCCURRING TREATMENT AND A SPECIFIC REQUEST OF EAGLEVILLE HOSPITAL TO SHARE GUIDANCE ON CLINICAL ASSESSMENTS AND EFFECTIVE INTERVENTIONS, WITH THE POTENTIAL TO CONTRIBUTE TO THE DEVELOPMENT OF BEST PRACTICE STANDARDS. THESE EFFORTS ARE ON-GOING AND WILL CONTINUE AS PART OF EAGLEVILLE HOSPITAL'S FY 2020-2022 IMPLEMENTATION PLAN.

FOR THE FY 2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN, EAGLEVILLE HOSPITAL RELIED UPON BEHAVIORAL HEALTH DATA COLLECTED BY THE 2017 NATIONAL SURVEY ON DRUG USE AND HEALTH, AND THE STRATEGIC PLAN RECENTLY RELEASED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION FOR THE FOUR YEAR PERIOD FY 2019 TO FY 2023. ADDITIONALLY, TO ENSURE THAT OUR ASSESSMENT AND PLAN REMAIN SENSITIVE TO THE NEEDS OF OUR LOCAL COMMUNITY, WE REVISITED THE PLANNING DOCUMENTS EARLIER PREPARED BY MONTGOMERY COUNTY, PENNSYLVANIA OFFICIALS. THESE INCLUDE A POSITION PAPER BY THE COUNTY COMMISSIONERS FOR HUMAN SERVICES BLOCK GRANT FUNDING AND THE MONTGOMERY COUNTY MENTAL HEALTH PLAN FOR FY 2013 -2017. WE REMAIN

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMITTED TO WORKING CLOSELY WITH COMMUNITY LEADERS, IN THE PRESENT, TO ENHANCE AND EXPAND OPPORTUNITIES FOR REDUCING THE IMPACT OF ADDICTION AND IMPROVING THE OVERALL MENTAL HEALTH OF OUR COMMUNITY. SPECIFIC TO THE OPIOID EPIDEMIC, PRIORITY NEEDS IDENTIFIED BY THE 2018 MONTGOMERY COUNTY "OVERDOSE TASK FORCE" ARE INCLUDED IN THIS REPORT; AS IS THE RECENT WORK OF THE COUNT-/S CO-OCCURRING DISORDER COLLABORATIVE TO ADVANCE SUBSTANCE USE DISORDER TREATMENT.

EAGLEVILLE HOSPITAL:

PART V, SECTION B, LINE 11: EAGLEVILLE HOSPITAL'S STRATEGY TO ADDRESS SIGNIFICANT NEEDS

EAGLEVILLE HOSPITAL HAS IDENTIFIED THREE PRIMARY OPPORTUNITIES FOR IMPACTING COMMUNITY NEED IN OUR SERVICE AREA. PROGRESS ON THESE STRATEGIES AND THERE IMPLEMENTATION ARE LISTED BELOW.

I. OBJECTIVE: INCREASE EDUCATIONAL PROGRAMS ON SUBSTANCE USE DISORDER. THIS CONTINUES TO BE A PRIMARY OBJECTIVE OF THE HOSPITAL BUT HAS BEEN SEVERELY IMPACTED BY THE COVID-19 OUTBREAK IN FEBRUARY/MARCH 2020. THE SECTIONS BELOW - (A-E) ARE STILL A MAJOR PRIORITY OF THE HOSPITAL AND PLAN TO CONTINUE THEM AS RESTRICTIONS ON GATHERING DECREASE AND THE SAFETY OF STAFF AND PARTICIPANTS CAN BE ASSURED.

A. CONTINUE TO SUPPORT PROFESSIONAL EDUCATION BY HOSTING FREE OR LOW COST CONFERENCES AND SEMINARS IN COLLABORATION WITH THE PENNSYLVANIA CERTIFICATION BOARD, THE MONTGOMERY COUNTY DEPARTMENT OF BEHAVIORAL

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

HEALTH, AND THE PENNSYLVANIA DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS.

ONCE THE PANDEMIC RESTRICTIONS EASE, EAGLEVILLE HOSPITAL WILL CONTINUE TO HOST FREE OR MINIMAL FEE CONFERENCES AND SEMINARS FOR THE PROFESSIONAL COMMUNITY ON TOPICS SUCH AS ADDICTIONS 101, SCREENING AND ASSESSMENT, CONFIDENTIALITY, BASIC HIV, TB/STD/HEPATITIS, AMERICAN SOCIETY OF ADDICTION MEDICINE'S PLACEMENT CRITERIA, AND PRACTICAL APPLICATIONS OF CONFIDENTIALITY. MANY OFFERINGS MEET COUNSELORS' NEEDS FOR MANDATORY TRAINING BY STATE STANDARDS OR LICENSING BODIES. PLANNING IS CURRENTLY UNDERWAY TO BEGIN THESE TRAININGS IN LATE SPRING OF 2022.

EAGLEVILLE HOSPITAL IS WORKING TO RESUME THE FOLLOWING ITEMS AS PANDEMIC CONDITIONS IMPROVE:

WE WILL CONTINUE TO BE THE HOST SITE FOR THE PENNSYLVANIA CERTIFICATION BOARD'S (PCB) ANNUAL TRAINING SERIES FOR THE DELAWARE VALLEY REGION, PROVIDING APPROXIMATELY EIGHT TRAININGS THROUGHOUT THE YEAR, WHICH ARE OPEN TO THE PROVIDER COMMUNITY TO MEET CERTIFICATION NEEDS FOR MANY PROFESSIONALS. PROGRAMS AVERAGE 40 PARTICIPANTS. AS THERE ARE NEW COUNSELOR REQUIREMENTS WE ANTICIPATE HOSTING MORE TRAININGS WITH PCB TO HELP NEW STAFF BECOME CERTIFIED

EAGLEVILLE HOSPITAL WILL ALSO CONTINUE TO BE THE HOST SITE FOR THE PCB'S CERTIFICATION TESTING. WE WILL HOST AT LEAST TWO DAYS OF EXAMINATIONS WITH AN AVERAGE OF 20 ATTENDEES PREPARING AND TAKING THEIR CERTIFICATION EXAMS.

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE MONTGOMERY COUNTY DEPARTMENT OF BEHAVIORAL HEALTH WILL CONTINUE TO UTILIZE EAGLEVILLE HOSPITAL AS A HOST AGENCY FOR APPROXIMATELY 20 TRAININGS THROUGHOUT THE YEAR. THESE ARE FOR MONTGOMERY COUNTY PROVIDERS AND SPAN MANY TREATMENT RELATED ISSUES, AVERAGE ATTENDANCE IS APPROXIMATELY 75.

EAGLEVILLE HOSPITAL WILL CONTINUE TO HOST THE MONTGOMERY COUNTY TRAUMA COLLABORATIVE WHICH MEETS QUARTERLY AND IS OFFERED TO ALL BEHAVIORAL HEALTH AND FORENSIC TREATMENT PROVIDERS WITHIN THE COUNTY. EAGLEVILLE TYPICALLY HOSTS FOUR OF THESE MEETINGS WHICH AVERAGE 75 PARTICIPANTS.

EAGLEVILLE WILL CONTINUE TO BE THE HOST SITE FOR THE WOMEN'S RE-ENTRY INITIATIVE. A GROUP DEVOTED TO HELPING WOMEN FROM PRISON RE-ENTER THE COMMUNITY AFTER THEIR SENTENCE IS COMPLETE. MEETINGS ARE QUARTERLY AND AVERAGED 50 ATTENDEES.

EAGLEVILLE HOSPITAL WILL CONTINUE TO HOST THE MONTGOMERY COUNTY FAMILY SERVICES DEPARTMENT'S TRAININGS FOR THE COMMUNITY.

EAGLEVILLE HOSPITAL WILL CONTINUE TO OFFER MAGELLAN BEHAVIORAL HEALTH AND THEIR PROVIDER'S SPACE TO HOST BOTH COMMUNITY TRAININGS AS WELL AS "TOWN HALLS" WITH NETWORK PROVIDERS. SUPPORT ADVANCES IN CO-OCCURRING TREATMENT BY ANNUALLY CONDUCTING THE STATE-MANDATED, THIRTY-SIX HOUR EDUCATIONAL PROGRAM ON CO-OCCURRING CORE COMPETENCY.

B. SUPPORT ADVANCES IN CO-OCCURRING TREATMENT BY ANNUALLY CONDUCTING THE STATE-MANDATED, THIRTY-SIX HOUR EDUCATIONAL PROGRAM ON CO-OCCURRING CORE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMPETENCY.

EAGLEVILLE HOSPITAL WILL CONTINUE TO HOST THE CO-OCCURRING DISORDERS TREATMENT SERIES WHICH CONSISTS OF TEN TRAININGS. THIS SERIES WAS FACILITATED TWICE THROUGHOUT THE YEAR. THEY MEET THE BASIC COMPETENCY FOR A CO-OCCURRING COMPETENT TREATMENT PROFESSIONAL AND HELP MANY STAFF MEET CERTIFICATION REQUIREMENTS FOR CERTIFICATION AS A CO-OCCURRING DISORDERS PROFESSIONAL. THESE TRAININGS ARE ATTENDED BY AN AVERAGE OF 40 PARTICIPANTS EACH.

C. PROVIDE INTERNSHIPS FOR STUDENTS SEEKING DEGREES IN SOCIAL WORK AND COUNSELING FROM AREA COLLEGES AND UNIVERSITIES.

EAGLEVILLE HOSPITAL IS CURRENTLY PROVIDING INTERNSHIP EXPERIENCES FOR STUDENTS FROM MANY LOCAL COLLEGES AND UNIVERSITIES, INCLUDING BUT NOT LIMITED TO, BRYN MAWR SCHOOL OF SOCIAL WORK, LA SALLE UNIVERSITY, CHESTNUT HILL COLLEGE, PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE, DELAWARE VALLEY UNIVERSITY AND MONTGOMERY COUNTY COMMUNITY COLLEGE. EAGLEVILLE HOSPITAL PROVIDES 25 INTERNS WITH AN INTERNSHIP EXPERIENCE DURING THE YEAR. THIS EXPERIENCE WAS NOT AFFECTED BY THE PANDEMIC AND WE CONTINUED WITH INTERNSHIPS THROUGHOUT THE PAST YEAR.

D. PROVIDE CLINICAL ROTATIONS FOR MEDICAL, PHYSICIAN ASSISTANT AND NURSING STUDENTS.

EAGLEVILLE HOSPITAL CONTINUES TO PROVIDE A TRAINING SITE FOR CLINICAL ROTATIONS FOR STUDENTS FROM THE DISCIPLINES LISTED ABOVE. EAGLEVILLE

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROVIDES A CLINICAL ROTATION IN ADDICTION AND MENTAL HEALTH TREATMENT FOR THEIR STUDENTS. EAGLEVILLE PROVIDES MEETING SPACE FOR ALL THREE GROUPS.

EAGLEVILLE HOSTS APPROXIMATELY 50-75 NURSING STUDENTS ANNUALLY.

EAGLEVILLE HOSPITAL ALSO HAS MEDICAL STUDENTS AND PHYSICIAN ASSISTANT

STUDENTS FROM TEMPLE UNIVERSITY, PHYSICIAN ASSISTANT STUDENTS FROM THOMAS

JEFFERSON UNIVERSITY, AND CERTIFIED REGISTERED NURSE PRACTITIONER STUDENTS

FROM LASALLE UNIVERSITY.

E. PROVIDE MEETING SPACE FOR COMMUNITY MEETINGS

EAGLEVILLE HOSPITAL WILL CONTINUE TO PROVIDE MEETING SPACE FOR SEVERAL

SELF-HELP GROUPS TO HOST THEIR WEEKLY COMMUNITY BASED MEETINGS. ALCOHOLICS

ANONYMOUS, NARCOTICS ANONYMOUS, COCAINE ANONYMOUS AND NAR-ANON HOLD

MEETINGS ON A NIGHTLY BASIS ON THE CAMPUS. IN PERSON MEETINGS WILL RESUME

IN LATE SPRING OF 2022.

EAGLEVILLE HOSPITAL WILL CONTINUE TO PROVIDE SPACE FOR THE LOWER

PROVIDENCE POLICE DEPARTMENT TO HOST THEIR DEAP (DRUG EDUCATION ABUSE AND

PREVENTION) PROGRAM FOR THE COMMUNITY. THESE MEETINGS ARE HELD MONTHLY AND

HAVE RESUMED IN FEBRUARY 2022.

IN THE SPIRIT OF BUILDING ADDITIONAL PARTNERSHIPS TO BETTER SERVE OUR

COMMUNITY, WE WILL CONTINUE TO WELCOME OTHER SMALLER ORGANIZATIONS THE

AVAILABILITY OF OUR CONFERENCE CENTER AS THEIR NEEDS ARISE.

II. OBJECTIVE: REMOVE BARRIERS AND IMPROVE ACCESS TO AFTERCARE AND

RECOVERY SUPPORT

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

A. ENSURE THE NEEDIEST ARE SERVED AND SUPPORTED BY CONTINUING TO OFFER FINANCIAL ASSISTANCE.

EAGLEVILLE IS ONE OF THE LARGEST NON-PROFIT BEHAVIORAL HEALTH PROVIDERS IN PENNSYLVANIA SERVING THE UNEMPLOYED AND WORKING POOR. THE MEDICAL ASSISTANCE FEE FOR SERVICE, MEDICAL ASSISTANCE HEALTH CHOICES, AND SINGLE COUNTY CONTRACTS REPRESENT 89% OF OUR PATIENT POPULATION.

THE HOSPITAL EMPLOYS THREE FINANCIAL ASSISTANCE COUNSELORS TO ENSURE COVERAGE. OVER 400 APPLICATIONS WERE COMPLETED IN THE PAST YEAR TO ENROLL OR MAINTAIN BENEFITS FOR BEHAVIORAL HEALTH TREATMENT.

B. IDENTIFY OPPORTUNITIES TO PARTNER WITH MORE COMMUNITY ORGANIZATIONS

IN THE SPIRIT OF BUILDING ADDITIONAL PARTNERSHIPS TO BETTER SERVE OUR PATIENT COMMUNITY, EAGLEVILLE MAKES A SIGNIFICANT INVESTMENT IN STAFFING AN ACTIVE CASE MANAGEMENT DEPARTMENT, AND IDENTIFYING AFTERCARE RESOURCES. EAGLEVILLE HOSPITAL'S CASE MANAGEMENT DEPARTMENT AND ADMISSIONS DEPARTMENT CONTINUE TO REACH OUT TO COMMUNITY PROVIDERS TO FORM RECIPROCAL RELATIONSHIPS IN THE COMMUNITIES WE SERVE. SINCE 2020 OUR PHILADELPHIA REFERRALS INCREASED DRAMATICALLY AND THEREFORE WE HAVE WORKED TO CONNECT WITH MORE PROVIDERS IN THE CITY, INCLUDING FEDERALLY QUALIFIED HEALTH CENTER'S (FQHCS), IN ORDER TO PROVIDE OUR PATIENTS WITH THE MOST COMPREHENSIVE, AFFORDABLE AND CONVENIENT AFTER CARE. WE HAVE ALSO PROVIDED OUR INFORMATION TO ALLOW FOR A SMOOTH TRANSFER TO HIGHER LEVEL OF CARE WHEN INDICATED. IN SPRING OF 2022, CLINICAL STAFF WILL WORK TO HOST

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ONSITE MEETINGS WITH REFERRAL SOURCES, AS WELL AS PLAN TO VISIT REFERRAL SOURCES TO BUILD A STRONGER RELATIONSHIP AND WORK TO HAVE SEAMLESS REFERRAL PLANNING FOR OUR PATIENTS. (CONTINUED BELOW)

EAGLEVILLE HOSPITAL:

PART V, SECTION B, LINE 13B: FAMILY SIZE

PART V, SECTION B, LINE 11 (CONTINUED)

C. ENGAGE PATIENTS IN RECOVERY ORIENTED PEER SUPPORTED ACTIVITIES.

THE HOSPITAL'S ON-SITE PEER CENTER CONTINUES TO BE SUPPORTED AS A "VALUE-ADDED" RESOURCE FOR PATIENTS. THE CENTER IS EQUIPPED WITH SIX COMPUTER KIOSKS FOR PATIENTS TO CONNECT WITH COMMUNITY AGENCIES, SCHOOLS, AND CAREER DEVELOPMENT RESOURCES WITH THE AID OF A CERTIFIED PEER RECOVERY SPECIALIST. EIGHTEEN PATIENTS PER DAY MAY ACCESS THE CENTER. CURRENTLY THERE ARE 4 CERTIFIED RECOVERY SPECIALIST POSITIONS WHO WORK DIRECTLY WITH PATIENTS TO PROVIDED SUPPORT AND EDUCATION FROM A "LIVED EXPERIENCE" PROSPECTIVE. THE CRS WORK FROM 7AM TO 11PM SEVEN DAYS PER WEEK, AND ACTIVELY REACH OUT TO PATIENTS WHO ARE AT HIGH RISK TO LEAVE TREATMENT PREMATURELY. IN 2021 EAGLEVILLE HOSPITAL CRS STAFF CONDUCTED 1175 AMA INTERVENTIONS. OF THE PATIENTS THAT HAD THIS INTERVENTION WHEN THEY EXPRESSED THE DESIRE TO LEAVE AMA, ON AVERAGE THEY STAYED IN TREATMENT AN ADDITIONAL 12 DAYS. DUE TO THIS INTERVENTION, AN ADDITION 14,000 DAYS OF TREATMENT WERE CONDUCTED. IN ADDITION, THE CRS MEET WITH PATIENTS WHO MAY NOT HAVE EXPRESSED A

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DESIRE TO AMA, BUT ARE HIGH RISK BASED ON PAST HISTORY IN AN EFFORT TO SUPPORT PATIENTS IN COMPLETING TREATMENT.

III. OBJECTIVE: INCREASE THE USE OF EVIDENCE BASED PRACTICES WHEN ADDRESSING SERIOUS MENTAL ILLNESS, AND SERIOUS EMOTIONAL DISTURBANCES. IN 2020 EAGLEVILLE HOSPITAL ADOPTED A NEW OBJECTIVE TO REPLACE THE OBJECTIVE TO EXPAND CAPACITY FOR TRANSITIONAL AGE YOUTH WITH OPIATE USE DISORDER. THE NEW OBJECTIVE WILL FOCUS ON THE USE OF EVIDENCE BASED PRACTICES.

A: IMPLEMENT EMDR (EYE MOVEMENT DESENSITIZATION AND REPROCESSING)

IN 2020, EAGLEVILLE HOSPITAL TRAINED TWO STAFF IN EMDR TO TREAT PATIENTS WHO HAVE EXPERIENCED TRAUMA, AND ARE DIAGNOSED WITH POST-TRAUMATIC STRESS DISORDER. AN ADDITIONAL TWO STAFF WERE SET TO BE TRAINED, HOWEVER THIS WAS POSTPONED DUE TO THE PANDEMIC. WE WILL LOOK TO INCREASE THIS TRAINING DURING 2022. IN 2021 EAGLEVILLE HOSPITAL PROVIDED EMDR TO APPROXIMATELY 30 PATIENTS ON AN INDIVIDUAL BASIS AND PROVIDED 16 GROUP CYCLES FOR EMDR. EAGLEVILLE HOSPITAL WILL CONTINUE THIS EFFORT AND EXPAND IN 2022.

B: IMPLEMENT TRAUMA INFORMED CARE ACROSS THE CONTINUUM:

EAGLEVILLE HOSPITAL DEVELOPED A PLAN TO HAVE ALL STAFF, INCLUDING SUPPORT STAFF TRAINED IN TRAUMA INFORMED CARE BY END OF SECOND QUARTER 2021. DURING THIS TIME, 245 STAFF WERE TRAINED IN TRAUMA INFORMED CARE. THIS CONTINUES TO BE AN ONGOING EFFORT AND TRAINING IS OFFERED

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

AT A MINIMUM, ON A MONTHLY BASIS, TO ENSURE ALL NEW STAFF RECEIVE THE TRAINING. IN ADDITION, THE NEW RESIDENTIAL PROGRAM WAS STARTED IN DEC 2021 WITH A FOCUS ON TRAUMA INFORMED CARE, INDIVIDUALIZED TREATMENT, CELEBRATING SUCCESSES, AND ELIMINATING ANY PAST NEGATIVE OR PUNITIVE PRACTICES.

COMMUNITY NEEDS UNABLE TO BE ADDRESSED

EAGLEVILLE HOSPITAL ACKNOWLEDGES THE BREADTH OF SERVICES AND HUMAN SERVICE NEEDS REQUIRED BY COUNTY RESIDENTS, THE HOSPITAL'S INPATIENT TREATMENT RESOURCE ARE DEDICATED TO ADDICTION AND MENTAL HEALTH TREATMENT. WHERE THE HOSPITAL CANNOT PROVIDE OUTPATIENT TREATMENT, OR LICENSED/CERTIFIED RESOURCES SUCH AS SUPPORTED EDUCATION AND SUPPORTIVE HOUSING, STAFF REMAIN AWARE OF THE NECESSITY TO PROVIDE PERSONS IN RECOVERY WITH A BROAD BASE OF COMMUNITY RESOURCES, INCLUDING RECOVERY AND HALFWAY HOUSES, CASE MANAGEMENT AND OUTPATIENT TREATMENT. PATIENTS OF ALL AGES ACCESS THESE SERVICES THROUGH A LARGE NETWORK OF REFERRAL AGENCIES. WHERE POSSIBLE, PATIENTS ARE INTRODUCED TO OPPORTUNITIES TO RECEIVE THEIR GED, AND CONNECT WITH THE LOCAL COMMUNITY COLLEGE, VOCATIONAL TRAINING IN MONTGOMERY COUNTY THROUGH SOAR (SKILLS, OPPORTUNITIES, ACHIEVEMENT, AND RESPONSIBILITY) AND OIC (OPPORTUNITIES INDUSTRIALIZATION CENTERS).

THE HOSPITAL IS CAPABLE OF PROVIDING INPATIENT DETOXIFICATION AND REHABILITATION AS WELL AS INPATIENT PSYCHIATRIC CARE FOR BOTH MEN AND WOMEN. THE HOSPITAL WELCOMES THE OPPORTUNITY TO ENGAGE WITH OUTREACH STAFF EMPLOYED BY COUNTY AGENCIES FOR THE EXPRESSED PURPOSE OF TEACHING

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

OLDER MEDICALLY ISOLATED POPULATION, SOME OF WHOM MAY NEED INPATIENT

CARE AT EAGLEVILLE HOSPITAL.

Multiple horizontal lines for providing additional facility information.

Part VI Supplemental Information

Provide the following information.

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

PART I, LN 7 COL(F):

PATIENT ACCOUNTS RECEIVABLE ARE STATED AT NET REALIZABLE VALUE. THE HOSPITAL MAINTAINS ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS AND FOR ESTIMATED LOSSES RESULTING FROM PAYORS' INABILITY TO MAKE PAYMENT ON ACCOUNTS. THE HOSPITAL ESTIMATES THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, CONSIDERING HISTORICAL AND CURRENT BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. ACCOUNTS RECEIVABLE ARE CHARGED TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS WHEN THEY ARE DEEMED UNCOLLECTIBLE.

PART II, COMMUNITY BUILDING ACTIVITIES:

BECAUSE EAGLEVILLE HOSPITAL TAKES SERIOUSLY ITS LONG-STANDING COMMITMENT TO THIS REGION AND THOSE WHO RECEIVE CARE, THE STAFF ENGAGES IN A BROAD RANGE OF ACTIVITIES TO PROMOTE THE HEALTH OF THE COMMUNITIES SERVED. AT THE STATE LEVEL, THE HOSPITAL PARTICIPATES IN A VARIETY OF ADVOCACY AND POLICY DEVELOPMENT ACTIVITIES. HOSPITAL STAFF HAS BEEN INVOLVED IN TASK FORCES AND WORK GROUPS AT THE INVITATION OF THE PENNSYLVANIA DEPARTMENT OF

Part VI Supplemental Information (Continuation)

HEALTH BUREAU OF DRUG AND ALCOHOL PROGRAMS, THE PENNSYLVANIA DEPARTMENT OF WELFARE OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES, AND THE PENNSYLVANIA COMMISSION ON CRIME AND DELINQUENCY, IN ADDITION THE EXTENSIVE WORK WITH THE ORGANIZATIONS LISTED IN THE NEEDS ASSESSMENT SECTION.

AT THE COUNTY AND LOCAL LEVELS, EAGLEVILLE HOSPITAL STAFF MEMBERS HAVE WORKED WITH THE MONTGOMERY COUNTY SUICIDE PREVENTION WORK GROUP, THE MONTGOMERY COUNTY FORENSIC WORK GROUP, THE CITY OF PHILADELPHIA FORENSIC TASK FORCE, THE CITY OF PHILADELPHIA FIR/IPP EXECUTIVE COMMITTEE, AND BOTH THE MONTGOMERY AND DELAWARE COUNTY INTEGRATED DUAL DIAGNOSIS WORK GROUPS. EAGLEVILLE PROVIDES SPEAKERS TO LOCAL SCHOOL SYSTEMS, COMMUNITY GROUPS AND TREATMENT PROVIDERS ON A VARIETY OF TOPICS RELATED TO BEHAVIORAL HEALTH CONDITIONS.

IN ADDITION TO GOING OUT INTO THE COMMUNITY, THE HOSPITAL INVITES THE COMMUNITY IN. EAGLEVILLE HOSPITAL OFFERS A GREAT DEAL BY SHARING EXPERTISE AS WELL AS THE EXCELLENT TRAINING FACILITIES AND STAFF. THE HOSPITAL HAS HOSTED A MAJOR REGIONAL CONFERENCE ON TRAUMA AND SUBSTANCE USE DISORDERS; PROVIDED CORE TRAINING FOR CO-OCCURRING COMPETENCE FOR A SIGNIFICANT NUMBER OF PROVIDER STAFF FROM TREATMENT FACILITIES IN THE COUNTY, IN PARTNERSHIP WITH THE MONTGOMERY COUNTY OFFICE OF BEHAVIORAL HEALTH; OFFER AN ONGOING TRAINING SERIES TO ASSIST CLINICIANS IN THEIR PROFESSIONAL DEVELOPMENT; AND PROVIDE INTERNSHIP PLACEMENTS FOR STUDENTS AT LOCAL COLLEGES AND UNIVERSITIES.

EAGLEVILLE HOSPITAL RECOGNIZES THE RESPONSIBILITY THAT COMES WITH THE UNIQUE ARRAY OF CAPABILITY, EXPERIENCE, SERVICES AND IMPRESSIVE HUNDRED-YEAR HISTORY. IT IS IN THIS SPIRIT THAT EAGLEVILLE HOSPITAL CONTINUOUSLY ASSESSES THE HEALTH CARE NEEDS OF THOSE SERVED, DEVELOPS PROGRAMMING AND SERVICES TO ADDRESS THOSE NEEDS, INFORM PATIENTS OF THE

Part VI Supplemental Information (Continuation)

AVAILABLE MEANS TO ACCESS SERVICES, PARTNER EFFECTIVELY THROUGHOUT THE COMMUNITIES AND POPULATIONS SERVED, AND HELP TO PROMOTE THE HEALTH OF THOSE COMMUNITIES THROUGH POLICY ENGAGEMENT, SHARING OF BEST PRACTICES, TRAINING AND PROFESSIONAL DEVELOPMENT.

PART III, LINE 4:

THE HOSPITAL PROVIDES AN ALLOWANCE FOR BAD DEBTS USING THE ALLOWANCE METHOD, WHICH IS BASED ON MANAGEMENT'S JUDGEMENT CONSIDERING HISTORICAL INFORMATION. PATIENT ACCOUNTS RECEIVABLE ARE UNSECURED. ACCOUNTS PAST DUE ARE INDIVIDUALLY ANALYZED FOR COLLECTABILITY. IN ADDITION, AN ALLOWANCE IS PROVIDED FOR OTHER ACCOUNTS WHEN A SIGNIFICANT PATTERN OF UNCOLLECTIBILITY HAS OCCURRED. WHEN ALL COLLECTION EFFORTS HAVE BEEN EXHAUSTED, THE ACCOUNTS ARE WRITTEN OFF. THE HOSPITAL ALSO PROVIDES CONTRACTUAL ADJUSTMENTS FROM MAJOR THIRD PARTY PAYORS.

PART III, LINE 8:

MEDICARE COST REPORT

PART VI, LINE 2:

LOCATED IN SOUTHEASTERN PENNSYLVANIA FOR THE PAST CENTURY, EAGLEVILLE HOSPITAL IS A HIGHLY RESPECTED AND CUTTING-EDGE REGIONAL PROVIDER OF BEHAVIORAL HEALTH TREATMENT SERVICES FOR ADULTS. APPROXIMATELY NINETY PERCENT OF THE PATIENTS SERVED THAT RECEIVE PUBLIC FUNDING FOR THEIR TREATMENT ARE UNINSURED. PUBLIC FUNDING INCLUDES MEDICARE, MEDICAID AND COUNTY FUNDING FOR UNINSURED AND UNDER-INSURED INDIVIDUALS. IT IS CRITICAL THAT THE HOSPITAL REMAIN ABREAST OF THE CURRENT TRENDS IN REGIONAL BEHAVIORAL HEALTH NEEDS TO BEST SERVE THE PATIENTS BY DESIGNING RESPONSIVE AND EFFECTIVE PROGRAMS. TO ENSURE THIS KNOWLEDGE BASE,

Part VI Supplemental Information (Continuation)

EAGLEVILLE HOSPITAL STAFF MEMBERS ACTIVELY PARTICIPATE IN THE PENNSYLVANIA DRUG AND ALCOHOL COALITION, THE PENNSYLVANIA COMMUNITY PROVIDERS ASSOCIATION, THE PENNSYLVANIA CERTIFICATION BOARD, THE DRUG AND ALCOHOL SERVICE PROVIDERS ASSOCIATION OF PENNSYLVANIA, THE PENNSYLVANIA ASSOCIATION OF DRUG COURT PROFESSIONALS AND THE PENNSYLVANIA FORENSIC INTERAGENCY TASK FORCE.

TO BEST SERVE THE MEDICARE-FUNDED POPULATION, EAGLEVILLE HOSPITAL ALSO MAINTAINS A CLOSE FOCUS ON THE BEHAVIORAL HEALTH NEEDS OF ELDERLY AND DISABLED INDIVIDUALS COVERED BY MEDICARE. THE ADMISSION DEPARTMENT HAS DEVELOPED A BROAD NETWORK OF CONTACTS WITH GENERAL HOSPITALS, PSYCHIATRIC HOSPITALS, NURSING HOMES, ASSISTED LIVING FACILITIES, GERIATRIC GROUP PRACTICES, COUNTY OFFICES ON AGING AND THE PENNSYLVANIA COALITION ON AGING. EAGLEVILLE HOSPITAL OPERATES HOSPITAL AND NON-HOSPITAL LEVEL PROGRAMS FOR BOTH SUBSTANCE USE DISORDERS AND MENTAL DISORDERS IN RESPONSE TO THE IDENTIFIED NEEDS.

ALL MEDICAID RECIPIENTS IN PENNSYLVANIA PARTICIPATE IN HEALTH CHOICES, A PROGRAM STRONGLY CONCERNED WITH THE AVAILABILITY OF PROGRAMMING DESIGNED TO MEET THE NEEDS OF INDIVIDUALS WITH CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS. EAGLEVILLE HOSPITAL CONTINUES TO EXPAND ITS CAPABILITY TO PROVIDE INTEGRATED CO-OCCURRING DISORDERS TREATMENT IN RESPONSE TO THE IDENTIFIED NEED. EAGLEVILLE HOSPITAL RESPONDS TO REQUESTS FOR PROPOSALS ISSUED BY THE HEALTH CHOICES MANAGED CARE ORGANIZATIONS AND DEVELOPS PROGRAMMING CONSISTENT WITH THE NEEDS IDENTIFIED BY THESE ORGANIZATIONS.

EAGLEVILLE HOSPITAL PERFORMS ROUTINE PATIENT SATISFACTION SURVEYS AND FOCUS GROUPS WITH THE PATIENT POPULATION. IN RESPONSE TO THESE FINDINGS, PROGRAM MODIFICATIONS OCCUR TO MEET PATIENT AND COMMUNITY NEEDS.

EAGLEVILLE HOSPITAL RESPONDS TO REQUESTS FOR PROPOSALS ISSUED BY NUMEROUS

Part VI Supplemental Information (Continuation)

SINGLE COUNTY AUTHORITIES, WHICH PROVIDE FUNDING FOR UNINSURED AND UNDER-INSURED SUBSTANCE USERS, IN RESPONSE TO NEED IDENTIFIED THROUGH THESE COUNTIES' NEEDS ASSESSMENT PROCESSES.

PART VI, LINE 3:

THE VERY NETWORKS THROUGH WHICH THE HOSPITAL STAYS INFORMED OF AND RESPONSIVE TO COMMUNITY NEEDS ALSO PROVIDE CHANNELS THROUGH WHICH PATIENT EDUCATION AND INFORMATION IS SHARED. THE HOSPITALS, NURSING HOMES, PRACTICES AND COUNTY OFFICES HAVE PROVEN EFFECTIVE PARTNERS IN HELPING EAGLEVILLE REACH INDIVIDUALS WHO CAN BENEFIT FROM EAGLEVILLE HOSPITAL'S PROGRAMS AND HELPING MAKE THOSE PATIENTS AWARE OF THE SERVICES AND THE FUNDING SOURCES AVAILABLE. EAGLEVILLE HOSPITAL PARTICIPATES IN MANY COMMUNITY BASED RESOURCE, HEALTH AND AWARENESS FAIRS TO DISTRIBUTE PROGRAM INFORMATION AND RESOURCES. IN MANY OF THESE COMMUNITY SETTINGS, COLLABORATIVE RELATIONSHIPS EMERGE WITH COMMUNITY BASED RESOURCES. THERAPEUTIC AND MEDICAL PERSONNEL PROVIDE ASSISTANCE TO PATIENTS IN NEED OF COMMUNITY RESOURCES BY IDENTIFYING AND NAVIGATING COMMUNITY RESOURCES IN RESPONSE TO PATIENT NEEDS. PATIENTS PRESENTING WITHOUT BENEFIT OF A THIRD PARTY COVERAGE OR IN NEED OF FINANCIAL ASSISTANCE ARE REFERRED TO A DESIGNATED FINANCIAL COUNSELOR WHO WORKS HAND IN HAND WITH THE PATIENT ON A ONE TO ONE BASIS TO EFFECT COVERAGE THROUGH A COUNTY, STATE OR OTHER RESOURCE OR PROVIDES DETERMINATION OF ELIGIBILITY FOR OUR CHARITY CARE PROGRAM. IN MOST CASES, THIS INVOLVES A COLLABORATIVE EFFORT WITH THE UNIT BEHAVIORAL CARE COORDINATOR AND, WITH THE PATIENT'S CONSENT, A DESIGNEE, SUCH AS A FAMILY MEMBER CONTRIBUTING INFORMATION. THE ASSIGNED FINANCIAL COUNSELOR WILL REVIEW ALL DATA, ASSESS, PROCESS, AND ORCHESTRATE SUBMISSION TO ALL APPLICABLE RESOURCES FOR FUNDING ON BEHALF OF THE PATIENT IN ACCORDANCE WITH HOSPITAL POLICIES AND THE PATIENT HANDBOOK

Part VI Supplemental Information (Continuation)

PROVIDED AT THE TIME OF ADMISSION OR AVAILABLE ON OUR WEBSITE.

PART VI, LINE 4:

EAGLEVILLE HOSPITAL SERVES A RANGE OF GEOGRAPHIC COMMUNITIES AND PATIENT POPULATIONS. THE HOSPITAL DRAWS THE MEDICARE POPULATION PRIMARILY FROM PENNSYLVANIA, BUT ALSO REGULARLY SERVES OTHER STATES SUCH AS DELAWARE, NEW JERSEY, NEW YORK AND MARYLAND.

THE GERIATRIC PSYCHIATRY SERVICE PROVIDES CARE TO INDIVIDUALS AGES 55 AND ABOVE SUFFERING FROM MENTAL DISORDERS. PATIENTS ADMITTED TO THE SUBSTANCE USE DISORDER SERVICES INCLUDE ELDERLY INDIVIDUALS WITH SUBSTANCE USE DISORDERS AND THOSE WITH CHRONIC DISABILITIES. MANY ALSO HAVE PHYSICAL HEALTH CONDITIONS THAT COMPLICATE TREATMENT AND THEY MAY NEED HOSPITAL LEVEL CARE. EAGLEVILLE IS UNIQUELY POSITIONED TO PROVIDE THE FULL RANGE OF SERVICES THAT THE GERIATRIC POPULATION CAN REQUIRE.

BY DEFINITION, THE MEDICAID POPULATION TENDS TO BE CHRONICALLY SOCIO-ECONOMICALLY DISADVANTAGED. THE MAJORITY OF MEDICAID PATIENTS SERVED BY EAGLEVILLE HOSPITAL COME FROM THE CITY OF PHILADELPHIA WHILE THE SECOND LARGEST SOURCE OF ADMISSIONS IS MONTGOMERY COUNTY. THE HOSPITAL RECEIVES MANY REFERRALS FROM THE SOUTHEASTERN REGION OF PENNSYLVANIA, ALSO SERVING AS A SPECIALTY SERVICE PROVIDER THROUGHOUT THE EASTERN PART OF THE STATE BECAUSE OF THE DISTINCTIVE ABILITY TO PROVIDE HOSPITAL LEVEL SERVICES AND INTEGRATED CO-OCCURRING TREATMENT SERVICES.

THE SINGLE COUNTY AUTHORITIES IN PENNSYLVANIA COUNT ON EAGLEVILLE HOSPITAL, AS VERY FEW REMAINING FACILITIES OFFER HOSPITAL LEVEL SUBSTANCE USE DISORDER TREATMENT. FOR SOME OF THESE COUNTIES, EAGLEVILLE HOSPITAL IS THE ONLY HOSPITAL LEVEL FACILITY OR INTEGRATED CO-OCCURRING FACILITY WITHIN SEVERAL HOURS' DRIVE, MAKING THE HOSPITAL A CRITICAL COMMUNITY RESOURCE. MANY OF THE INDIVIDUALS FUNDED THROUGH COUNTIES ARE

Part VI Supplemental Information (Continuation)

ECONOMICALLY DISADVANTAGED AND MANY ALSO FACE CHRONIC DISABILITIES. THE SINGLE COUNTY AUTHORITIES RELY ON EAGLEVILLE HOSPITAL TO SERVE THESE INDIVIDUALS FROM THEIR COMMUNITIES BECAUSE EAGLEVILLE HOSPITAL IS ONE OF THE FEW SOURCES FOR HIGH QUALITY CARE PROVIDED IN A COMPETENT FASHION. FINALLY, EAGLEVILLE HOSPITAL PROVIDES CHARITY CARE WHEN FUNDING IS NOT AVAILABLE AND MEDICAL NECESSITY EXISTS. GIVEN THE GENERAL STATE OF THE ECONOMY, THIS IS AN EXPANDING POPULATION. AN INCREASING NUMBER OF PREVIOUSLY INSURED INDIVIDUALS NO LONGER HAVE THE MEANS TO PURCHASE COMMERCIAL INSURANCE YET DO NOT QUALIFY FOR MEDICARE, MEDICAID OR SINGLE COUNTY AUTHORITY FUNDING. ADDITIONALLY, THE HOSPITAL INCREASINGLY SERVES YOUNG ADULTS WITH NO HEALTH INSURANCE OR NO BEHAVIORAL HEALTH BENEFIT WHOSE FAMILIES LACK THE FINANCIAL ABILITY TO PAY.

**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" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

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 on 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 aren't 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 on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EUGENE J. OTT CEO	(i)	319,575.	25,000.	0.	11,607.	31,321.	387,503.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN REITANO PSYCHIATRIST	(i)	340,260.	0.	0.	0.	0.	340,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RICHARD H. SPIEGEL COVERAGE PHYSICIAN	(i)	266,432.	0.	0.	8,555.	12,057.	287,044.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GEORGE ABRAHAM PSUCHATRIST	(i)	229,289.	0.	0.	7,237.	6,428.	242,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ADNAN B. ZAWAWI NEUROPSYCHIATRIST - FORMER	(i)	220,111.	0.	0.	0.	8,543.	228,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) WENDY A. MANEVAL CHIEF LEGAL AND REGULATORY	(i)	198,162.	7,500.	0.	8,239.	7,727.	221,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) REGINA REED DIRECTOR - OPIOID TREATMENT PROGRAM	(i)	195,972.	0.	0.	0.	11,836.	207,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MAUREEN POLLOCK FORMER - CEO	(i)	174,194.	0.	0.	0.	0.	174,194.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) WILLIAM R. KEENAN CFO	(i)	148,232.	0.	0.	0.	10,181.	158,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**
▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **EAGLEVILLE HOSPITAL** Employer identification number **23-1352115**

Part I	Bond Issues	SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
		(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
								Yes	No	Yes	No	Yes	No
	A	MONTGOMERY COUNTY INDUSTRIAL DEVELOPMENT A	23-2245125	NONE	04/15/20	20000000.	FINANCE A PORTION OF THE CAPITAL PR		X		X		X
	B												
	C												
	D												

Part II	Proceeds	A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	20,000,000.							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	20,000,000.							
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion	2021							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X							
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	<input checked="" type="checkbox"/>							
b Name of provider	KEYBANK NATIONAL AS							
c Term of hedge								
d Was the hedge superintegrated?		<input checked="" type="checkbox"/>						
e Was the hedge terminated?		<input checked="" type="checkbox"/>						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		<input checked="" type="checkbox"/>						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		<input checked="" type="checkbox"/>						
7 Has the organization established written procedures to monitor the requirements of section 148?	<input checked="" type="checkbox"/>							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?								

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: MONTGOMERY COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY

(F) DESCRIPTION OF PURPOSE:

FINANCE A PORTION OF THE CAPITAL PROJECT - EXPANSION OF THE HOSPITAL CAMPUS

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

FORM 990, PART I, LINE 1: DESCRIPTION OF ORGANIZATION'S MISSION:

TO PROVIDE COMPREHENSIVE, HIGH QUALITY SERVICES RELATED TO ADDICTION,
CO-OCCURRING DISORDERS AND OTHER BEHAVIORAL HEALTH PROBLEMS THROUGH
EAGLEVILLE HOSPITAL.

FORM 990, PART III, LINE I: DESCRIPTION OF ORGANIZATION'S MISSION:

THE HOSPITAL PROVIDES QUALITY INPATIENT AND RESIDENTIAL TREATMENT FOR
SUBSTANCE ABUSE, MEDICAL, PSYCHOLOGICAL, PSYCHIATRIC, AND CO-OCCURRING
DISORDERS. THE HOSPITAL ALSO PROVIDES RELATED RESEARCH, TRAINING AND
EDUCATIONAL SERVICES TO PROFESSIONAL AND LOCAL COMMUNITIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF THE ORGANIZATION IS EAGLEVILLE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

EAGLEVILLE FOUNDATION ELECTS AND APPROVES MEMBERS OF EAGLEVILLE HOSPITAL'S
GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

ALL DECISIONS OF THE ORGANIZATION'S GOVERNING BODY ARE SUBJECT TO APPROVAL
BY EAGLEVILLE FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED IN THE AUDIT COMMITTEE AND APPROVED BY THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
--	---

COMMITTEE. THE COMMITTEE THEN PROVIDES A COPY OF THE FORM 990 TO THE GOVERNING BODY FOR APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DOCUMENT EACH YEAR. THE POLICY IS REGULARLY MONITORED BY THE COMPLIANCE OFFICE.

FORM 990, PART VI, SECTION C, LINE 19:

EAGLEVILLE HOSPITAL MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

MISCELLANEOUS FEES:

PROGRAM SERVICE EXPENSES	6,600.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,600.

ADMINISTRATION CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	264,685.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	264,685.

ADMISSIONS - AMBULANCE PURCH SERVICES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	250.

Name of the organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
--	---

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	250.

FINANCE CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	528,956.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	528,956.

HOUSEKEEPING:

PROGRAM SERVICE EXPENSES	1,119,617.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,119,617.

HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	230,827.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	230,827.

INFORMATION TECHNOLOGY:

PROGRAM SERVICE EXPENSES	225,600.
MANAGEMENT AND GENERAL EXPENSES	413,227.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	638,827.

LABORATORY:

Name of the organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
--	---

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,772.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,772.

MARKETING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	10,059.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	10,059.

MEDICAL RECORDS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,470.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,470.

MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES	522,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	522,000.

NURSING - LEVY:

PROGRAM SERVICE EXPENSES	35.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35.

Name of the organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
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NURSING - ACUTE - PSYCH:

PROGRAM SERVICE EXPENSES	15,546.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,546.

NURSING - ARCADIA:

PROGRAM SERVICE EXPENSES	218,666.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	218,666.

NURSING - ARNSTEIN:

PROGRAM SERVICE EXPENSES	503.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	503.

NURSING - D'ARCLAY:

PROGRAM SERVICE EXPENSES	278,646.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	278,646.

NURSING - GERSTLEY:

PROGRAM SERVICE EXPENSES	298.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
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FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	298.

NURSING - PATIENT CARE BUILDING:

PROGRAM SERVICE EXPENSES	37,607.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	37,607.

NURSING ADMINISTRATION:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	79,071.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	79,071.

NUTRITION:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,990,436.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,990,436.

OPERATION OF PLANT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	194,926.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	194,926.

OTHER PURCHASED SERVICES:

Name of the organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
--	---

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	18,812.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	18,812.

OTHER PURCHASED SERVICES - COMPLIANCE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	42,176.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	42,176.

PATIENT ACCOUNTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	20,679.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,679.

PERFORMANCE IMPROVEMENT:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	206,183.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	206,183.

PHARMACY:

PROGRAM SERVICE EXPENSES	1,007,113.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,007,113.

Name of the organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
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PSYCHIATRIST SERVICES:

PROGRAM SERVICE EXPENSES	754,985.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	754,985.

SECURITY:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	233.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	233.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 8,198,978.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION DID NOT MAKE ANY CHANGES IN ITS OVERSIGHT PROCESS DURING THE TAX YEAR.

FORM 990, PART V, LINES 7G & 7H

NOT APPLICABLE

**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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
EAGLEVILLE FOUNDATION - 22-2565791 P.O. BOX 45, 100 EAGLEVILLE ROAD EAGLEVILLE, PA 19408-0045	SUPPORT EAGLEVILLE HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 3			X
EAGLEVILLE HOSPITAL WORKERS COMPENSATION TRUST - 23-7740057, P.O. BOX 45, 100 EAGLEVILLE ROAD, EAGLEVILLE, PA 19408-0045	SUPPORTING ORGANIZATION OF EAGLEVILLE HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 12B, II	EAGLEVILLE HOSPITAL		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2020

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

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

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	No

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(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.

Lined area for providing supplemental information.

Electronic Filing PDF Attachment

EAGLEVILLE HOSPITAL

Financial Statements
June 30, 2021 and 2020

Kreischer
Miller

PEOPLE | IDEAS | SOLUTIONS

EAGLEVILLE HOSPITAL

June 30, 2021 and 2020

CONTENTS

INDEPENDENT AUDITORS' REPORT

FINANCIAL STATEMENTS

Balance Sheets	1
Statements of Operations and Changes in Net Assets	2
Statements of Functional Expenses	3
Statements of Cash Flows	4
Notes to Financial Statements	5-19

Independent Auditors' Report

The Board of Directors
Eagleville Hospital
Eagleville, Pennsylvania

Report on the Financial Statements

We have audited the accompanying financial statements of Eagleville Hospital, which comprise the balance sheets as of June 30, 2021 and 2020, and the related statements of operations and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Eagleville Hospital as of June 30, 2021 and 2020, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "K. Neisler Miller". The signature is written in a cursive style with a large, stylized initial "K".

Horsham, Pennsylvania

September 23, 2021

EAGLEVILLE HOSPITAL

Balance Sheets

June 30, 2021 and 2020

	2021	2020
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 8,110,584	\$ 5,623,986
Restricted cash	-	20,771,594
Patient accounts receivable, less allowance for doubtful accounts of \$366,579 in 2021 and \$1,299,074 in 2020	1,718,694	2,993,678
Accounts receivable, other	236,866	637,273
Due from affiliate	215,562	215,562
Prepaid expenses and other	1,284,651	313,141
Investments limited as to use required for current workers' compensation liabilities under trustee agreement	394,642	151,337
Total current assets	11,960,999	30,706,571
Investments limited as to use:		
By Board for capital improvements	17,883,544	14,624,305
Endowment (\$968,902 permanently restricted)	3,577,019	2,837,666
Investments	13,250,330	10,510,924
Property, plant and equipment, net	45,093,006	12,958,587
	<u>\$ 91,764,898</u>	<u>\$ 71,638,053</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of long-term debt	\$ 4,861,642	\$ 1,607,662
Accounts payable	1,173,068	1,511,536
Accrued expenses:		
Salaries and wages	1,670,564	1,584,547
Other	2,102,895	480,379
Workers' compensation claims under trustee agreement	282,576	205,427
Total current liabilities	10,090,745	5,389,551
Long-term liabilities:		
Accrued expenses - construction	6,686,027	-
Long-term debt, net of current portion	6,265,406	3,297,643
	<u>12,951,433</u>	<u>3,297,643</u>
Net assets:		
Without donor restrictions (Board designated: \$17,883,544 in 2021 and \$14,624,305 in 2020)	67,753,818	61,981,957
With donor restrictions	968,902	968,902
	<u>68,722,720</u>	<u>62,950,859</u>
	<u>\$ 91,764,898</u>	<u>\$ 71,638,053</u>

See accompanying notes to financial statements.

EAGLEVILLE HOSPITAL

Statements of Operations and Changes in Net Assets
Years Ended June 30, 2021 and 2020

	2021			2020		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue:						
Net patient service revenue	\$ 27,535,537	\$ -	\$ 27,535,537	\$ 32,336,000	\$ -	\$ 32,336,000
Community access fund	2,449,048	-	2,449,048	2,449,048	-	2,449,048
Other revenues	6,644,715	-	6,644,715	2,960,381	-	2,960,381
Total revenue	36,629,300	-	36,629,300	37,745,429	-	37,745,429
Expenses:						
Professional care of patients	17,662,729	-	17,662,729	20,961,244	-	20,961,244
Dietary services	2,003,224	-	2,003,224	2,119,401	-	2,119,401
General services	3,435,283	-	3,435,283	2,590,110	-	2,590,110
Administrative services	7,633,716	-	7,633,716	7,244,208	-	7,244,208
Employee health and welfare	4,580,610	-	4,580,610	5,290,243	-	5,290,243
Insurance costs	859,807	-	859,807	701,880	-	701,880
Depreciation	1,080,452	-	1,080,452	1,330,265	-	1,330,265
Provision for bad debts	315,381	-	315,381	520,335	-	520,335
Total expenses	37,571,202	-	37,571,202	40,757,686	-	40,757,686
Loss from operations	(941,902)	-	(941,902)	(3,012,257)	-	(3,012,257)
Other income:						
Net investment return	6,713,763	-	6,713,763	712,338	-	712,338
Change in net assets	5,771,861	-	5,771,861	(2,299,919)	-	(2,299,919)
Net assets, beginning of year	61,981,957	968,902	62,950,859	64,281,876	968,902	65,250,778
Net assets, end of year	\$ 67,753,818	\$ 968,902	\$ 68,722,720	\$ 61,981,957	\$ 968,902	\$ 62,950,859

See accompanying notes to financial statements.

EAGLEVILLE HOSPITAL

Statements of Functional Expenses
 Years Ended June 30, 2021 and 2020

	2021			2020		
	Management and General	Hospital Service	Total Expenses	Management and General	Hospital Service	Total Expenses
Salaries	\$ 7,429,962	\$ 10,412,972	\$ 17,842,934	\$ 7,371,217	\$ 14,331,203	\$ 21,702,420
Outside labor	15,936	1,312,002	1,327,938	751,079	934,392	1,685,471
Employee benefits	1,879,421	2,633,978	4,513,399	1,772,040	3,445,219	5,217,259
Purchased services	3,703,053	4,709,572	8,412,625	2,856,381	3,324,259	6,180,640
Drugs	-	1,252,525	1,252,525	-	1,403,730	1,403,730
Supplies	214,358	282,426	496,784	309,578	348,300	657,878
Rentals, leases and maintenance	140,535	271,135	411,670	120,823	233,105	353,928
Utilities	228,522	440,889	669,411	216,586	417,860	634,446
Insurance	859,807	-	859,807	701,880	-	701,880
Other expenses	317,719	70,557	388,276	330,255	39,179	369,434
Depreciation and amortization	368,843	711,609	1,080,452	454,123	876,142	1,330,265
Bad debts	-	315,381	315,381	139,630	380,705	520,335
	<u>\$ 15,158,156</u>	<u>\$ 22,413,046</u>	<u>\$ 37,571,202</u>	<u>\$ 15,023,592</u>	<u>\$ 25,734,094</u>	<u>\$ 40,757,686</u>

See accompanying notes to financial statements.

EAGLEVILLE HOSPITAL

Statements of Cash Flows Years Ended June 30, 2021 and 2020

	2021	2020
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 5,771,861	\$ (2,299,919)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities:		
Depreciation	1,080,452	1,330,265
Bad debt expense	315,381	520,335
Realized gains on investments	(757,761)	(1,115,595)
Unrealized (gain) loss on investments	(5,765,381)	1,118,159
(Increase) decrease in assets:		
Patient accounts receivable	959,603	(270,419)
Accounts receivable, other	400,407	(578,144)
Prepaid expenses and other	(971,510)	153,011
Workers' compensation investments	(243,305)	75,167
Increase (decrease) in liabilities:		
Accounts payable	(338,468)	451,916
Due to affiliate	-	(35,000)
Accrued expenses	1,708,533	(3,158,885)
Workers' compensation claims under trustee agreement liabilities	77,149	53,346
Net cash provided by (used in) operating activities	<u>2,236,961</u>	<u>(3,755,763)</u>
Cash flows from investing activities:		
Purchase of property, plant and equipment	(20,307,101)	(4,062,096)
Purchase of investments, including assets limited as to use	(5,021,211)	(11,852,251)
Proceeds from investment sales, including assets limited as to use	4,806,355	37,195,278
Net cash provided by (used in) investing activities	<u>(20,521,957)</u>	<u>21,280,931</u>
Cash flows from financing activity:		
Proceeds from long-term debt	-	4,905,305
Net increase (decrease) in cash and cash equivalents	(18,284,996)	22,430,473
Cash, cash equivalents and restricted cash:		
Beginning of year	26,395,580	3,965,107
End of year	<u>\$ 8,110,584</u>	<u>\$26,395,580</u>
Supplemental disclosure of noncash investing and financing activities:		
Long-term debt and accrued expenses incurred for acquisition of property, plant and equipment	<u>\$12,907,770</u>	<u>\$ -</u>
The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported within the balance sheets that sum to the total of the same amounts below:		
Cash and cash equivalents	\$ 8,110,584	\$ 5,623,986
Restricted cash	-	20,771,594
	<u>\$ 8,110,584</u>	<u>\$26,395,580</u>

See accompanying notes to financial statements.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(1) Organization

Eagleview Hospital (the Hospital) provides behavioral health treatment through its facilities located in Eagleview, Pennsylvania. Under a 1984 corporate restructuring, the Hospital became an affiliate under common control of Eagleview Foundation (the Foundation). The Foundation exercises control over the Hospital by controlling appointments to the Board of Directors.

(2) Summary of Significant Accounting Policies

Cash and Cash Equivalents

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less. The carrying amount approximates fair value.

The Hospital routinely invests its surplus operating funds in money market funds. These funds generally invest in highly liquid U.S. government and agency obligations.

Restricted Cash

Restricted cash represents amounts to be held in escrow for the Montgomery County Industrial Development Authority Tax-Exempt Revenue Note, Series 2020 (see Note 10).

Patient Accounts Receivable

Patient accounts receivable are stated at net realizable value. The Hospital maintains allowances for uncollectible accounts and for estimated losses resulting from payors' inability to make payment on accounts. The Hospital estimates the allowance for uncollectible accounts based on management's assessment of historical and expected net collections, considering historical and current business and economic conditions, trends in health care coverage, and other collection indicators. Accounts receivable are charged to the allowance for uncollectible accounts when they are deemed uncollectible.

Investments Limited as to Use

Investments limited as to use primarily include assets held in trust for workers' compensation liabilities and designated assets set aside by the Board of Directors for future capital improvements, over which the Board retains control and may, at its discretion, subsequently use for other purposes. Amounts required to meet current liabilities have been classified as current assets in the balance sheets.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(2) Summary of Significant Accounting Policies, Continued

Investments

The Hospital follows Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-320, *Investments – Debt and Equity Securities*. FASB ASC 958-320 requires not-for-profit organizations to record investments in equity securities with readily determinable fair values and all investments in debt securities at fair value in the balance sheets. It also requires all investment income, including interest, dividends, realized gains (losses) on sales of investments and unrealized gains (losses) on investments held, net of investment fees, to be reported as net investment return in the statements of operations.

Investments which are expected to be used for working capital within the following year, if any, are classified as current assets in the balance sheets.

Property, Plant and Equipment

Property, plant and equipment are stated at cost and depreciated using the straight-line method over the estimated useful lives of the assets. Upon the sale or other disposition of property, plant or equipment, the cost and related accumulated depreciation are removed from the accounts and the resulting gain or loss is reflected in operations. Expenditures for maintenance and repairs are charged to operations. Costs of renewals and betterments are capitalized. Donated property, plant or equipment is recorded at fair value at date of donation, which is then treated as cost.

Net Assets

Net assets, revenues, gains, and losses are classified based on the existence or absence of donor or grantor-imposed restrictions. Accordingly, net assets and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets available for use in general operations and not subject to donor (or certain grantor) restrictions. The governing board has designated, from net assets without donor restrictions, net assets for capital improvements.

Net Assets With Donor Restrictions – Net assets subject to donor- (or certain grantor-) imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(2) Summary of Significant Accounting Policies, Continued

Net Patient Service Revenue

Net patient service revenue is reported at the amount that reflects the consideration to which the Hospital expects to be entitled for providing patient care. These amounts are due from patients, third-party payors, and others and include variable consideration for retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. The Hospital has agreements with third-party payors, including Medicare, Medicaid, Blue Cross and local counties that provide for reimbursement to the Hospital at established rates. Contractual adjustments represent the difference between the Hospital's established rates and the amount reimbursed by the third-party payors under various reimbursement agreements. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Generally, the Hospital bills the patients and third-party payors several days after the services are performed or shortly after discharge. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Hospital. Revenue is recognized over time as performance obligations are satisfied in the amount that reflects the consideration expected to be received in exchange for providing patient care. The Hospital applies the right-to-invoice practical expedient in which revenue is recognized in direct proportion to the Hospital's present right to consideration for progress towards the complete satisfaction of the performance obligation.

The transaction price is based on standard charges for services provided to patients, reduced by applicable contractual adjustments, discounts to under and uninsured patients, and implicit pricing concessions. The estimates of contractual adjustments are based on contractual agreements, discount policy, and historical collection experience.

Medicare

Inpatient care services rendered to Medicare program beneficiaries are paid at prospectively determined rates per discharge or per diem for the geriatric unit. The prospective rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(2) Summary of Significant Accounting Policies, Continued

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are reimbursed based on the state's prospective payment system. A provision is made for estimated settlements related to cost reimbursement contracts with Medicaid. Cost reimbursement contracts for each year are subject to audit by Medicaid. All cost reports for the fiscal years through 2020 have been reviewed and accepted by Medicaid.

In addition, the Hospital received \$320,080 and \$270,168 in fiscal years 2021 and 2020, respectively, in Tobacco Settlement Funds under PA Act 77 of 2001 which provides that such funds be used to reimburse the Hospital for uncompensated care and extraordinary expenses. These payments are included in other revenues.

Community Access Fund

In fiscal years 2021 and 2020, the Hospital received grants from the Pennsylvania Department of Public Welfare of \$2,449,048. The purpose of the grants was to assist the Hospital in adjusting to the transition of reduced funding from the Medicaid program.

Donor Gifts

Unconditional promises to give are reported at fair value at the date the promise is received. Conditional promises to give are reported at fair value at the date the conditions are met. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of restriction is accomplished, assets with restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restrictions. Donor restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying financial statements.

Charity Care

The Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, it does not report such amounts as revenue. There were no charity care patients in 2021 or 2020.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(2) Summary of Significant Accounting Policies, Continued

Income Tax Status

The Hospital is exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code (IRC).

The Hospital files Federal Form 990 and not Form 990T. With few exceptions, the Hospital is no longer subject to U.S. federal, state or local income tax examinations by tax authorities for years before 2018. It is difficult to predict the final timing and resolution of any particular uncertain tax position. Based on the Hospital's assessment of many factors, including past experience and complex judgments about future events, the Hospital does not currently anticipate significant changes in its tax positions over the next 12 months.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Changes in estimates are reflected in the periods in which they become known. Significant estimates are used when accounting for depreciation, estimated retroactive adjustments under reimbursement agreements with third party payors, contractual allowance, allowance for doubtful accounts, workers' compensation claims, and legal claims among others.

Concentrations of Risk

Financial instruments, which potentially subject the Hospital to a concentration of credit risk, consist principally of investments, patient accounts receivable and cash and cash equivalents. The Hospital limits this risk by diversifying its investment portfolio. The degree and concentration of risk varies depending upon the type and diversity of investments within the portfolio. Cash and cash equivalents are maintained in various financial institutions and, at times, balances may exceed federally insured limits. The Hospital has never experienced any losses related to these balances. All noninterest bearing cash balances are fully insured up to \$250,000 per depositor at each financial institution.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(2) Summary of Significant Accounting Policies, Continued

Concentrations of Risk, Continued

The Hospital primarily serves residents of the Philadelphia metropolitan area. The Hospital grants credit to patients but generally does not require collateral or other security in extending the credit. However, the Hospital routinely obtains assignments of (or is otherwise entitled to receive) patients' benefits payable under health insurance programs, plans or policies (e.g. Medicare, Medicaid, Blue Cross or other insurance carriers). At June 30, 2021 and 2020, the Hospital has net accounts receivable, including estimated retroactive adjustments from the federal government (Medicare) of \$595,432 and \$317,286, respectively; from the Commonwealth of Pennsylvania (Medicaid) of \$1,283 and \$14,317, respectively; and from Health Choices, a managed care program for Medicaid, of \$593,263 and \$1,466,160, respectively. The remaining balances are from other third-party payors or others.

The Hospital provides an allowance for bad debts using the allowance method, which is based on management's judgment considering historical information. Patient accounts receivable are unsecured. Accounts past due are individually analyzed for collectability. In addition, an allowance is provided for other accounts when a significant pattern of uncollectibility has occurred. When all collection efforts have been exhausted, the accounts are written off. The Hospital also provides for contractual adjustments from major third-party payors.

Subsequent Events

The Hospital has performed an evaluation of subsequent events through September 23, 2021, which is the date the financial statements were available to be issued.

Reclassification

Certain items in the 2020 financial statements have been reclassified to confirm to the current year presentation.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(3) Liquidity and Availability

Financial assets available for general expenditure, that is, without donor or other restrictions limiting their use, within one year of the balance sheet date, comprise the following at June 30:

	2021	2020
Cash and cash equivalents	\$ 8,110,584	\$ 5,623,986
Accounts receivable, net	1,955,560	3,630,951
Investments	35,105,535	28,124,232
Less those unavailable for general expenditures within one year:		
Board designated	(17,883,544)	(14,624,305)
Endowment	(968,902)	(968,902)
Investments limited to use	(3,002,759)	(2,020,101)
	<u>\$ 23,316,474</u>	<u>\$ 19,765,861</u>

In addition to the financial assets available to meet general expenditures over the next 12 months, the Hospital operates within both an operating and capital budget approved annually by the board of directors. The Hospital can utilize investment income and investment principal for expenditures not covered by revenue. The Hospital maintains 30 to 60 days of operating expenses in the operating cash accounts. In the event of an unanticipated liquidity need, the Hospital could also draw upon its line of credit of \$2,500,000 (as further discussed in Note 9) or the investments designated by the Board of Directors for capital expenditures.

(4) Fair Value Measurements

The Hospital follows FASB ASC 820, *Fair Value Measurements and Disclosures*. Using the provisions within FASB ASC 820, the Hospital has characterized its investments in securities, based on the priority of the inputs used to value the investments, into three-level fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (level 1 measurements), and the lowest priority to unobservable inputs (level 3 measurement). If the inputs used to measure the investments fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement of the investment.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(4) Fair Value Measurements, Continued

Investments recorded in the balance sheet are categorized based on the inputs to valuation techniques as follows:

- Level 1: These are investments where values are based on unadjusted quoted prices for identical assets in an active market the Hospital has the ability to access.
- Level 2: These are investments where values are based on quoted prices in markets that are not active or model inputs that are observable either directly or indirectly for substantially the full term of the investments.
- Level 3: These are investments where values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs reflect assumptions of management about assumptions market participants would use in pricing the investments.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2021 and 2020.

Mutual funds and money market accounts: Valued at the closing price reported in the active market in which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Hospital's assets at fair value as of June 30:

Description	Assets at Fair Value as of June 30, 2021			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Fixed income mutual funds	\$ 10,340,185	\$ 10,340,185	\$ -	\$ -
Equity mutual funds	22,306,276	22,306,276	-	-
Total mutual funds	32,646,461	32,646,461	-	-
Money market accounts	2,459,074	2,459,074	-	-
Total net assets at fair value	\$ 35,105,535	\$ 35,105,535	\$ -	\$ -

EAGLEVILLE HOSPITAL

Notes to Financial Statements June 30, 2021 and 2020

(4) Fair Value Measurements, Continued

Description	Assets at Fair Value as of June 30, 2020			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Fixed income mutual funds	\$ 8,697,652	\$ 8,697,652	\$ -	\$ -
Equity mutual funds	17,294,976	17,294,976	-	-
Total mutual funds	25,992,628	25,992,628	-	-
Money market accounts	2,131,604	2,131,604	-	-
Total net assets at fair value	\$ 28,124,232	\$ 28,124,232	\$ -	\$ -

(5) Investments Limited as to Use

Assets limited as to use by the Board for capital improvements include the following at June 30:

	2021		2020	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$ 15,894,934	\$ 13,271,725	\$ 12,582,442	\$ 12,688,702
Money market accounts	1,988,610	1,988,610	2,041,863	2,041,863
	\$ 17,883,544	\$ 15,260,335	\$ 14,624,305	\$ 14,730,565

Assets limited as to use (endowment investments and related earnings) include the following at June 30:

	2021		2020	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$ 3,457,229	\$ 2,903,767	\$ 2,830,162	\$ 2,922,151
Money market accounts	119,790	119,790	7,504	7,504
	\$ 3,577,019	\$ 3,023,557	\$ 2,837,666	\$ 2,929,655

Assets held in workers' compensation trust include the following at June 30:

	2021		2020	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$ 64,345	\$ 65,047	\$ 96,999	\$ 93,644
Money market accounts	330,297	330,297	54,338	54,338
	\$ 394,642	\$ 395,344	\$ 151,337	\$ 147,982

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(6) Endowment

The Hospital follows FASB Staff Position 117-1, *Endowments of Not-for-Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA) and Enhanced Disclosures for All Endowment Funds* now incorporated in FASB ASC 958-205. The Commonwealth of Pennsylvania has not yet adopted the provisions of the UPMIFA, but the Hospital is required by FASB ASC 958-205 to disclose certain matters associated with its endowment funds. Endowment funds subject to FASB ASC 958-205 include net assets with donor restrictions in the amount of \$968,902. Dividend, interest, gains and losses on these net assets with donor restrictions are recorded as increases or decreases in net assets without donor restrictions.

(7) Investments

Investments include the following at June 30:

	2021		2020	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$13,229,954	\$11,176,793	\$10,483,026	\$10,820,324
Money market accounts	20,376	20,376	27,898	27,898
	<u>\$13,250,330</u>	<u>\$11,197,169</u>	<u>\$10,510,924</u>	<u>\$10,848,222</u>

Net investment return consisted of the following for the years ended June 30:

	2021	2020
Net assets without donor restrictions:		
Interest and dividends	\$ 363,273	\$ 855,980
Investment fees	(172,652)	(141,078)
Realized investment gains, net	757,761	1,115,595
Unrealized investment gains (losses), net	5,765,381	(1,118,159)
	<u>\$ 6,713,763</u>	<u>\$ 712,338</u>

EAGLEVILLE HOSPITAL

Notes to Financial Statements June 30, 2021 and 2020

(8) Property, Plant and Equipment

Property, plant and equipment consist of the following at June 30:

	2021	2020
Land	\$ 6,400	\$ 6,400
Land and improvements	2,029,476	2,029,476
Buildings and building improvements	24,271,696	24,050,905
Equipment	11,019,513	10,888,749
Construction in progress	40,214,598	7,351,282
	<u>77,541,683</u>	<u>44,326,812</u>
Accumulated depreciation	(32,448,677)	(31,368,225)
	<u>\$ 45,093,006</u>	<u>\$ 12,958,587</u>

Depreciation for the years ended June 30, 2021 and 2020 amounted to \$1,080,452 and \$1,330,265, respectively.

The Hospital entered into various contracts for the expansion of the Hospital's campus. The total cost of the project is estimated to be approximately \$50,000,000. As of June 30, 2021, total capitalized costs are approximately \$40,000,000 and have been recorded in construction in progress. As of June 30, 2021, approximately \$6,700,000 of unpaid construction invoices and retainage are included in long-term accrued expenses - construction which are expected to be paid using long-term debt during the year ending June 30, 2022. The cost of the project is expected to be funded by \$20,000,000 of the required equity contribution and \$20,000,000 of debt (see Note 10). The remaining costs as of June 30, 2021 will be funded using the undrawn note balance (see Note 10) cash, cash equivalents or investments of the Hospital.

(9) Line of Credit

The Hospital has an unsecured revolving line of credit of \$2,500,000, which is scheduled to expire on December 31, 2021. There are no borrowings outstanding on the revolving credit line at June 30, 2021 and 2020.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(10) Long-Term Debt

In April 2020, the Hospital entered into a financing and security agreement with the Montgomery County Industrial Development Authority and Key Government Finance, Inc. relating to \$20,000,000 of Montgomery County Industrial Development Authority Tax-Exempt Revenue Note, Series 2020. The note has a mandatory tender date of April 15, 2030, a maturity date of April 1, 2052, and an outstanding balance of \$6,271,743 as of June 30, 2021. Monthly payments are expected to begin in May 2022 including interest at the one month LIBOR rate multiplied by 0.79, plus 1.99 percent. During the year ended June 30, 2021, the Hospital entered into an interest rate swap agreement associated with Montgomery County Industrial Development Authority Tax-Exempt Revenue Note, Series 2020 which will which was the interest rate of 0.727% plus 1.99% effective in February 2022 through April 2030. The interest rate swap agreement is a separate and distinct contractual relationship from the revenue note agreement.

By using derivative instruments, the Hospital is exposed to credit risk. If the counterparty fails to perform, credit risk is equal to the extent of the fair value gain in a derivative. When fair value of a derivative contract is positive, this generally indicates that the counterparty owes the Hospital and, therefore, creates a repayment risk for the Hospital. When the fair value of a derivative is negative, the Hospital owes the counterparty and, therefore, it has no repayment risk. The Hospital minimizes the credit risk in derivative instruments by entering into transactions with highly-rated counterparties.

The note required the Hospital to maintain an escrow account in the amount of \$20,000,000 to be used for the required equity contribution on the related construction to expand the hospital campus and which was recorded in restricted cash in the accompanying 2020 balance sheet. In connection with the note, the Hospital is subject to certain financial and nonfinancial covenants.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(10) Long-Term Debt, Continued

In April 2020, the Hospital received a loan of \$4,855,305 from its primary lender pursuant to the Paycheck Protection Program (PPP) administered by the United States Small Business Administration (SBA) and authorized by the Keeping American Workers Employed and Paid Act, which is part of the Coronavirus Aid, Relief and Economic Security Act (CARES Act), enacted on March 27, 2020. The PPP was established to provide economic stimulus and funding to businesses affected by the COVID-19 pandemic. The PPP note is forgivable subject to the Hospital meeting specific requirements related to the use of the funds and good-faith certification requirements related to eligibility for the loan. In order to receive the forgiveness of the loan, the Hospital must submit a loan forgiveness application which will be subject to review and approval by the bank and the SBA. The Hospital submitted its loan forgiveness application subsequent to June 30, 2021. Interest and principal on the loan are deferred until such time that the Hospital receives a decision from the SBA on its loan forgiveness application. If the loan is forgiven, the Hospital owes no interest or principal on the loan and it will record the amount as income in the period that it receives notice of forgiveness. Any amounts not forgiven bear interest at an annual rate of 1% and are due in equal monthly installments of principal and interest beginning after both the elected covered period and the ten-month deferral period through April 2022. Although management expects the loan to be forgiven, there can be no assurance that any portion of the loan will be forgiven pursuant to the terms of the PPP.

Future annual minimum principal payments of long-term debt are as follows:

Year Ending	Amount
June 30	
2022	\$4,861,642
2023	1,190
2024	1,216
2025	1,244
2026	1,272
Thereafter	6,260,484
	<u>\$ 11,127,048</u>

(11) Net Assets With Donor Restrictions

Net assets with donor restrictions of \$968,092 are restricted for endowment as of June 30, 2021 and 2020.

EAGLEVILLE HOSPITAL

Notes to Financial Statements June 30, 2021 and 2020

(12) Patient Service Revenue

Gross patient service revenue by class of payor was as follows for the years ended June 30:

	2021	2020
Class of payor:		
Blue Cross	\$ 799,417	\$ 484,052
Medicare	3,075,998	4,544,146
State fee for service, Health Choices and county programs	45,294,461	50,859,651
Commercial insurance, self-pay and other	3,767,852	3,973,951
Gross patient service revenue	52,937,728	59,861,800
Contractual adjustments	(25,402,191)	(27,525,800)
Net patient service revenue	<u>\$ 27,535,537</u>	<u>\$ 32,336,000</u>

(13) Professional Liability Insurance

The Hospital is insured for professional liability (malpractice) on a claims-made basis. The total cost of professional liability insurance was \$493,314 and \$353,606 in 2021 and 2020, respectively. No accrual for possible losses attributable to incidents that may have occurred but that have not been reported to the Hospital or insurance carrier has been made because management believes that these claims would be settled within the limits of insurance coverage.

(14) Workers' Compensation Insurance

The Hospital has a plan of self-insurance (the Self-Insured Plan) for workers' compensation claims in accordance with Pennsylvania Department of Labor and Industry regulations. In connection with the Self-Insured Plan, the Hospital was required to establish a nondiscretionary trust fund (the Trust Fund) to pay workers' compensation claims. The Hospital made contributions to the Trust Fund of \$700,000 and \$150,000 in 2021 and 2020, respectively. Trust fund assets (are less than) exceed the accrued liability by \$112,066 and (\$54,090) at June 30, 2021 and 2020, respectively.

(15) Retirement Plan

The Hospital maintains a defined contribution plan (the Plan), covering all eligible employees, organized under the provisions of Section 403(b) of the IRC. All amounts contributed to the Plan are fully vested upon receipt. Contributions to the Plan were \$280,909 and \$293,734 for the years ended June 30, 2021 and 2020, respectively.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2021 and 2020

(16) Health Self Insurance

The Hospital maintains a self-insurance program for medical coverage for employees. The Hospital is liable for claims up to \$100,000 per covered person annually, and aggregate claims up to \$1,809,279 annually. The program has an insurance stop loss policy for claims in excess of \$100,000 per participant and aggregate claims in excess of \$1,809,279. The maximum reimbursement under the insurance stop loss policy is \$1,000,000. Self-insurance costs are accrued based upon the aggregate of the liability for reported claims and an estimate liability for claims incurred but not reported.

(17) Commitments

The Hospital has two collective bargaining union contracts with Pennsylvania Association of Staff Nurses for terms of three years expiring September 30, 2021.

(18) Litigation

The Hospital is involved in various lawsuits arising in the normal course of business. Management believes that the ultimate resolution of any pending litigation will not have a material adverse effect on the financial statements.

(19) Functional Expenses

The financial statements report certain categories of expenses that are attributed to more than one program or supporting function. Therefore, expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include rentals, leases and maintenance, utilities, insurance, and depreciation and amortization, which are allocated on a square footage basis, as well as salaries, employee benefits and payroll taxes which are allocated on the basis of estimates of time and effort.

(20) Operations

The Hospital's operations and financial performance have been affected by the recent COVID-19 outbreak which has spread globally and is adversely affecting economic conditions throughout the world. The Hospital's evaluation of the effects of these events is ongoing as of the date the accompanying financial statements were issued. The pandemic will impact various parts of fiscal year 2022 operations and financial performance including, but not limited to, additional costs for emergency preparedness, disease control and containment, potential shortages of personnel, supply chain disruption, closure of certain units or service lines, and declines in revenue related to decreases in occupancy or volumes of certain revenue streams. The extent of the impact will depend on future developments, including the duration and spread of the outbreak and related governmental or other regulatory actions.