

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

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-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EAGLEVILLE HOSPITAL

EIN or SSN

23-1352115

Name and title of officer or person subject to tax

**EUGENE J. OTT
CEO**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** 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, 7b, 8b, 9b, or 10b**, 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>52,887,934.</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 V, 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 _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 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 2022 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 entity, I will enter my PIN as my signature on the tax year 2022 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

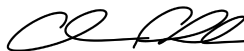
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

24293711111

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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

4/10/2024

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Return of Organization Exempt From Income Tax

Form **990**

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

2022

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 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

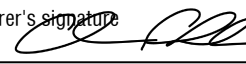
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization EAGLEVILLE HOSPITAL Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 100 EAGLEVILLE ROAD City or town, state or province, country, and ZIP or foreign postal code EAGLEVILLE, PA 19408-0045 F Name and address of principal officer: EUGENE J. OTT SAME AS C ABOVE	D Employer identification number 23-1352115 E Telephone number (610) 539-6000 G Gross receipts \$ 58,398,480. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions 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

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	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)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	403
	6 Total number of volunteers (estimate if necessary)	6	14
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 9,485,920.	Current Year 6,515,791.
	9 Program service revenue (Part VIII, line 2g)	33,585,006.	44,969,128.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,060,387.	729,314.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	672,242.	673,701.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,803,555.	52,887,934.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		24,397,370.	33,130,993.
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)		18,353,277.	21,638,269.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	42,750,647.	54,769,262.	
19 Revenue less expenses. Subtract line 18 from line 12	5,052,908.	-1,881,328.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 95,214,492.	End of Year 94,971,862.
	21 Total liabilities (Part X, line 26)	28,950,383.	28,018,671.
	22 Net assets or fund balances. Subtract line 21 from line 20	66,264,109.	66,953,191.

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 EUGENE J. OTT, CEO	Date	
Paid Preparer Use Only	Print/Type preparer's name CHRISTOPHER M. PEKULA	Preparer's signature 	Date 4/10/2024
	Firm's name KREISCHER MILLER	Firm's EIN 23-1980475	Check if self-employed <input type="checkbox"/> PTIN P00734965
	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 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
Form 990-T (corporation)	07		

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 15, 2024**, 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, 2022**, and ending **JUN 30, 2023**.

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-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-TE and Form 8879-TE 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 \$ 43,713,059. including grants of \$) (Revenue \$ 45,642,829.) 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 333 BEDS WITH 3,551 ADMISSIONS AND PROVIDED 80,247 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 43,713,059.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the 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 line 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 on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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 on 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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 14		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		
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 on 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 on Schedule O how this was done	X	
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 on 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?		

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			423,943.	0.	43,447.	
(2) ELENA KARZOVA PSYCHIATRIST	40.00				X		304,930.	0.	28,252.	
(3) WENDY A. MANEVAL CHIEF LEGAL AND REGULATORY	40.00			X			252,906.	0.	30,397.	
(4) WILLIAM R. KEENAN CFO	40.00			X			253,019.	0.	24,289.	
(5) MICHELLE WILLIAMS VP COUNSELING	40.00				X		191,386.	0.	36,399.	
(6) MICHAEL CURRY CHIEF OPERATING OFFICER	40.00			X			213,432.	0.	2,127.	
(7) MARY ELLEN MCLAUGHLIN CORPORATE COMPLIANCE OFFIC	40.00				X		186,679.	0.	8,130.	
(8) TAMI JOHNSON CHIEF NURSING OFFICER (THRU 5/4/23)	40.00			X			152,272.	0.	2,423.	
(9) ALEXANDRA BRETSCHNEIDER DIRECTOR	2.00	X					0.	0.	0.	
(10) DAVID T. PIERCE, CPA DIRECTOR	2.00	X					0.	0.	0.	
(11) EILEEN M. JOSEPH, M.S., C.P.R.P CHAIRMAN	2.00	X	X				0.	0.	0.	
(12) HARRY S. SHANIS, PH.D DIRECTOR	2.00	X					0.	0.	0.	
(13) JAMES P. BAKER, J.R SECRETARY-TREASURER	2.00	X	X				0.	0.	0.	
(14) JASON R. MCLAUGHLIN, M.S., M.S.S. ASST. SECRETARY-TREASURER	2.00	X	X				0.	0.	0.	
(15) JON A. SHAPIRO, M.D. DIRECTOR	2.00	X					0.	0.	0.	
(16) JOSEPH P. MCGINLEY DIRECTOR	2.00	X					0.	0.	0.	
(17) LARRY S. GERSHMAN, BG-USAR (RET.) 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PARVATI THIRU, M.D., MBA, F.A.C.P. DIRECTOR	2.00	X						0.	0.	0.
(19) RAFAEL A. PORRATA-DORIA, JR. ES DIRECTOR	2.00	X						0.	0.	0.
(20) STEPHEN BLEYER, CPA DIRECTOR	2.00	X						0.	0.	0.
(21) VICTOR LIDZ, PH.D. VICE-CHAIRMAN	2.00	X		X				0.	0.	0.
(22) WAYNE R. WALKER, ESQ. DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal							1,978,567.	0.	175,464.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,978,567.	0.	175,464.	

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 8

	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
MEDICAL SOLUTIONS LLC PO BOX 850737, MINNEAPOLIS, MN 55485	MEDICAL SERVICES	6,099,721.
SODEXO INC & AFFILIATES 4880 PAYSPHERE CIRCLE, CHICAGO, IL 60674	HOSPITALITY SERVICES	3,677,202.
MCKESSON DRUG COMPANY PO BOX 848442, DALLAS, TX 75284	PHARMACY SERVICES	1,472,975.
IRIS TELEHEALTH 114 W 7TH ST STE 900, AUSTIN, TX 78701	HEALTHCARE SERVICES	1,415,266.
W.S. CUMBY INC. 938 LINCOLN AVENUE, SPRINGFIELD, PA 19064	CONSTRUCTION SERVICES	1,403,401.

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 35

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	6,515,791.			
	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		6,515,791.			
Program Service Revenue	2 a	MEDICARE/MEDICAID	Business Code				
			524298	41,696,807.	41696807.		
	b	FEEES FROM GOVERNMENT AGENCIES	524298	2,778,695.	2,778,695.		
	c	BLUE CROSS	524298	272,509.	272,509.		
	d	COMMERCIAL INSURANCE AND SELF-PAY	524298	221,117.	221,117.		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		44,969,128.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		773,481.		773,481.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(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	7a	(i) Securities			
				(ii) Other			
					5,466,379.		
	b	Less: cost or other basis and sales expenses	7b	5,510,546.			
	c	Gain or (loss)	7c	-44,167.			
d	Net gain or (loss)		-44,167.		-44,167.		
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				
			524298	385,506.	385,506.		
	b	MISCELLANEOUS	524298	168,686.	168,686.		
	c	DSH-PA MEDICAL ASST	524298	119,509.	119,509.		
	d	All other revenue					
e	Total. Add lines 11a-11d		673,701.				
12	Total revenue. See instructions		52,887,934.	45642829.	0.	729,314.	

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	1,327,837.	1,071,904.	255,933.	
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	27,445,642.	22,155,660.	5,289,982.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,896,556.	2,338,263.	558,293.	
10 Payroll taxes	1,460,958.	1,179,367.	281,591.	
11 Fees for services (nonemployees):				
a Management				
b Legal	318,300.		318,300.	
c Accounting	109,571.		109,571.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	183,222.		183,222.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,247,935.	9,819,857.	2,428,078.	
12 Advertising and promotion				
13 Office expenses	144,477.	115,312.	29,165.	
14 Information technology				
15 Royalties				
16 Occupancy	537,314.	445,094.	92,220.	
17 Travel	11,455.	9,143.	2,312.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	25,397.	20,270.	5,127.	
20 Interest	566,189.	469,013.	97,176.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,958,190.	2,450,471.	507,719.	
23 Insurance	1,075,127.	557,513.	517,614.	
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	1,586,774.	1,586,774.		
b SUPPLIES	779,697.	514,725.	264,972.	
c BAD DEBT	525,303.	525,303.		
d EQUIPMENT REPAIR & MAIN	211,406.	168,730.	42,676.	
e All other expenses	357,912.	285,660.	72,252.	
25 Total functional expenses. Add lines 1 through 24e	54,769,262.	43,713,059.	11,056,203.	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 <input type="checkbox"/> 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	6,815,043.	2	6,914,262.		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	4,625,706.	4	3,455,064.		
	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	507,484.	9	620,080.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 73,463,262.				
	b Less: accumulated depreciation	10b 25,312,095.	50,338,609.	10c	48,151,167.	
	11 Investments - publicly traded securities	29,936,986.	11	32,758,335.		
	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	2,989,694.	15	3,071,984.		
16 Total assets. Add lines 1 through 15 (must equal line 33)	95,214,492.	16	94,971,862.			
Liabilities	17 Accounts payable and accrued expenses	7,817,727.	17	7,818,932.		
	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	19,921,870.	23	18,713,210.		
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,210,786.	25	1,486,529.		
	26 Total liabilities. Add lines 17 through 25	28,950,383.	26	28,018,671.		
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	65,295,207.	27	65,984,289.		
	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	66,264,109.	32	66,953,191.		
	33 Total liabilities and net assets/fund balances	95,214,492.	33	94,971,862.		

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	52,887,934.
2	Total expenses (must equal Part IX, column (A), line 25)	2	54,769,262.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,881,328.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,264,109.
5	Net unrealized gains (losses) on investments	5	2,263,921.
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	306,489.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	66,953,191.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?	X	
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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

SCHEDULE A
(Form 990)

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

2022

Open to Public Inspection

Name of the organization <p style="text-align:center;">EAGLEVILLE HOSPITAL</p>	Employer identification number <p style="text-align:center;">23-1352115</p>
--	---

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).)
- 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 on 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
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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>		
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>		
1		
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?		
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>		
3 By reason of the relationship described on 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>		
1		
2		
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>			
b Did the activities described on 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>			
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>			
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>			
2a			
2b			
3a			
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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

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

Lined area for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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), 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), 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).

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	PA DEPARTMENT OF PUBLIC WELFARE PO BOX 8047 PENNSYLVANIA, PA 17105	\$ 2,449,048.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	PERFORMCARE 8040 CARLSON ROAD HARRISBURG, PA 17112	\$ 131,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	COMMONWEALTH OF PA, DEPT OF DRUG & ALCOHOL PROGRAMS PO BOX 69183 PENNSYLVANIA, PA 17106	\$ 3,935,705.	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.)

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

(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

(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

(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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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
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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-.

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

Schedule C (Form 990) 2022

LHA

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)	63,928.													
c	Total lobbying expenditures (add lines 1a and 1b)	63,928.													
d	Other exempt purpose expenditures	43,649,131.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	43,713,059.													
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) 2019	(b) 2020	(c) 2021	(d) 2022	(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	24,200.	34,969.	31,479.	63,928.	154,576.
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)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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 expenditures 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

2022

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 about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

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.	968,902.	968,902.	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.	968,902.	968,902.

- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		53,927,073.	10,893,394.	43,033,679.
c Leasehold improvements		6,222,894.	4,976,123.	1,246,771.
d Equipment		10,899,757.	7,702,866.	3,196,891.
e Other		2,407,138.	1,739,712.	667,426.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,151,167.

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	282,770.
(3) REFUNDABLE ADVANCE - COMMONWEALTH	
(4) OF PA	718,080.
(5) CURRENT PORTION OF LONG-TERM DEBT	485,679.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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	55,275,122.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,263,921.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	306,489.
e	Add lines 2a through 2d	2e	2,570,410.
3	Subtract line 2e from line 1	3	52,704,712.
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	183,222.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	183,222.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	52,887,934.

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	54,586,040.
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	54,586,040.
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	183,222.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	183,222.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	54,769,262.

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 2020. 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP	306,489.
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**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization EAGLEVILLE HOSPITAL	Employer identification number 23-1352115
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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 checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<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> %		
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)			203,487.	203,487.		.00%
b Medicaid (from Worksheet 3, column a)			42271680.	33558761.	8712919.	15.96%
c Costs of other means-tested government programs (from Worksheet 3, column b)			4218595.	2776836.	1441759.	2.64%
d Total. Financial Assistance and Means-Tested Government Programs			46693762.	36539084.	10154678.	18.60%
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			46693762.	36539084.	10154678.	18.60%

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

Table for Section A with columns Yes, No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes: X). Row 2: Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount (2 | 525,303.). Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit (3 |). Row 4: Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

Table for Section B with columns Yes, No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (5 | 1,573,791.). Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (6 | 1,833,812.). Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (7 | -260,021.). Row 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 [X] Other

Section C. Collection Practices

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

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 - see instructions)

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

Table with columns: 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. Row 1 contains 'X' in the 'Licensed hospital' column.

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>22</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>22</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
<p>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:</p> <p>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</p> <p>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</p> <p>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</p> <p>d <input checked="" type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method</p>		
<p>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?</p> <p>If "Yes," explain in Section C.</p>	23	X
<p>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?</p> <p>If "Yes," explain in Section C.</p>	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: FOR THE FY 2023-2025 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN, EAGLEVILLE HOSPITAL RELIED UPON BEHAVIORAL HEALTH DATA COLLECTED BY THE 2020 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 REMAINED SENSITIVE TO THE NEEDS OF OUR LOCAL COMMUNITY, WE REVISITED PLANNING DOCUMENTS PREPARED BY MONTGOMERY COUNTY, PENNSYLVANIA OFFICIALS. THESE INCLUDE POSITION PAPERS HIGHLIGHTING TRANSITIONAL CONGREGATE LIVING EXPECTATIONS AND RESIDENTIAL SERVICES TRANSFORMATION. FOR FUTURE COMMUNITY HEALTH PLANNING, WE REMAIN COMMITTED TO WORKING CLOSELY WITH COMMUNITY LEADERS TO ENHANCE AND EXPAND OPPORTUNITIES FOR REDUCING THE IMPACT OF ADDICTION AND IMPROVING THE OVERALL MENTAL HEALTH OF OUR COMMUNITY.

EAGLEVILLE HOSPITAL:

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

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

- COMBAT THE OPIOID CRISIS THROUGH THE EXPANSION OF TREATMENT AND RECOVERY SUPPORT SERVICES.

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.

RATIONALE: CONSUMER-FRIENDLY ACCESS TO CARE COUPLED WITH PEER SUPPORT AND REDUCED FINANCIAL BARRIERS WILL IMPROVE ACCESS TO TREATMENT. INCREASED EVENING AND WEEKEND HOURS FOR INTAKE AND ASSESSMENT WILL FURTHER MOTIVATE INDIVIDUALS AND FAMILY MEMBERS TO SEEK TREATMENT. FOR SUBSTANCE USE DISORDER (SUD) PATIENTS PRESENTING TO AREA EMERGENCY DEPARTMENTS, CONTINUED ENGAGEMENT THROUGH A WARM-HAND OFF PROCESS AREA WILL RESULT IN MORE IMMEDIATE REFERRAL TO FORMAL TREATMENT. (PRIORITIES 1).

OBJECTIVES:

1. CONTINUE TO ENSURE THAT THE NEEDIEST ARE SERVED AND SUPPORTED BY OFFERING ACCESS TO FINANCIAL COUNSELING FOR MEDICAL ASSISTANCE APPLICATIONS - 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 APPROXIMATELY 88% OF OUR PATIENT POPULATION. THE HOSPITAL EMPLOYS TWO FINANCIAL ASSISTANCE COUNSELORS TO ENSURE COVERAGE. APPROXIMATELY 487 APPLICATIONS WERE COMPLETED IN THE PAST YEAR TO ENROLL OR MAINTAIN BENEFITS FOR BEHAVIORAL HEALTH TREATMENT.

2. IN MARCH, 2023 EAGLEVILLE OPENED ITS ASSESSMENT CENTER TO ADDRESS ALL BARRIERS TO IMPROVE ACCESS AND FACILITATE THE REQUIREMENTS FOR THE INTAKE AND ASSESSMENT FUNCTION APPROVED FOR MONTGOMERY COUNTY RESIDENTS SEEKING EVENING AND WEEKEND ACCESS TO EVALUATION AND TREATMENT.

3. ACTIVELY PARTNER WITH OUTSIDE ORGANIZATIONS TO FOSTER THE WARM

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.

HAND-OFF PROCESS IMMEDIATELY UPON ADMISSION TO EAGLEVILLE HOSPITAL - 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 (FQHC'S), 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.

4. ADVANCE THE ORGANIZATIONAL STRATEGIC DIRECTION TO SUPPORT EXPANSION OF SERVICES IN THE AREAS OF SUPPORTIVE HOUSING, PRIMARY CARE AND OUTPATIENT TREATMENT THIS INITIATIVE IS CURRENTLY IN THE PLANNING PHASE.

IN THE SPRING OF 2023, EAGLEVILLE HOSPITAL PARTNERED WITH THE CITY OF PHILADELPHIA TO ESTABLISH THE L4 POST-ACUTE CARE PROGRAM (L4 PROGRAM). THIS PROGRAM, HAS MADE IT A PRIORITY TO INCREASE ACCESS TO THE EXISTING AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM) L4 PROGRAMS WHICH ARE LICENSED TO DELIVER HIGH-INTENSITY MEDICAL CARE TO MEET THE NEEDS OF INDIVIDUALS IN ACTIVE SUBSTANCE USE DISORDER (SUD) THAT NEED POST-ACTUE MEDICAL CARE (I.E. IV ANTIBIOIOTICS, WOUND CARE AND PAIN MANAGEMENT).

ADDITIONALLY, THERE ARE CURRENTLY 4 CERTIFIED RECOVERY SPECIALIST POSITIONS WHO WORK DIRECTLY WITH PATIENTS TO PROVIDED SUPPORT AND

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.

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. THE CRS MEET WITH PATIENTS WHO MAY NOT HAVE EXPRESSED A DESIRE TO LEAVE AGAINST MEDICAL ADVICE (AMA), BUT ARE HIGH RISK BASED ON PAST HISTORY IN AN EFFORT TO SUPPORT PATIENTS IN COMPLETING TREATMENT.

- ADDRESS SERIOUS MENTAL ILLNESS (SMI) IN CONCERT WITH SUBSTANCE USE DISORDER TREATMENT AS A BEST PRACTICE.

RATIONAL: MORE SUBSTANCE USE DISORDER PATIENTS ARE PRESENTING WITH SERIOUS EMOTIONAL DISORDERS REQUIRING ADVANCEMENTS IN THE INTENSITY AND SCOPE OF CARE. TREATMENT OUTCOMES ARE IMPROVED WHEN THE ASSESSMENT AND TREATMENT OF MENTAL ILLNESS/EMOTIONAL DISORDERS AND OPIATE USE DISORDER OCCUR SIMULTANEOUSLY BY PROFESSIONAL TRAINED IN CO-OCCURRING PRINCIPLES. EDUCATIONAL RESOURCES AND TECHNICAL ASSISTANCE WILL BE BENEFICIAL TO THE SYSTEM OF CARE.

OBJECTIVES:

A. PROMOTE ENGAGEMENT IN THE STATE-MANDATED 25 HOUR EDUCATIONAL PROGRAM ON CO-OCCURRING CORE COMPETENCY FOR EAGLEVILLE HOSPITAL STAFF AND THE EXTERNAL PROFESSIONAL COMMUNITY.

B. ADVANCE THE USE OF EVIDENCE-BASED PRACTICES BY ASSISTING THE COUNTY'S COD COLLABORATIVE IN PROGRAM EVALUATION, STANDARD DEVELOPMENT, AND THROUGH TECHNICAL ASSISTANCE PROVIDED BY MAGELLAN BEHAVIORAL HEALTH.

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.

C. IMPLEMENT TRAUMA INFORMED CARE ACROSS THE CONTINUUM: EAGLEVILLE HOSPITAL DEVELOPED A PLAN TO HAVE ALL STAFF, INCLUDING SUPPORT STAFF TRAINED IN TRAUMA INFORMED CARE. THIS CONTINUES TO BE AN ONGOING EFFORT AND TRAINING IS OFFERED 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.

D. EAGLEVILLE HOSPITAL REGULARLY MONITORS STAFF PROGRESS TOWARDS COMPLETION OF ANNUAL CEU REQUIREMENTS TO ENSURE CONTINUED COMPLIANCE AND PROFESSIONAL GROWTH.

E. IN CONCERT WITH THE VARIOUS PAYORS, EAGLEVILLE HOSPITAL IS CONTINUINUALLY ASSESSING WAYS TO ADVANCE THE USE OF EVIDENCE BASED PRACTICES IN ITS PROGRAMS.

STRENGTHENING HEALTH PRACTITIONER TRAINING AND EDUCATION

RATIONALE: THE IMPACT OF COVID-19 HAS HAD AN UNPRECEDENTED EFFECT ON THE HEALTHCARE LABOR MARKET. THIS PARADIGM SHIFT HAS CREATED A SHORTAGE OF PROFESSIONALS AND PARA-PROFESSIONALS ENTERING THE FIELD OF BEHAVIORAL HEALTH, COUPLED WITH LOW RETENTION, THREATEN THE QUALITY OF CARE AND THE EXPANSION OF RESOURCES REQUIRED TO MEET INCREASING NEEDS OF THE HEALTHCARE SYSTEM. COLLABORATION AMONG HEALTH CARE PROVIDERS, GRADUATE SCHOOL PROGRAMS, AND PROFESSIONAL CERTIFICATION BODIES IS NEEDED TO ATTRACT AND RETAIN A MORE SKILLED WORKFORCE. (PRIORITIES 3 & 5)

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.

OBJECTIVES:

A. PROVIDE INTERNSHIPS AND SCHOLARSHIPS FOR BOTH UNDERGRADUATE AND GRADUATE STUDENTS AND EXISTING EMPLOYEES SEEKING DEGREES IN NURSING, SOCIAL WORK AND COUNSELING FROM AREA COLLEGES, BUILDING AN INTERNAL PIPELINE OF CANDIDATES COMMITTED TO THE FIELD WHILE SUPPORTING THE FURTHERANCE OF RETENTION.

B. EXPAND THE CURRENT LEVEL OF CLINICAL INTEGRATION WITH LOCAL ACADEMIC PARTNERSHIPS INVOLVING MEDICAL STUDENTS AND RESIDENCY PROGRAMS INCLUDING THE ADDITION OF VILLANOVA UNIVERSITY.

C.) EXPAND THE CURRENT LEVEL OF CLINICAL INTEGRATION WITH LOCAL ACADEMIC INVOLVING MEDICAL STUDENTS AND RESIDENCY PROGRAMS. THE OBJECTIVES FOR STRENGTHENING HEALTH PRACTITIONER TRAINING AND EDUCATION ABOVE REMAIN A MAJOR PRIORITY OF THE HOSPITAL.

- EAGLEVILLE HOSPITAL IS CONTINUALLY REASSESSING THE ABILITY TO IMPLEMENT PROGRAMS PREVIOUSLY OFFERED THAT WERE IMPACTED BY PANDEMIC RELATED RESTIRCTIONS:

- THE MONTGOMERY COUNTY DEPARTMENT OF BEHAVIORAL HEALTH HAS UTILIZED EAGLEVILLE HOSPITAL AS A HOST AGENCY FOR APPROXIMATELY UP TO 20 TRAININGS ANNUALLY. THESE WERE FOR MONTGOMERY COUNTY PROVIDERS AND SPANNED MANY TREATMENT RELATED ISSUES, AVERAGE ATTENDANCE WAS

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.

APPROXIMATELY 75.

- EAGLEVILLE HOSPITAL HOSTED THE MONTGOMERY COUNTY TRAUMA COLLABORATIVE WHICH MET QUARTERLY AND WAS OFFERED TO ALL BEHAVIORAL HEALTH AND FORENSIC TREATMENT PROVIDERS WITHIN THE COUNTY.

- EAGLEVILLE WAS 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.

- EAGLEVILLE HOSPITAL HOSTED THE MONTGOMERY COUNTY FAMILY SERVICES DEPARTMENT'S TRAININGS FOR THE COMMUNITY.

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

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

- EAGLEVILLE HOSPITAL OFFERED MAGELLAN BEHAVIORAL HEALTH AND THEIR PROVIDER'S SPACE TO HOST BOTH COMMUNITY TRAININGS AS WELL AS "TOWN HALLS" WITH NETWORK PROVIDERS.

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

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 IS CURRENTLY PROVIDING INTERNSHIP EXPERIENCES FOR STUDENTS FROM MANY LOCAL COLLEGES AND UNIVERSITIES, INCLUDING BUT NOT LIMITED TO, VILLANOVA UNIVERSITY, TEMPLE UNIVERSITY, 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.

- 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 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 VILLANOVA UNIVERSITY AND CERTIFIED REGISTERED NURSE PRACTITIONER STUDENTS FROM LASALLE UNIVERSITY.

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.

EAGLEVILLE IS WORKING WITH MEMBERS OF THE LOCAL RECOVERY COMMUNITY INCLUDING OUR ALUMNI TO INCREASE MEETINGS ON SITE AND OFFER USE OF EAGLEVILLE FACILITIES FOR RECOVERY BASED ACTIVITIES.

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.

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 (FQHC'S), 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. CLINICAL STAFF HAVE STARTED TO HOST 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.

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

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.

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 OLDER MEDICALLY ISOLATED POPULATION; SOME OF WHOM MAY NEED INPATIENT CARE AT EAGLEVILLE HOSPITAL.

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 (for example, 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.

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 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.

OVER THE PAST FEW YEARS, MULTIPLE COMMUNITY NEEDS HAVE PRESENTED OPPORTUNITIES FOR EAGLEVILLE TO STEP IN AND PROVIDE MUCH NEEDED SERVICES.

Part VI Supplemental Information (Continuation)

IN OUR ONGOING EFFORT TO BE A GOOD PARTNER TO MONTGOMERY COUNTY EMERGENCY SERVICES (MCES), WE ACTED QUICKLY ON A REQUEST TO HOUSE CAROL'S PLACE ON THE EAGLEVILLE CAMPUS. CAROL'S PLACE IS THE MCES CRISIS RESIDENTIAL PROGRAM.

EAGLEVILLE ALSO OPENED THE LONG TERM RESIDENTIAL TREATMENT PROGRAM, DESIGNED FOR ADULTS AGES 18 AND UP WITH SERIOUS AND PERSISTENT MENTAL ILLNESS REQUIRING A SECURE AND STRUCTURED ENVIRONMENT WITH 24 HOUR STAFFING. THE INDIVIDUALS PARTICIPATING IN THIS PROGRAM ARE OFTEN TRANSFERRED AFTER EXTENDED STAYS AT A HIGHER LEVEL OF CARE, WITH THE ULTIMATE GOAL BEING A SLOW, GENTLE TRANSITION BACK INTO THE COMMUNITY OR A LESS STRUCTURED ENVIRONMENT WHEN THE RESIDENT IS PREPARED TO BE SUCCESSFUL THERE.

EAGLEVILLE WILL CONTINUE TO WORK WITH LOCAL LAW ENFORCEMENT AGENCIES TO PROVIDE IMMEDIATE ACCESS TO CARE FOR INDIVIDUALS DIVERTED FROM ARREST DUE TO SUBSTANCE USE DISORDERS THROUGH THE LAW ENFORCEMENT TREATMENT INITIATIVE (LETI PROGRAM)

EAGLEVILLE HAS ALSO PARTNERED WITH SEVERAL ACUTE CARE HOSPITALS AND COMMUNITY BEHAVIORAL HEALTH TO PROVIDE A MUCH NEEDED INPATIENT TREATMENT RESOURCE FOR INDIVIDUALS SUFFERING FROM SUBSTANCE USE DISORDERS AND COMORBID MEDICAL CONDITIONS REQUIRING IV ANTIBIOTICS AND WOUND CARE.

ADDITIONALLY, EAGLEVILLE AND MEMBERS OF RHD (RESOURCES FOR HUMAN DEVELOPMENT) HAVE CONTINUED WORKING ON A PLAN TO CONVERT THE PRICE BUILDING INTO A SUPPORTIVE LIVING PROGRAM THAT WILL SERVE INDIVIDUALS FROM MONTGOMERY COUNTY. IT WILL OFFER 24 HOUR SUPERVISION IN A RESIDENTIAL

Part VI Supplemental Information (Continuation)

SETTING TO APPROXIMATELY 30 INDIVIDUALS. THIS PROGRAM PROVIDES SUPPORT AND SERVICES THROUGH EFFECTIVE, INNOVATIVE AND PERSON CENTERED PROGRAMS.

FINALLY, EAGLEVILLE HOSPITAL IN PARTNERSHIP WITH MCES, HAVE ALSO SUBMITTED A PROPOSAL TO MONTGOMERY COUNTY TO PROVIDE A CRISIS RECEIVING CENTER (CRC), IN ORDER TO DRAW ON EXISTING CRISIS RESOURCES AND ADDRESS UNMET CRISIS SERVICES NEEDS TO ENHANCE THE COUNTY CRISIS SERVICE SYSTEM.

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

Part VI Supplemental Information (Continuation)

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, EAGLEVILLE HOSPITAL STAFF MEMBERS ACTIVELY PARTICIPATE IN THE PENNSYLVANIA REHABILITATION AND COMMUNITY PROVIDERS ASSOCIATION, THE PENNSYLVANIA CERTIFICATION BOARD, THE DRUG AND ALCOHOL SERVICE PROVIDERS ASSOCIATION OF PENNSYLVANIA.

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,

Part VI Supplemental Information (Continuation)

PROGRAM MODIFICATIONS OCCUR TO MEET PATIENT AND COMMUNITY NEEDS.

EAGLEVILLE HOSPITAL RESPONDS TO REQUESTS FOR PROPOSALS ISSUED BY NUMEROUS 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 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

Part VI Supplemental Information (Continuation)

SUBMISSION TO ALL APPLICABLE RESOURCES FOR FUNDING ON BEHALF OF THE PATIENT IN ACCORDANCE WITH HOSPITAL POLICIES AND THE PATIENT HANDBOOK 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.

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 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

**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

2022

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
1a		
1b		
2		
3		
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) 2022

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 and/or 1099-NEC 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)	373,943.	50,000.	0.	14,146.	29,301.	467,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELENA KARZOVA PSYCHIATRIST	(i)	304,930.	0.	0.	5,182.	23,070.	333,182.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WENDY A. MANEVAL CHIEF LEGAL AND REGULATORY	(i)	237,906.	15,000.	0.	9,748.	20,649.	283,303.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM R. KEENAN CFO	(i)	238,019.	15,000.	0.	8,804.	15,485.	277,308.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELLE WILLIAMS VP COUNSELING	(i)	191,386.	0.	0.	8,059.	28,340.	227,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL CURRY CHIEF OPERATING OFFICER	(i)	208,432.	5,000.	0.	951.	1,176.	215,559.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARY ELLEN MCLAUGHLIN CORPORATE COMPLIANCE OFFIC	(i)	176,679.	10,000.	0.	3,313.	4,817.	194,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TAMI JOHNSON CHIEF NURSING OFFICER (THRU 5/4/23)	(i)	152,272.	0.	0.	2,423.	0.	154,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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?		<input checked="" type="checkbox"/>						

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)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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) 2022

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:

ADMINISTRATION CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	210,837.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	210,837.

ADMISSIONS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	75,808.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	75,808.

COMPLIANCE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	46,555.

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	46,555.
----------------	---------

FINANCE CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	0.
--------------------------	----

MANAGEMENT AND GENERAL EXPENSES	619,093.
---------------------------------	----------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	619,093.
----------------	----------

HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES	0.
--------------------------	----

MANAGEMENT AND GENERAL EXPENSES	212,350.
---------------------------------	----------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	212,350.
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INFORMATION TECHNOLOGY:

PROGRAM SERVICE EXPENSES	0.
--------------------------	----

MANAGEMENT AND GENERAL EXPENSES	696,024.
---------------------------------	----------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	696,024.
----------------	----------

MARKETING:

PROGRAM SERVICE EXPENSES	0.
--------------------------	----

MANAGEMENT AND GENERAL EXPENSES	102,160.
---------------------------------	----------

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	102,160.
----------------	----------

MEDICAL RECORDS:

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

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	8,147.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,147.

OTHER - LEGAL:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,233.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,233.

PATIENT ACCOUNTING:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	87,104.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	87,104.

NURSING - PATIENT CARE BUILDING:

PROGRAM SERVICE EXPENSES	54,167.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	54,167.

NURSING - D'ARCLAY:

PROGRAM SERVICE EXPENSES	300,663.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	300,663.

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

NURSING - ACUTE PSYCH:

PROGRAM SERVICE EXPENSES	21,167.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	21,167.

NURSING - ARCADIA:

PROGRAM SERVICE EXPENSES	245,529.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	245,529.

NURSING - BIRCH:

PROGRAM SERVICE EXPENSES	2,683.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,683.

NURSING - CEDAR:

PROGRAM SERVICE EXPENSES	558.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	558.

NURSING - OAK:

PROGRAM SERVICE EXPENSES	745.
MANAGEMENT AND GENERAL EXPENSES	0.

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

FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	745.

COUNSELING ADMIN:

PROGRAM SERVICE EXPENSES	116,414.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	116,414.

THERAPY:

PROGRAM SERVICE EXPENSES	533.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	533.

MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES	1,282,807.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,282,807.

PSYCHIATRIST SERVICES:

PROGRAM SERVICE EXPENSES	2,548,829.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,548,829.

LABORATORY:

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

PROGRAM SERVICE EXPENSES	1,567.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,567.

PHARMACY:

PROGRAM SERVICE EXPENSES	1,173,995.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,173,995.

ADJUNCT THERAPY:

PROGRAM SERVICE EXPENSES	7,383.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,383.

NURSING - ADMINISTRATION:

PROGRAM SERVICE EXPENSES	218,197.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	218,197.

INFECTION CONTROL:

PROGRAM SERVICE EXPENSES	2,390.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,390.

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

PERFORMANCE IMPROVEMENT:

PROGRAM SERVICE EXPENSES	5,578.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,578.

PHYSICAL THERAPY:

PROGRAM SERVICE EXPENSES	68,750.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	68,750.

HOUSEKEEPING:

PROGRAM SERVICE EXPENSES	1,041,304.
MANAGEMENT AND GENERAL EXPENSES	207,902.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,249,206.

SECURITY:

PROGRAM SERVICE EXPENSES	1,019.
MANAGEMENT AND GENERAL EXPENSES	204.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,223.

OPERATION PLANT:

PROGRAM SERVICE EXPENSES	334,540.
MANAGEMENT AND GENERAL EXPENSES	66,793.

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

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 401,333.

NUTRITION:

PROGRAM SERVICE EXPENSES 2,391,039.

MANAGEMENT AND GENERAL EXPENSES 91,868.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,482,907.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 12,247,935.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP 306,489.

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

2022

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	

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)			

Electronic Filing PDF Attachment

EAGLEVILLE HOSPITAL

Financial Statements
June 30, 2023 and 2022

Kreischer
Miller

PEOPLE | IDEAS | SOLUTIONS

EAGLEVILLE HOSPITAL

June 30, 2023 and 2022

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
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Independent Auditors' Report

The Board of Directors
Eagleville Hospital
Eagleville, Pennsylvania

Opinion

We have audited the financial statements of Eagleville Hospital, which comprise the balance sheets as of June 30, 2023 and 2022, 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.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Eagleville Hospital as of June 30, 2023 and 2022, 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.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Eagleville Hospital and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for 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.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Eagleville Hospital's ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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 Eagleville Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Eagleville Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.



Horsham, Pennsylvania
October 4, 2023

EAGLEVILLE HOSPITAL

Balance Sheets June 30, 2023 and 2022

	2023	2022
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 6,915,232	\$ 6,816,013
Patient accounts receivable, less allowance for doubtful accounts of \$689,046 in 2023 and \$485,440 in 2022	2,756,596	2,401,700
Accounts receivable, other	698,468	959,036
Grant receivable	-	1,264,970
Due from affiliate	215,562	215,562
Prepaid expenses and other	620,080	510,484
Investments limited as to use required for current workers' compensation liabilities under trustee agreement	481,729	418,589
Total current assets	11,687,667	12,586,354
Investments limited as to use:		
By Board for capital improvements	16,967,353	15,562,160
Endowment (\$968,902 permanently restricted)	3,356,549	3,055,528
Investments	12,434,433	11,319,298
Property and equipment, net	48,151,167	50,338,609
Fair value of interest rate swap	2,374,693	2,068,204
	<u>\$ 94,971,862</u>	<u>\$ 94,930,153</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of long-term debt	\$ 485,679	\$ 474,941
Accounts payable	3,028,483	2,078,360
Salaries and wages	1,913,020	1,790,284
Construction	-	1,233,946
Other	2,877,429	2,715,137
Refundable advance	718,080	925,544
Workers' compensation claims under trustee agreement	282,770	285,242
Total current liabilities	9,305,461	9,503,454
Long-term liabilities:		
Long-term debt, net of current portion and deferred financing fees	18,713,210	19,162,590
	<u>18,713,210</u>	<u>19,162,590</u>
Net assets:		
Without donor restrictions (Board designated: \$16,967,353 in 2023 and \$15,562,160 in 2022)	65,984,289	65,295,207
With donor restrictions	968,902	968,902
	<u>66,953,191</u>	<u>66,264,109</u>
	<u>\$ 94,971,862</u>	<u>\$ 94,930,153</u>

See accompanying notes to financial statements.

EAGLEVILLE HOSPITAL

Statements of Operations and Changes in Net Assets
Years Ended June 30, 2023 and 2022

	2023			2022		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue:						
Net patient service revenue	\$ 38,906,517	\$ -	\$ 38,906,517	\$ 25,554,061	\$ -	\$ 25,554,061
Community access fund	2,449,048	-	2,449,048	2,449,048	-	2,449,048
Grants	4,066,742	-	4,066,742	1,264,970	-	1,264,970
Other revenues	6,736,313	-	6,736,313	9,619,783	-	9,619,783
Total revenue	52,158,620	-	52,158,620	38,887,862	-	38,887,862
Expenses:						
Professional care of patients	29,368,038	-	29,368,038	20,564,624	-	20,564,624
Dietary services	2,494,840	-	2,494,840	1,978,442	-	1,978,442
General services	3,909,283	-	3,909,283	3,462,208	-	3,462,208
Administrative services	9,781,355	-	9,781,355	8,760,471	-	8,760,471
Employee health and welfare	4,473,905	-	4,473,905	3,876,282	-	3,876,282
Insurance costs	1,075,127	-	1,075,127	946,956	-	946,956
Depreciation	2,958,189	-	2,958,189	1,938,339	-	1,938,339
Demolition costs	-	-	-	634,316	-	634,316
Provision for bad debts	525,303	-	525,303	386,272	-	386,272
Total expenses	54,586,040	-	54,586,040	42,547,910	-	42,547,910
Loss from operations	(2,427,420)	-	(2,427,420)	(3,660,048)	-	(3,660,048)
Other income (expense)						
Net investment return	2,810,013	-	2,810,013	(4,787,337)	-	(4,787,337)
Forgiveness of indebtedness	-	-	-	4,855,305	-	4,855,305
Change in fair value of interest rate swap	306,489	-	306,489	2,068,204	-	2,068,204
Loss on disposal of property and equipment	-	-	-	(934,735)	-	(934,735.00)
	3,116,502	-	3,116,502	1,201,437	-	1,201,437
Change in net assets	689,082	-	689,082	(2,458,611)	-	(2,458,611)
Net assets, beginning of year	65,295,207	968,902	66,264,109	67,753,818	968,902	68,722,720
Net assets, end of year	\$ 65,984,289	\$ 968,902	\$ 66,953,191	\$ 65,295,207	\$ 968,902	\$ 66,264,109

See accompanying notes to financial statements.

EAGLEVILLE HOSPITAL

Statements of Functional Expenses
Years Ended June 30, 2023 and 2022

	2023			2022		
	Management and General	Hospital Service	Total Expenses	Management and General	Hospital Service	Total Expenses
Salaries	\$ 5,523,481	\$23,133,607	\$28,657,088	\$ 4,113,746	\$16,407,346	\$20,521,092
Employee benefits	580,727	2,432,220	3,012,947	514,433	2,051,774	2,566,207
Payroll taxes	281,591	1,179,367	1,460,958	262,623	1,047,451	1,310,074
Purchased services	2,855,948	9,819,828	12,675,776	3,007,501	7,726,061	10,733,562
Drugs	-	1,586,774	1,586,774	-	1,098,199	1,098,199
Supplies	264,972	514,725	779,697	100,549	411,589	512,138
Rentals, leases and maintenance	95,269	376,668	471,937	103,641	371,930	475,571
Utilities	92,220	445,094	537,314	99,669	499,203	598,872
Insurance	517,614	557,513	1,075,127	286,306	660,650	946,956
Other expenses	56,265	222,475	278,740	114,594	411,197	525,791
Depreciation	507,719	2,450,471	2,958,190	304,943	1,633,396	1,938,339
Interest expense	97,176	469,013	566,189	67,664	232,857	300,521
Demolition costs	-	-	-	634,316	-	634,316
Bad debts	-	525,303	525,303	-	386,272	386,272
	<u>\$10,872,982</u>	<u>\$43,713,058</u>	<u>\$54,586,040</u>	<u>\$ 9,609,985</u>	<u>\$32,937,925</u>	<u>\$42,547,910</u>

See accompanying notes to financial statements.

EAGLEVILLE HOSPITAL

Statements of Cash Flows
Years Ended June 30, 2023 and 2022

	2023	2022
Cash flows from operating activities:		
Increase (decrease) in net assets	\$ 689,082	\$ (2,458,611)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by (used in) operating activities:		
Depreciation	2,958,189	1,938,339
Amortization of deferred financing fees	36,299	21,174
Bad debt expense	525,303	386,272
Change in fair value of interest rate swap	(306,489)	(2,068,204)
Forgiveness of indebtedness	-	(4,855,305)
Loss on disposal of property and equipment	-	934,735
Realized (gains) losses on investments	44,168	(3,420,010)
Unrealized (gain) loss on investments	(2,263,921)	8,644,987
(Increase) decrease in assets:		
Patient accounts receivable	(880,199)	(1,728,395)
Accounts receivable, other	260,568	(63,053)
Grant receivable	1,264,970	(1,264,970)
Prepaid expenses and other	(109,596)	774,167
Workers' compensation investments	(63,140)	(23,947)
Increase (decrease) in liabilities:		
Accounts payable	950,123	905,292
Accrued expenses	285,028	731,962
Refundable advance	(207,464)	925,544
Workers' compensation claims under trustee agreement liabilities	(2,472)	2,666
Net cash provided by (used in) operating activities	<u>3,180,449</u>	<u>(617,357)</u>
Cash flows from investing activities:		
Purchase of property and equipment	(2,004,693)	(148,014)
Purchase of investments, including assets limited as to use	(6,067,975)	(8,551,629)
Proceeds from investment sales, including assets limited as to use	5,466,379	8,100,559
Net cash used in investing activities	<u>(2,606,289)</u>	<u>(599,084)</u>
Cash flows from financing activity:		
Payments of long-term debt	(474,941)	(78,130)
Net increase (decrease) in cash and cash equivalents	99,219	(1,294,571)
Cash, cash equivalents and restricted cash:		
Beginning of year	6,816,013	8,110,584
End of year	<u>\$ 6,915,232</u>	<u>\$ 6,816,013</u>
Supplemental disclosure of cash flow information:		
Cash paid for interest	<u>\$ 529,890</u>	<u>\$ 279,347</u>
Supplemental disclosure of noncash investing and financing activity:		
Long-term debt and accrued expenses incurred for acquisition of property and equipment	<u>\$ -</u>	<u>\$ 14,969,173</u>

See accompanying notes to financial statements.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(1) Organization

Eagleville Hospital (the Hospital) provides behavioral health treatment through its facilities located in Eagleville, Pennsylvania. Under a 1984 corporate restructuring, the Hospital became an affiliate under common control of Eagleville 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.

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. As of June 30, 2021, patient accounts receivable, net, totaled \$1,718,694.

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, 2023 and 2022

(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 and Equipment

Property 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 or equipment, the cost and related accumulated depreciation are removed from the accounts and the resulting gain or loss is recorded. Expenditures for maintenance and repairs are charged to operations. Costs of renewals and betterments are capitalized. Donated property or equipment is recorded at fair value at date of donation, which is then treated as cost.

Interest Rate Swap

The interest rate swap, which is principally used by the Hospital in the management of interest rate exposure, is recorded at fair value, and any changes in fair value of the interest rate swap are recorded in the statement of activities and changes in net assets. Amounts to be paid or received under the interest rate swap agreement are recognized as interest expense in the period in which it accrues.

Financing Fees

Financing fees comprise fees incurred to obtain long-term financing. These costs are amortized over the term of the related financing agreement. Deferred financing costs are shown net of accumulated amortization of \$57,473 and \$21,174 at June 30, 2023 and 2022, respectively, and are presented as a reduction to the long-term debt in the accompanying balance sheet. Amortization expense of deferred financing fees was \$36,299 and \$21,174 for the year ended June 30, 2023 and 2022, respectively, and is included as a component of interest expense.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

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.

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.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Net Patient Service Revenue, Continued

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 psychiatric unit. The prospective rates vary according to a patient classification system that is based on clinical, diagnostic and other factors.

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 \$385,506 and \$392,432 in fiscal years 2023 and 2022, 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 2023 and 2022, 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.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Grant Revenue

A portion of the Hospital's revenue is derived from cost-reimbursement grants, which are conditioned upon the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Hospital has incurred expenditures in compliance with specific grant provisions. The Hospital had remaining available award balances on grants of \$718,080 that are recorded as a refundable advance in the accompanying balance sheet as of June 30, 2023. These award balances will be recognized as revenue as the projects progress and conditions are met, generally as expenditures are incurred.

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.

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.

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 2020. 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.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

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.

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, 2023 and 2022, the Hospital has net accounts receivable, including estimated retroactive adjustments from the federal government (Medicare) of \$115,026 and \$214,571, respectively; from the Commonwealth of Pennsylvania (Medicaid) of \$58 and \$16,314, respectively; and from Health Choices, a managed care program for Medicaid, of \$1,802,632 and \$1,361,879, respectively. The remaining balances are from other third-party payors or others.

EAGLEVILLE HOSPITAL

Notes to Financial Statements June 30, 2023 and 2022

(2) Summary of Significant Accounting Policies, Continued

Concentrations of Risk, Continued

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.

Reclassification

Certain items in the 2022 financial statements have been reclassified to conform with the current year presentation.

Subsequent Events

The Hospital has performed an evaluation of subsequent events through October 4, 2023 which is the date the financial statements were available to be issued.

(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:

	2023	2022
Cash and cash equivalents	\$ 6,915,232	\$ 6,816,013
Accounts receivable, net	3,455,064	3,360,736
Grant receivable	-	1,264,970
Investments	33,240,064	30,355,575
Less those unavailable for general expenditures within one year:		
Board designated	(16,967,353)	(15,562,160)
Endowment	(968,902)	(968,902)
Investments limited to use	(2,869,376)	(2,505,215)
	<u>\$22,804,729</u>	<u>\$ 22,761,017</u>

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(3) Liquidity and Availability, Continued

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.

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, 2023 and 2022.

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

EAGLEVILLE HOSPITAL

Notes to Financial Statements June 30, 2023 and 2022

(4) Fair Value Measurements, Continued

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, 2023			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Fixed income mutual funds	\$ 9,633,455	\$ 9,633,455	\$ -	\$ -
Equity mutual funds	21,161,556	21,161,556	-	-
Total mutual funds	30,795,011	30,795,011	-	-
Money market accounts	2,445,053	2,445,053	-	-
Total net assets at fair value	\$33,240,064	\$33,240,064	\$ -	\$ -

Description	Assets at Fair Value as of June 30, 2022			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Fixed income mutual funds	\$ 9,879,619	\$ 9,879,619	\$ -	\$ -
Equity mutual funds	18,100,871	18,100,871	-	-
Total mutual funds	27,980,490	27,980,490	-	-
Money market accounts	2,375,085	2,375,085	-	-
Total net assets at fair value	\$30,355,575	\$30,355,575	\$ -	\$ -

(5) Investments Limited as to Use

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

	2023		2022	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$14,932,156	\$15,421,829	\$13,590,252	\$15,172,090
Money market accounts	2,035,197	2,035,197	1,971,908	1,971,908
	\$16,967,353	\$17,457,026	\$15,562,160	\$17,143,998

EAGLEVILLE HOSPITAL

Notes to Financial Statements June 30, 2023 and 2022

(5) Investments Limited as to Use, Continued

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

	2023		2022	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$ 3,350,044	\$3,493,603	\$3,048,858	\$3,439,327
Money market accounts	6,505	6,505	6,670	6,670
	<u>\$ 3,356,549</u>	<u>\$3,500,108</u>	<u>\$3,055,528</u>	<u>\$3,445,997</u>

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

	2023		2022	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$100,527	\$111,659	\$ 46,800	\$ 53,216
Money market accounts	381,202	381,202	371,789	371,789
	<u>\$481,729</u>	<u>\$492,861</u>	<u>\$418,589</u>	<u>\$425,005</u>

(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.

EAGLEVILLE HOSPITAL

Notes to Financial Statements June 30, 2023 and 2022

(7) Investments

Investments include the following at June 30:

	2023		2022	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$12,412,283	\$12,929,565	\$11,294,580	\$12,736,705
Money market accounts	22,150	22,150	24,718	24,718
	<u>\$12,434,433</u>	<u>\$12,951,715</u>	<u>\$11,319,298</u>	<u>\$12,761,423</u>

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

	2023	2022
Net assets without donor restrictions:		
Interest and dividends	\$ 773,482	\$ 640,377
Investment fees	(183,222)	(202,737)
Realized investment (losses) gains, net	(44,168)	3,420,010
Unrealized investment gains (losses), net	2,263,921	(8,644,987)
	<u>\$2,810,013</u>	<u>\$(4,787,337)</u>

(8) Property and Equipment

Property and equipment consist of the following at June 30:

	2023	2022
Land	\$ 6,400	\$ 6,400
Land and improvements	2,407,138	2,357,095
Buildings and building improvements	60,149,967	59,684,140
Equipment	10,899,757	10,644,885
	<u>73,463,262</u>	<u>72,692,520</u>
Accumulated depreciation	(25,312,095)	(22,353,911)
	<u>\$48,151,167</u>	<u>\$50,338,609</u>

Depreciation for the years ended June 30, 2023 and 2022 amounted to \$2,958,190 and \$1,938,339, respectively.

(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, 2023. There are no borrowings outstanding on the revolving credit line at June 30, 2023 and 2022.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(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 \$19,446,929 and \$19,921,870 as of June 30, 2023 and 2022, respectively. Monthly payments began in May 2022 including interest at the Adjusted Term Secured Overnight Financing Rate (SOFR) 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 effectively fixes 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. The outstanding notional principal balance of the swap agreement was \$19,446,929 and \$19,921,870 at June 30, 2023 and 2022, respectively. The fair value of the Hospital's interest rate swap agreement at June 30, 2023 and 2022 was \$2,374,693 and \$2,068,204, respectively.

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.

In connection with the note, the Hospital is subject to certain financial and nonfinancial covenants.

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 submitted a loan forgiveness application which was subject to review and approval by the bank and the SBA. In January 2022, the Hospital received notification from the SBA that the PPP loan was forgiven. Accordingly, the Hospital recognized forgiveness of indebtedness equal to the loan's full principal amount during the year ended June 30, 2022.

EAGLEVILLE HOSPITAL

Notes to Financial Statements June 30, 2023 and 2022

(10) Long-Term Debt, Continued

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

Year Ending June 30	Amount
2024	\$ 485,679
2025	496,659
2026	507,888
2027	519,371
2028	531,113
Thereafter	16,906,219
	<u>19,446,929</u>
Less: unamortized financing fees	248,040
	<u>\$19,198,889</u>

(11) Net Assets With Donor Restrictions

Net assets with donor restrictions of \$968,902 are restricted for endowment as of June 30, 2023 and 2022.

(12) Patient Service Revenue

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

	2023	2022
Class of payor:		
Blue Cross	\$ 687,274	\$ 947,153
Medicare	2,775,385	2,920,808
State fee for service, Health Choices and county programs	58,740,535	38,718,172
Commercial insurance, self-pay and other	4,545,476	3,615,318
Gross patient service revenue	<u>66,748,670</u>	<u>46,201,451</u>
Contractual adjustments	(27,842,153)	(20,647,390)
Net patient service revenue	<u>\$ 38,906,517</u>	<u>\$ 25,554,061</u>

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(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 \$540,836 and \$484,500 in 2023 and 2022, 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 \$300,000 in 2023 and 2022, respectively. Trust fund assets exceed the accrued liability by \$197,454 and \$131,843 at June 30, 2023 and 2022, 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 \$323,881 and \$309,177 for the years ended June 30, 2023 and 2022, respectively.

(16) Health Self Insurance

The Hospital maintains a self-insurance program for medical coverage for employees. The Hospital is liable for claims up to \$110,000 per covered person annually, and aggregate claims up to \$1,469,538 annually. The program has an insurance stop loss policy for claims in excess of \$110,000 per participant and aggregate claims in excess of \$1,469,538. 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, 2024.

EAGLEVILLE HOSPITAL

Notes to Financial Statements

June 30, 2023 and 2022

(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.