

EXTENDED TO MAY 15, 2025

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**Open to Public
Inspection**A** For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

100 EAGLEVILLE ROAD

Room/suite

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

EAGLEVILLE, PA 19043**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 \$ **55,364,569.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.EAGLEVILLEHOSPITAL.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1909** **M** State of legal domicile: **PA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE SCHEDULE O	
	2	Check this box ☐ 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 2023 (Part V, line 2a)	5	403
	6	Total number of volunteers (estimate if necessary)	6	14
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	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	Current Year
	9	Program service revenue (Part VIII, line 2g)	6,515,791.	3,578,810.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,969,128.	48,691,616.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	729,314.	2,461,828.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	673,701.	632,315.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	52,887,934.	55,364,569.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	33,130,993.	28,776,829.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,638,269.	21,455,376.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,769,262.	50,232,205.
19	Revenue less expenses. Subtract line 18 from line 12	-1,881,328.	5,132,364.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	94,971,862.	100,577,611.
	22	Net assets or fund balances. Subtract line 21 from line 20	28,018,671.	26,533,699.
22	Net assets or fund balances. Subtract line 21 from line 20	66,953,191.	74,043,912.	

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	EUGENE J. OTT, CEO			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	BRAD FREDERICK			P00686625
Preparer Use Only	Firm's name	Firm's EIN		
	KREISCHER MILLER	23-1980475		
Preparer Use Only	Firm's address	Phone no.		
	100 WITMER ROAD, SUITE 350 HORSHAM, PA 19044-2369	215-441-4600		

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

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)

Part III Statement of Program Service AccomplishmentsCheck 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

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

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- X**
- No

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **40,385,273.** including grants of \$) (Revenue \$ **49,323,931.**)

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 3,899 ADMISSIONS AND PROVIDED 92,737 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 **40,385,273.**

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 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>	3	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>	4 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>	5	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>	6	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>	7	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>	8	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>	9	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>	10 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>	11a 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>	11b	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>	11c	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>	11d	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>	11e 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>	11f 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>	12a 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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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. See instructions</i>	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b 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>	21	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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	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?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	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>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	42
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 403		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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 ☒ **X**

Section A. Governing Body and Management

	1a	1b	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.	14			
b Enter the number of voting members included on line 1a, above, who are independent		14		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	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?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	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?			7a	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?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	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			9	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?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	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?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
WILLIAM KEENAN, CFO - (610) 539-6000
100 EAGLEVILLE RD, EAGLEVILLE, PA 19408

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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				425,303.	0.	49,195.
(2) ELENA KARZOVA PSYCHIATRIST	40.00				X			314,962.	0.	24,055.
(3) WENDY A. MANEVAL CHIEF LEGAL AND REGULATORY	40.00			X				269,713.	0.	33,955.
(4) WILLIAM R. KEENAN CFO	40.00			X				275,195.	0.	24,756.
(5) MARY ELLEN MCLAUGHLIN CORPORATE COMPLIANCE OFFIC	40.00				X			216,094.	0.	17,871.
(6) DENISE HENNESSEY CHIEF NURSING OFFICER	40.00			X				185,547.	0.	0.
(7) MICHAEL CURRY CHIEF OPERATING OFFICER	40.00			X				125,519.	0.	3,362.
(8) ALEXANDRA BRETSCHNEIDER DIRECTOR	2.00	X						0.	0.	0.
(9) DAVID T. PIERCE, CPA DIRECTOR	2.00	X						0.	0.	0.
(10) EILEEN M. JOSEPH, M.S., C.P.R.P DIRECTOR	2.00	X						0.	0.	0.
(11) HARRY S. SHANIS, PH.D DIRECTOR	2.00	X						0.	0.	0.
(12) JAMES P. BAKER, J.R VICE-CHAIRMAN	2.00	X		X				0.	0.	0.
(13) JASON R. MCLAUGHLIN, M.S., M.S.S. DIRECTOR	2.00	X						0.	0.	0.
(14) JON A. SHAPIRO, M.D. DIRECTOR	2.00	X						0.	0.	0.
(15) JOSEPH P. MCGINLEY SECRETARY-TREASURER	2.00	X		X				0.	0.	0.
(16) LARRY S. GERSHMAN, BG-USAR (RET. DIRECTOR	2.00	X						0.	0.	0.
(17) PARVATI THIRU, M.D., MBA, F.A.C.P. 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) RAFAEL A. PORRATA-DORIA, JR. ES DIRECTOR	2.00	X						0.	0.	0.
(19) STEPHEN BLEYER, CPA DIRECTOR	2.00	X						0.	0.	0.
(20) VICTOR LIDZ, PH.D. CHAIRMAN	2.00	X		X				0.	0.	0.
(21) WAYNE R. WALKER, ESQ. ASST. SECRETARY-TREASURER	2.00	X		X				0.	0.	0.
1b Subtotal								1,812,333.	0.	153,194.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,812,333.	0.	153,194.

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

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- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		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	5,235,276.
SODEXO INC & AFFILIATES 4880 PAYSHPHERE CIRCLE, CHICAGO, IL 60674	HOSPITALITY SERVICES	4,129,116.
DELTA T GROUP INC PO BOX 884, BRYN MAWR, PA 19010	MEDICAL SERVICES	2,476,617.
MCKESSON DRUG COMPANY PO BOX 848442, DALLAS, TX 75284	PHARMACY SERVICES	1,526,052.
IRIS TELEHEALTH 114 W 7TH ST STE 900, AUSTIN, TX 78701	HEALTHCARE SERVICES	1,517,622.

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

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Part VIII Statement of RevenueCheck 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	3,578,810.			
	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		3,578,810.			
Program Service Revenue	2 a	MEDICARE/MEDICAID	Business Code	524298	44,121,907.	44121907.	
	b	FEEs FROM GOVERNMENT AGENCIES	524298	4,259,218.	4,259,218.		
	c	COMMERCIAL INSURANCE AND SELF-PAY	524298	237,715.	237,715.		
	d	BLUE CROSS	524298	72,776.	72,776.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		48,691,616.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		956,121.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real				
b		Less: rental expenses ...	(ii) Personal				
c		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
b		Less: cost or other basis and sales expenses	(ii) Other				
c		Gain or (loss)					
d		Net gain or (loss)		1,505,707.			1505707.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19					
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	TOBACCO SETTLEMENT	Business Code	524298	316,344.	316,344.	
	b	MISCELLANEOUS	524298	197,181.	197,181.		
	c	DSH-PA MEDICAL ASST	524298	118,790.	118,790.		
	d	All other revenue					
	e	Total. Add lines 11a-11d		632,315.			
	12	Total revenue. See instructions		55,364,569.	49323931.	0.	2461828.

Part IX Statement of Functional Expenses

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	1,812,333.	1,474,173.	338,160.	
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	23,273,096.	19,006,247.	4,266,849.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	3,691,400.	3,002,629.	688,771.	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	91,756.		91,756.	
c Accounting	108,310.		108,310.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	211,807.		211,807.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	12,736,146.	9,964,049.	2,772,097.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	534,644.	434,886.	99,758.	
17 Travel	72,274.	58,789.	13,485.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	530,211.	431,280.	98,931.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,015,650.	2,452,966.	562,684.	
23 Insurance	983,933.	620,580.	363,353.	
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	1,678,113.	1,678,113.		
b SUPPLIES	572,692.	465,835.	106,857.	
c BAD DEBT	254,662.	254,662.		
d POSTAGE AND SHIPPING	222,826.	181,249.	41,577.	
e All other expenses	442,352.	359,815.	82,537.	
25 Total functional expenses. Add lines 1 through 24e	50,232,205.	40,385,273.	9,846,932.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	970.	1	970.
	2 Savings and temporary cash investments	6,914,262.	2	8,481,548.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	3,455,064.	4	3,880,490.
	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	620,080.	9	434,010.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 76,006,014.		
	b Less: accumulated depreciation	10b 28,291,445.	10c	47,714,569.
	11 Investments - publicly traded securities	48,151,167.	11	37,084,703.
	12 Investments - other securities. See Part IV, line 11	32,758,335.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,071,984.	15	2,981,321.
16 Total assets. Add lines 1 through 15 (must equal line 33)	94,971,862.	16	100,577,611.	
Liabilities	17 Accounts payable and accrued expenses	7,818,932.	17	6,692,986.
	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	18,713,210.	23	18,252,851.
	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	1,486,529.	25	1,587,862.
	26 Total liabilities. Add lines 17 through 25	28,018,671.	26	26,533,699.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	65,984,289.	27	73,075,010.
	28 Net assets with donor restrictions	968,902.	28	968,902.
	Organizations that do not follow FASB ASC 958, check here ☐ 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	66,953,191.	32	74,043,912.
	33 Total liabilities and net assets/fund balances	94,971,862.	33	100,577,611.

Part XI Reconciliation of Net AssetsCheck 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	55,364,569.
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,232,205.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,132,364.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,953,191.
5	Net unrealized gains (losses) on investments	5	2,066,321.
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	-107,964.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	74,043,912.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		☒
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	☒	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	☒	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	☒	
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 _____	☒	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

EAGLEVILLE HOSPITAL.

Employer identification number	
--------------------------------	--

23-1352115

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

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

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

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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?		
11a		
b A family member of a person described on line 11a above?		
11b		
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>		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described 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>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a 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>		
2a		
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>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ 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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Supplemental Information.

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.)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
EAGLEVILLE HOSPITAL	23-1352115

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 ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	PERFORMCARE 8040 CARLSON ROAD HARRISBURG, PA 17112	\$ 318,962.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	COMMUNITY CARE BEHAVIORAL HEALTH ORGANIZATION 801 MARKET ST STE 7000 PHILADELPHIA, PA 19107	\$ 361,121.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	MONTGOMERY COUNTY P.O. BOX 311 NORRISTOWN, PA 19404	\$ 449,679.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Employer identification number

23-1352115

Part II

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

Name of organization	Employer identification number
EAGLEVILLE HOSPITAL	23-1352115

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

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

Name of organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

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

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

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2023

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)		79,252.													
c Total lobbying expenditures (add lines 1a and 1b)		79,252.													
d Other exempt purpose expenditures		40,309,642.													
e Total exempt purpose expenditures (add lines 1c and 1d)		40,388,894.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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?			☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(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	34,969.	31,479.	63,928.	79,252.	209,628.
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					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to not be 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

2023

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☐ Yes	☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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 in 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.	968,902.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☒ No

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.	13,066,043.	40,861,030.
c Leasehold improvements		6,875,951.	5,180,278.	1,695,673.
d Equipment		12,739,501.	8,244,991.	4,494,510.
e Other		2,457,089.	1,800,133.	656,956.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				47,714,569.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	389,742.
(3) REFUNDABLE ADVANCE - COMMONWEALTH	
(4) OF PA	701,461.
(5) CURRENT PORTION OF LONG-TERM DEBT	496,659.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,587,862.

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	57,111,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,066,321.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-107,964.
e	Add lines 2a through 2d	2e	1,958,357.
3	Subtract line 2e from line 1	3	55,152,762.
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	211,807.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	211,807.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	55,364,569.

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	50,020,398.
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	50,020,398.
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	211,807.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	211,807.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	50,232,205.

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	-107,964.
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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

2023

Open to Public
Inspection

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	X	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☒ Other 500 %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?		X
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?		X
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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			129,666.	129,666.		.00%
b Medicaid (from Worksheet 3, column a)			40531197.	40531197.		.00%
c Costs of other means-tested government programs (from Worksheet 3, column b)			4516745.	4259218.	257,527.	.51%
d Total. Financial Assistance and Means-Tested Government Programs			45177608.	44920081.	257,527.	.51%
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			45177608.	44920081.	257,527.	.51%

Part III	Bad Debt, Medicare, & Collection Practices
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Part V	Facility Information
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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):

[illegible]

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?	1	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	2	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	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ 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	5	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	6a	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	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a ☒ Hospital facility's website (list url): <u>HTTP://WWW.EAGLEVILLE.ORG</u>		
b ☐ Other website (list url):		
c ☐ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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	8	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?	10	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?	10b	
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)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
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?	13 X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a ☒ 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 ☐ Income level other than FPG (describe in Section C)		
c ☐ Asset level		
d ☒ Medical indigency		
e ☒ Insurance status		
f ☒ Underinsurance status		
g ☒ Residency		
h ☒ Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 X	
15 Explained the method for applying for financial assistance?	15 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 ☒ Described the information the hospital facility may require an individual to provide as part of their application		
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of their application		
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d ☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e ☐ Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility?	16 X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a ☒ The FAP was widely available on a website (list url): <u>HTTP://WWW.EAGLEVILLE.ORG</u>		
b ☒ The FAP application form was widely available on a website (list url): <u>HTTP://WWW.EAGLEVILLE.ORG</u>		
c ☒ A plain language summary of the FAP was widely available on a website (list url): <u>HTTP://WWW.EAGLEVILLE.ORG</u>		
d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f ☒ 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 ☒ 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 ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i ☐ 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 ☐ Other (describe in Section C)		

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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?	17	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 ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☒ 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?	19		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ 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 ☐ Actions that require a legal or judicial process			
e ☐ 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 ☐ 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 ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☐ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☐ Made presumptive eligibility determinations (if not, describe in Section C)			
e ☐ Other (describe in Section C)			
f ☐ 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?	21		X
If "No," indicate why:			
a ☒ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ 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**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
23		X
24		X

Schedule H (Form 990) 2023

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 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 92% OF OUR PATIENT POPULATION. THE HOSPITAL EMPLOYS TWO FINANCIAL ASSISTANCE COUNSELORS TO ENSURE COVERAGE. APPROXIMATELY 708 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 (FQHCs), IN ORDER TO PROVIDE OUR PATIENTS WITH THE MOST COMPREHENSIVE, AFFORDABLE AND CONVENIENT AFTER CARE. WE HAVE ALSO PROVIDED OUR INFORMATION TO ALLOW FOR A SMOOTH TRANSFER TO HIGHER LEVEL OF CARE WHEN INDICATED.

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-ACUTE MEDICAL CARE (I.E. IV ANTIBIOTICS, 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.

RATIONALE: 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. 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:

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

- 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 100 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.

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.

PATIENTS OF ALL AGES ACCESS THESE SERVICES THROUGH A LARGE NETWORK OF
REFERRAL AGENCIES. WHERE POSSIBLE, PATIENTS ARE INTRODUCED TO
OPPORTUNITIES TO RECEIVE THEIR GED, AND CONNECT WITH THE LOCAL
COMMUNITY COLLEGE, VOCATIONAL TRAINING IN MONTGOMERY COUNTY THROUGH
SOAR (SKILLS, OPPORTUNITIES, ACHIEVEMENT, AND RESPONSIBILITY) AND OIC
(OPPORTUNITIES INDUSTRIALIZATION CENTERS).

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

PART III, LINE 4:

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

PART III, LINE 8:

MEDICARE COST REPORT

PART VI, LINE 2:

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

Part VI Supplemental Information (Continuation)

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, 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 Supplemental Information (Continuation)

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 RESOURCES, 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 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:

Part VI Supplemental Information (Continuation)

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 IS NOT AVAILABLE AND MEDICAL NECESSITY EXISTS. GIVEN THE GENERAL STATE OF THE ECONOMY, THIS IS AN EXPANDING POPULATION. AN INCREASING NUMBER OF PREVIOUSLY INSURED INDIVIDUALS NO LONGER HAVE THE MEANS TO PURCHASE COMMERCIAL INSURANCE YET DO NOT QUALIFY FOR MEDICARE, MEDICAID OR SINGLE COUNTY AUTHORITY FUNDING. ADDITIONALLY, THE HOSPITAL INCREASINGLY SERVES

Part VI Supplemental Information (Continuation)

YOUNG ADULTS WITH NO HEALTH INSURANCE OR NO BEHAVIORAL HEALTH BENEFIT

WHOSE FAMILIES LACK THE FINANCIAL ABILITY TO PAY.

Blank lined area for supplemental information.

**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

2023

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|--|---|
| ☒ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

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

a Receive a severance payment or change-of-control payment?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

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)	400,303.	25,000.	0.	12,337.	36,858.	474,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ELENA KARZOVA PSYCHIATRIST	(i)	314,962.	0.	0.	0.	24,055.	339,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) WENDY A. MANEVAL CHIEF LEGAL AND REGULATORY	(i)	247,213.	22,500.	0.	10,588.	23,367.	303,668.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM R. KEENAN CFO	(i)	245,195.	30,000.	0.	10,449.	14,307.	299,951.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MARY ELLEN MCLAUGHLIN CORPORATE COMPLIANCE OFFIC	(i)	206,094.	10,000.	0.	3,852.	14,019.	233,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DENISE HENNESSEY CHIEF NURSING OFFICER	(i)	159,547.	26,000.	0.	0.	0.	185,547.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Supplemental Information
-----------------	---------------------------------

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

[illegible]

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.

OMB No. 1545-0047

2023
Open to Public
Inspection

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number
23-1352115

Part I	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
MONTGOMERY COUNTY A 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							

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

Schedule K (Form 990) 2023

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?	X							
b Name of provider	KEYBANK NATIONAL AS							
c Term of hedge								
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
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?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

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?		X						

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.

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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

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

Schedule O (Form 990) 2023

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	327,681.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	327,681.

ADMISSIONS:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	106,250.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	106,250.

FINANCE CONSULTANT FEES:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	597,989.

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

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 597,989.

HOUSEKEEPING:

PROGRAM SERVICE EXPENSES 1,048,012.

MANAGEMENT AND GENERAL EXPENSES 240,403.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,288,415.

HUMAN RESOURCES:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 160,603.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 160,603.

INFORMATION TECHNOLOGY:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 1,063,210.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,063,210.

ISOLATION:

PROGRAM SERVICE EXPENSES 183,629.

MANAGEMENT AND GENERAL EXPENSES 42,122.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 225,751.

LABORATORY:

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

PROGRAM SERVICE EXPENSES	247,697.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	247,697.

LAUNDRY SERVICES:

PROGRAM SERVICE EXPENSES	63,638.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	63,638.

MARKETING:

PROGRAM SERVICE EXPENSES	102,069.
MANAGEMENT AND GENERAL EXPENSES	1,645.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	103,714.

MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES	1,653.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,653.

NURSING - ADMINISTRATION:

PROGRAM SERVICE EXPENSES	20,122.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	20,122.

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

NUTRITION:

PROGRAM SERVICE EXPENSES	2,829,523.
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MANAGEMENT AND GENERAL EXPENSES	4,527.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	2,834,050.
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OPERATION PLANT:

PROGRAM SERVICE EXPENSES	356,143.
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MANAGEMENT AND GENERAL EXPENSES	81,695.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	437,838.
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OTHER PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	67,828.
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MANAGEMENT AND GENERAL EXPENSES	15,559.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	83,387.
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OTHER PURCHASED SERVICES - RADIOLOGY:

PROGRAM SERVICE EXPENSES	108,117.
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MANAGEMENT AND GENERAL EXPENSES	24,801.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	132,918.
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PATIENT ACCOUNTING:

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	59,494.
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Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 59,494.

PERFORMANCE IMPROVEMENT:

PROGRAM SERVICE EXPENSES 7,349.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,349.

PHARMACY:

PROGRAM SERVICE EXPENSES 1,077,304.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,077,304.

PHYSICAL THERAPY:

PROGRAM SERVICE EXPENSES 47,673.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 47,673.

PHYSICIAN SERVICES:

PROGRAM SERVICE EXPENSES 3,602,250.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,602,250.

RECRUITMENT FEES:

Name of the organization

EAGLEVILLE HOSPITAL

Employer identification number

23-1352115

PROGRAM SERVICE EXPENSES 193,520.

MANAGEMENT AND GENERAL EXPENSES 44,392.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 237,912.

SECURITY:

PROGRAM SERVICE EXPENSES 7,522.

MANAGEMENT AND GENERAL EXPENSES 1,726.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 9,248.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 12,736,146.

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

CHANGE IN FAIR VALUE OF INTEREST RATE SWAP -107,964.

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

2023

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 19043	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 19043	SUPPORTING ORGANIZATION OF EAGLEVILLE HOSPITAL	PENNSYLVANIA	501(C)(3)	LINE 12B, II	EAGLEVILLE HOSPITAL	X	

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

Schedule R (Form 990) 2023

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.

	Yes	No
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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	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)			

Provide additional information for responses to questions on Schedule R. See instructions.

Electronic Filing PDF Attachment

Eagleville Hospital

Financial Statements

June 30, 2024 and 2023



Kreischer Miller

Eagleville Hospital
June 30, 2024 and 2023

Contents

INDEPENDENT AUDITORS' REPORT

FINANCIAL STATEMENTS

Balance Sheets	1
Statements of Operations and Changes in Net Assets	2
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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, 2024 and 2023, 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, 2024 and 2023, 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.

A handwritten signature in dark ink, appearing to read "Christopher Miller". The signature is written in a cursive, flowing style.

Horsham, Pennsylvania
October 3, 2024

Eagleview Hospital

Balance Sheets

June 30, 2024 and 2023

	2024	2023
ASSETS		
Current assets:		
Cash and cash equivalents	\$ 8,482,518	\$ 6,915,232
Patient accounts receivable, less allowance for credit losses of \$771,395 in 2024 and \$689,046 in 2023	3,560,401	2,756,596
Other receivables	320,089	698,468
Due from affiliate	215,562	215,562
Prepaid expenses and other	434,010	620,080
Investments limited as to use required for current workers' compensation liabilities under trustee agreement	499,030	481,729
Total current assets	13,511,610	11,687,667
Investments limited as to use:		
By Board for capital improvements	19,126,146	16,967,353
Endowment (\$968,902 permanently restricted)	3,817,387	3,356,549
Investments	14,141,170	12,434,433
Property and equipment, net	47,714,569	48,151,167
Fair value of interest rate swap	2,266,729	2,374,693
	<u>\$ 100,577,611</u>	<u>\$ 94,971,862</u>
LIABILITIES AND NET ASSETS		
Current liabilities:		
Current portion of long-term debt	\$ 496,659	\$ 485,679
Accounts payable	2,558,106	3,028,483
Accrued expenses:		
Salaries and wages	1,982,930	1,913,020
Other	2,151,950	2,877,429
Refundable advance	701,461	718,080
Workers' compensation claims under trustee agreement	389,742	282,770
Total current liabilities	<u>8,280,848</u>	<u>9,305,461</u>
Long-term liabilities:		
Long-term debt, net of current portion and deferred financing fees	18,252,851	18,713,210
	<u>18,252,851</u>	<u>18,713,210</u>
Net assets:		
Without donor restrictions (Board designated: \$19,126,146 in 2024 and \$16,967,353 in 2023)	73,075,010	65,984,289
With donor restrictions	968,902	968,902
	<u>74,043,912</u>	<u>66,953,191</u>
	<u>\$ 100,577,611</u>	<u>\$ 94,971,862</u>

See accompanying notes to financial statements.

Eagleville Hospital
Statements of Operations and Changes in Net Assets
Years Ended June 30, 2024 and 2023

	2024			2023		
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue:						
Net patient service revenue	\$ 48,801,461	\$ -	\$ 48,801,461	\$ 38,906,517	\$ -	\$ 38,906,517
Community access fund	2,449,048	-	2,449,048	2,449,048	-	2,449,048
Grants	680,083	-	680,083	4,066,742	-	4,066,742
Other revenues	972,151	-	972,151	6,736,313	-	6,736,313
Total revenue	52,902,743	-	52,902,743	52,158,620	-	52,158,620
Expenses:						
Professional care of patients	26,040,333	-	26,040,333	29,368,038	-	29,368,038
Dietary services	2,817,789	-	2,817,789	2,494,840	-	2,494,840
General services	4,049,737	-	4,049,737	3,909,283	-	3,909,283
Administrative services	9,305,852	-	9,305,852	9,781,355	-	9,781,355
Employee health and welfare	3,682,780	-	3,682,780	4,473,905	-	4,473,905
Insurance costs	983,933	-	983,933	1,075,127	-	1,075,127
Depreciation	2,979,350	-	2,979,350	2,958,189	-	2,958,189
Provision for credit losses	160,624	-	160,624	525,303	-	525,303
Total expenses	50,020,398	-	50,020,398	54,586,040	-	54,586,040
Income (loss) from operations	2,882,345	-	2,882,345	(2,427,420)	-	(2,427,420)
Other income (expense):						
Net investment return	4,316,340	-	4,316,340	2,810,013	-	2,810,013
Change in fair value of interest rate swap	(107,964)	-	(107,964)	306,489	-	306,489
	4,208,376	-	4,208,376	3,116,502	-	3,116,502
Increase in net assets	7,090,721	-	7,090,721	689,082	-	689,082
Net assets, beginning of year	65,984,289	968,902	66,953,191	65,295,207	968,902	66,264,109
Net assets, end of year	\$ 73,075,010	\$ 968,902	\$ 74,043,912	\$ 65,984,289	\$ 968,902	\$ 66,953,191

See accompanying notes to financial statements.

Eagleville Hospital

Statements of Functional Expenses
Years Ended June 30, 2024 and 2023

	2024			2023		
	Management and General	Hospital Service	Total Expenses	Management and General	Hospital Service	Total Expenses
Salaries	\$ 4,698,176	\$ 20,481,290	\$ 25,179,466	\$ 5,523,481	\$ 23,133,607	\$ 28,657,088
Employee benefits	460,486	2,007,449	2,467,935	580,727	2,432,220	3,012,947
Payroll taxes	226,675	988,170	1,214,845	281,591	1,179,367	1,460,958
Purchased services	2,681,466	9,990,946	12,672,412	2,855,948	9,819,828	12,675,776
Drugs	-	1,678,113	1,678,113	-	1,586,774	1,586,774
Supplies	222,023	616,448	838,471	264,972	514,725	779,697
Rentals, leases and maintenance	78,248	320,919	399,167	95,269	376,668	471,937
Utilities	91,762	442,882	534,644	92,220	445,094	537,314
Insurance	500,093	483,840	983,933	517,614	557,513	1,075,127
Other expenses	67,614	277,313	344,927	56,265	222,475	278,740
Depreciation	511,351	2,467,999	2,979,350	507,719	2,450,471	2,958,190
Interest expense	97,231	469,280	566,511	97,176	469,013	566,189
Credit losses	-	160,624	160,624	-	525,303	525,303
	<u>\$ 9,635,125</u>	<u>\$ 40,385,273</u>	<u>\$ 50,020,398</u>	<u>\$ 10,872,982</u>	<u>\$ 43,713,058</u>	<u>\$ 54,586,040</u>

See accompanying notes to financial statements.

Eagleview Hospital

Statements of Cash Flows Years Ended June 30, 2024 and 2023

	2024	2023
Cash flows from operating activities:		
Increase in net assets	\$ 7,090,721	\$ 689,082
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation	2,979,350	2,958,189
Amortization of deferred financing fees	36,300	36,299
Credit loss expense	160,624	525,303
Change in fair value of interest rate swap	107,964	(306,489)
Realized (gains) losses on investments	(1,505,707)	44,168
Unrealized gain on investments	(2,066,319)	(2,263,921)
(Increase) decrease in assets:		
Patient accounts receivable	(964,429)	(880,199)
Other receivables	378,379	260,568
Grant receivable	-	1,264,970
Prepaid expenses and other	186,070	(109,596)
Workers' compensation investments	(17,301)	(63,140)
Increase (decrease) in liabilities:		
Accounts payable	(470,377)	950,123
Accrued expenses	(655,569)	285,028
Refundable advance	(16,619)	(207,464)
Workers' compensation claims under trustee agreement liabilities	106,972	(2,472)
Net cash provided by operating activities	5,350,059	3,180,449
Cash flows from investing activities:		
Purchase of property and equipment	(2,542,752)	(2,004,693)
Purchase of investments, including assets limited as to use	(2,510,490)	(6,067,975)
Proceeds from investment sales, including assets limited as to use	1,756,148	5,466,379
Net cash used in investing activities	(3,297,094)	(2,606,289)
Cash flows from financing activity:		
Payments of long-term debt	(485,679)	(474,941)
Net increase in cash and cash equivalents	1,567,286	99,219
Cash and cash equivalents:		
Beginning of year	6,915,232	6,816,013
End of year	\$ 8,482,518	\$ 6,915,232
Supplemental disclosure of cash flow information:		
Cash paid for interest	\$ 530,211	\$ 529,890

See accompanying notes to financial statements.

(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.

Recently Adopted Accounting Standards - Credit Losses

On January 1, 2023, the Hospital adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2016-13, *Financial Instruments - Credit Losses* (Topic 326). This standard, *Accounting Standards Codification* (ASC) 326, replaced the incurred loss methodology with an expected loss methodology that is referred to as the current expected credit loss methodology (the CECL Model). The CECL Model requires an estimate of credit losses for the remaining estimated life of the financial asset using historical experience, current conditions, and reasonable and supportable forecasts and generally applies to financial assets measured at amortized cost. The primary objective of the CECL Model is to provide financial statement users with an estimate of the net amount the entity expects to collect on its financial assets by using an allowance for credit losses.

The Hospital adopted ASC 326 and all related subsequent amendments thereto effective July 1, 2023 using the modified retrospective approach for all financial assets measured at amortized cost. The Hospital's adoption of the CECL Model did not result in a cumulative effect adjustment being recorded to opening net assets as of July 1, 2023, and did not have a material impact on the Hospital's statements of operations or cash flows.

(2) Summary of Significant Accounting Policies, Continued

Patient Accounts Receivable and Allowance for Credit Losses

Patient accounts receivable are stated at the amount the Hospital expects to collect. The Hospital maintains allowances for credit losses for estimated losses resulting from the inability of its customers to make required payments. Management evaluates its historical loss experience and applies this historical loss ratio to financial assets with similar characteristics. The Hospital's historical loss ratio or its determination of risk pools may be adjusted for changes in customer, economic, market or other circumstances. Significant past due balances over 240 days and other higher risk amounts are reviewed individually for collectability based on the following customer specific factors: customer credit-worthiness, past transaction history with the customer, current economic industry trends, and changes in customer payment terms. If the financial condition of the Hospital's customers were to deteriorate, adversely affecting their ability to make payments, additional allowances would be required. Based on management's assessment, the Hospital provides for estimated uncollectible amounts through a charge to earnings and a credit to a valuation allowance. Balances that remain outstanding after the Hospital has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. As of June 30, 2022, patient accounts receivable, net, totaled \$2,401,700.

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.

Investments

The Hospital follows FASB 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.

(2) Summary of Significant Accounting Policies, Continued

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 operations 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 \$93,773 and \$57,473 at June 30, 2024 and 2023, respectively, and are presented as a reduction to the long-term debt in the accompanying balance sheet. Amortization expense of deferred financing fees was \$36,300 and \$36,299 for the years ended June 30, 2024 and 2023, respectively, and is included as a component of interest expense.

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.

(2) Summary of Significant Accounting Policies, Continued

Net Patient Service Revenue

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

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

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

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

Medicare

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

(2) Summary of Significant Accounting Policies, Continued

Medicaid

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

In addition, the Hospital received \$316,344 and \$385,506 in fiscal years 2024 and 2023, 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 2024 and 2023, 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.

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 \$182,300 and \$718,080 that are recorded as a refundable advance in the accompanying balance sheet as of June 30, 2024 and 2023, respectively. 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.

(2) Summary of Significant Accounting Policies, Continued

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 2021. It is difficult to predict the final timing and resolution of any particular uncertain tax position. Based on the Hospital's assessment of many factors, including past experience and complex judgments about future events, the Hospital does not currently anticipate significant changes in its tax positions over the next 12 months.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Changes in estimates are reflected in the periods in which they become known.

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.

(2) Summary of Significant Accounting Policies, Continued

Concentrations of Risk, Continued

The Hospital primarily serves residents of the Philadelphia metropolitan area. The Hospital grants credit to patients but generally does not require collateral or other security in extending the credit. However, the Hospital routinely obtains assignments of (or is otherwise entitled to receive) patients' benefits payable under health insurance programs, plans or policies (e.g., Medicare, Medicaid, Blue Cross, or other insurance carriers). At June 30, 2024 and 2023, the Hospital has net accounts receivable, including estimated retroactive adjustments from the federal government (Medicare) of \$155,877 and \$115,026, respectively; and from Health Choices, a managed care program for Medicaid, of \$2,348,424 and \$1,802,632, respectively. The remaining balances are from other third-party payors or others.

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

Subsequent Events

The Hospital has performed an evaluation of subsequent events through October 3, 2024 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:

	2024	2023
Cash and cash equivalents	\$ 8,482,518	\$ 6,915,232
Accounts receivable, net	3,880,490	3,455,064
Investments	37,583,733	33,240,064
Less those unavailable for general expenditures within one year:		
Board designated	(19,126,146)	(16,967,353)
Endowment	(968,902)	(968,902)
Investments limited to use	(3,347,515)	(2,869,376)
	<u>\$ 26,504,178</u>	<u>\$ 22,804,729</u>

(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, 2024 and 2023.

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

Eagleview Hospital

Notes to Financial Statements

June 30, 2024 and 2023

(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, 2024			
	Total	Level 1	Level 2	Level 3
Mutual funds:				
Fixed income mutual funds	\$ 9,936,465	\$ 9,936,465	\$ -	\$ -
Equity mutual funds	24,848,744	24,848,744	-	-
Total mutual funds	34,785,209	34,785,209	-	-
Money market accounts	2,798,524	2,798,524	-	-
Total net assets at fair value	\$ 37,583,733	\$ 37,583,733	\$ -	\$ -

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	\$ -	\$ -

(5) Investments Limited as to Use

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

	2024		2023	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$ 16,885,700	\$ 16,349,308	\$ 14,932,156	\$ 15,421,829
Money market accounts	2,240,446	2,240,446	2,035,197	2,035,197
	\$ 19,126,146	\$ 18,589,754	\$ 16,967,353	\$ 17,457,026

Eagleville Hospital

Notes to Financial Statements

June 30, 2024 and 2023

(5) Investments Limited as to Use, Continued

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

	2024		2023	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$ 3,787,909	\$ 3,699,178	\$ 3,350,044	\$ 3,493,603
Money market accounts	29,478	29,478	6,505	6,505
	<u>\$ 3,817,387</u>	<u>\$ 3,728,656</u>	<u>\$ 3,356,549</u>	<u>\$ 3,500,108</u>

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

	2024		2023	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$ 78,537	\$ 82,863	\$ 100,527	\$ 111,659
Money market accounts	420,493	420,493	381,202	381,202
	<u>\$ 499,030</u>	<u>\$ 503,356</u>	<u>\$ 481,729</u>	<u>\$ 492,861</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, 2024 and 2023

(7) Investments

Investments include the following at June 30:

	2024		2023	
	Fair Value	Cost	Fair Value	Cost
Mutual funds	\$ 14,033,063	\$ 13,706,709	\$ 12,412,283	\$ 12,929,565
Money market accounts	108,107	108,107	22,150	22,150
	<u>\$ 14,141,170</u>	<u>\$ 13,814,816</u>	<u>\$ 12,434,433</u>	<u>\$ 12,951,715</u>

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

	2024	2023
Net assets without donor restrictions:		
Interest and dividends	\$ 956,121	\$ 773,482
Investment fees	(211,807)	(183,222)
Realized investment (losses) gains, net	1,505,707	(44,168)
Unrealized investment gains, net	2,066,319	2,263,921
	<u>\$ 4,316,340</u>	<u>\$ 2,810,013</u>

(8) Property and Equipment

Property and equipment consist of the following at June 30:

	2024	2023
Land	\$ 6,400	\$ 6,400
Land and improvements	2,457,089	2,407,138
Buildings and building improvements	60,803,024	60,149,967
Capitalized software	1,649,426	-
Equipment	11,090,075	10,837,452
	<u>76,006,014</u>	<u>73,463,262</u>
Accumulated depreciation	<u>(28,291,445)</u>	<u>(25,312,095)</u>
	<u>\$ 47,714,569</u>	<u>\$ 48,151,167</u>

Depreciation for the years ended June 30, 2024 and 2023 amounted to \$2,979,350 and \$2,958,190, 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, 2024. There are no borrowings outstanding on the revolving credit line at June 30, 2024 and 2023.

Eagleville Hospital

Notes to Financial Statements

June 30, 2024 and 2023

(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 \$18,961,250 and \$19,446,929 as of June 30, 2024 and 2023, 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 \$18,961,250 and \$19,446,929 at June 30, 2024 and 2023, respectively. The fair value of the Hospital's interest rate swap agreement at June 30, 2024 and 2023 was \$2,266,729 and \$2,374,693, 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.

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

Year Ending June 30	Amount
2025	\$ 496,659
2026	507,888
2027	519,371
2028	531,113
2029	543,121
Thereafter	16,363,098
	<u>18,961,250</u>
Less: unamortized financing fees	211,740
	<u>\$ 18,749,510</u>

Eagleview Hospital

Notes to Financial Statements June 30, 2024 and 2023

(11) Net Assets With Donor Restrictions

Net assets with donor restrictions of \$968,902 are restricted for endowment as of June 30, 2024 and 2023.

(12) Patient Service Revenue

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

	2024	2023
Class of payor:		
Blue Cross	\$ 474,493	\$ 687,274
Medicare	1,826,751	2,775,385
State fee for service, Health Choices and county programs	75,523,717	58,740,535
Commercial insurance, self-pay and other	5,005,014	4,545,476
Gross patient service revenue	82,829,975	66,748,670
Contractual adjustments	(34,028,514)	(27,842,153)
Net patient service revenue	\$ 48,801,461	\$ 38,906,517

(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 \$483,840 and \$540,836 in 2024 and 2023, 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 2024 and 2023, respectively. Trust fund assets exceed the accrued liability by \$101,200 and \$197,454 at June 30, 2024 and 2023, respectively.

Eagleville Hospital

Notes to Financial Statements

June 30, 2024 and 2023

(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 \$312,304 and \$323,881 for the years ended June 30, 2024 and 2023, 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 \$1,534,658 annually. The program has an insurance stop loss policy for claims in excess of \$110,000 per participant and aggregate claims in excess of \$1,534,658. 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 collective bargaining union contracts with Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) which were set to expire on September 30, 2024. On September 16, 2024, the Hospital reached an agreement to extend the contracts for an additional three-year term expiring September 30, 2027.

(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.