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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
DOYLESTOWN HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
595 WEST STATE STREET

City or town, state or country, and ZIP + 4
DOYLESTOWN, PA 18901

D Employer identification number
23-1352174

E Telephone number
(215) 345-2242

G Gross receipts $ 244,652,733

F Name and address of Principal Officer
RICHARD A REIF
595 WEST STATE STREET
DOYLESTOWN, PA 18901

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

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

H(c) Group Exemption Number ▶

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

J Web site: ▶ WWW DH ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1923

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE A RESPONSIVE HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES, AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF THE COMMUNITY

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	2,771
6	Total number of volunteers (estimate if necessary)	6	783
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	25	4,903,860
9	Program service revenue (Part VIII, line 2g)	216,716,658	235,481,834
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,056,765	1,367,691
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,391,979	2,899,348
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	217,051,897	244,652,733
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	586,380
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)	109,103,286	115,888,595
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–24f)	109,555,290	115,174,489
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	218,658,576	231,649,464
19	Revenue less expenses Subtract line 18 from line 12	-1,606,679	13,003,269

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	298,395,539	298,600,428
21	Total liabilities (Part X, line 26)	195,287,132	216,887,989
22	Net assets or fund balances Subtract line 21 from line 20	103,108,407	81,712,439

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

Please Sign Here

Signature of officer — Date: 2010-05-17

DANIEL L UPTON CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WithumSmithBrown PC 465 South Street Suite 200 Morristown, NJ 079606497			EIN ▶ Phone no ▶ (973) 898-9494

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

TO PROVIDE A RESPONSIVE HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES, AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF THE COMMUNITY REAGARDLESS OF OF RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 120,250,994 including grants of $ 586,380) (Revenue $ 144,662,820)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY INPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 13,297 ADMISSIONS FOR A TOTAL OF 54,272 PATIENT DAYS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 65,680,652 including grants of $ 0) (Revenue $ 74,788,558)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OUTPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 5,029 ADMISSIONS FOR A TOTAL OF 273,233 OUTPATIENT VISITS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code) (Expenses $ 16,909,042 including grants of $ 0) (Revenue $ 16,030,456)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY ROOM SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 42,835 ADMISSIONS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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

4e Total program service expenses $ 202,840,688 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	197		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,771		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	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			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			No
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			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 20		
b	Enter the number of voting members that are independent . .	1b 16		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No

Section C. Disclosure

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

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

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

DANIEL L UPTON
595 WEST STATE STREET
DOYLESTOWN, PA 18901
(215) 345-2242

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								3,254,347	160,638	983,425

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 38

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
PARLEE AND TATEM RADIOLOGICAL ASSOC 595 WEST STATE STREET DOYLESTOWN, PA 18901	MEDICAL	3,973,827
DOYLESTOWN ANESTHESIA ASSOCIATES 5039 SWAMP ROAD FOUNTAINVILLE, PA 18923	MEDICAL	2,811,575
DOYLESTOWN EMERGENCY ASSOCIATES 595 WEST STATE STREET DOYLESTOWN, PA 18901	MEDICAL	1,287,993
PATHOLOGY GROUP OF DOYLESTOWN PO BOX 8500-1211 PHILADELPHIA, PA 19170	MEDICAL	408,879
CENTRAL BUCKS SPECIALISTS 599 WEST STATE STREET SUITE 200 DOYLESTOWN, PA 18901	MEDICAL	306,287

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 14

Part VIII Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d 4,311,465				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 592,395				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)** ▶	4,903,860			
Program Service Revenue		Business Code				
	2a	HOSPITAL DIVISION	202,623,121	202,623,121		
	b	PINE RUN DIVISION	25,112,442	25,112,442		
	c	RADIOLOGY GROUP	1,615,471	1,615,471		
	d	OTHER HEALTH CARE RELATED REVENUE	6,130,800	6,130,800		
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 235,481,834				
	3	Investment income (including dividends, interest other similar amounts) ▶	1,367,691		0	1,367,691
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) ▶	0			
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events ▶	0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities ▶	0			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	CHILDRENS VILLAGE	1,637,200			1,637,200
	b	CAFETERIA	1,046,982			1,046,982
	c	SNACK BAR	215,166			215,166
	d	All other revenue _____				
	e	**Total. Add lines 11a-11d** ▶ $ 2,899,348				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	244,652,733	235,481,834	0	4,267,039

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	586,380	586,380		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,335,873	3,169,078	166,795	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	90,299,007	86,322,097		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,323,606	3,310,054	13,552	
9	Other employee benefits	12,162,955	10,854,291	1,308,664	
10	Payroll taxes	6,767,154	6,339,908	427,246	
11	Fees for services (non-employees)				
a	Management	157,671	157,671		
b	Legal	180,937		180,937	
c	Accounting	330,382		330,382	
d	Lobbying	19,641		19,641	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	228,947	158,671	70,276	
12	Advertising and promotion	385,815	334,458	51,357	
13	Office expenses	47,162,397	46,720,812	441,585	
14	Information technology	657,991	487,957	170,034	
15	Royalties . .	0			
16	Occupancy	5,377,085	5,365,730	11,355	
17	Travel	302,249	297,969	4,280	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	246,697	97,484	149,213	
20	Interest	3,148,991	2,111,102	1,037,889	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	16,308,320		16,308,320	
23	Insurance	5,001,739	4,817,359	184,380	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	PURCHASED SERVICES	11,517,077	10,489,111	1,027,966	
b	PROVISION FOR BAD DEBTS	7,047,775	7,047,775		
c	EQUIPMENT RENTAL AND MAINT	6,958,524	6,856,753	101,771	
d	PHYSICIAN FEES	4,150,735	3,410,555	740,180	
e	OTHER EXPENSES	5,991,516	3,905,473	2,086,043	
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	231,649,464	202,840,688	28,808,776	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	1,629	1	0
	2	Savings and temporary cash investments	14,497,216	2	30,892,579
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	20,081,999	4	19,371,266
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	4,324,294	8	4,797,426
	9	Prepaid expenses and deferred charges	3,816,536	9	3,517,963
	10a	Land, buildings, and equipment cost basis — 10a: 318,174,293			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 180,743,566	117,079,933	10c	137,430,727
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	132,513,314	13	94,734,996
	14	Intangible assets	3,816,536	14	3,517,963
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	2,264,082	15	4,337,508
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	298,395,539	16	298,600,428
Liabilities	17	Accounts payable and accrued expenses	33,455,329	17	55,570,815
	18	Grants payable		18	
	19	Deferred revenue	4,416,162	19	5,477,435
	20	Tax-exempt bond liabilities	153,988,990	20	150,783,411
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	317,912	23	180,840
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	3,108,739	25	4,875,488
	26	**Total liabilities.** *Add lines 17 through 25*	195,287,132	26	216,887,989
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	78,529,649	27	66,075,949
	28	Temporarily restricted net assets	12,618,696	28	6,154,822
	29	Permanently restricted net assets	11,960,062	29	9,481,668
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	103,108,407	33	81,712,439
	34	Total liabilities and net assets/fund balances	298,395,539	34	298,600,428

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

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

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

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

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

h Provide the following information about the organizations the organization supports

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

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

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

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

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
DOYLESTOWN HOSPITAL	23-1352174

Part I-A **To be completed by all organizations exempt under section 501(c) and section 527 organizations.** (See the instructions for Schedule C for details.)

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

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B **To be completed by all organizations exempt under section 501(c)(3).** (See the instructions for Schedule C for details.)

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 in 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 **To be completed by all organizations exempt under section 501(c), except section 501(c)(3).** (See the instructions for Schedule C for details.)

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 internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

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

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and 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 internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

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)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		19,641
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			19,641
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

			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 carryover lobbying and political expenditures from the prior year?	3		

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINES 1G AND 1H	DURING THE FISCAL YEAR ENDED JUNE 30, 2009, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM $272 FOR LOBBYING ON A FEDERAL AND STATE LEVEL RELATED TO MEDICARE, MEDICAID AND OTHER HEALTHCARE LEGISLATIVE MATTERS THE ORGANIZATION IS A MEMBER OF THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA AND THE AMERICAN HOSPITAL ASSOCIATION WHICH BOTH ENGAGE IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THESE ORGANIZATIONS HAS BEEN ALLOCATED TO LOBBYING ACTIVITES PERFORMED ON BEHALF OF THE ORGANIZATION THESE ALLOCATIONS AMOUNTED TO $19,369 DURING THE FISCAL YEAR ENDED JUNE 30, 2009

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	24,578,758				
b Contributions	1,139,266				
c Investment earnings or losses	-7,546,823				
d Grants or scholarships					
e Other expenditures for facilities and programs	2,534,711				
f Administrative expenses					
g End of year balance	15,636,490				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 39 %
- b Permanent endowment ▶ 61 %
- c Term endowment ▶

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

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

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		13,401,535		13,401,535
b Buildings		126,453,826	52,345,377	74,108,449
c Leasehold improvements		6,230,992	1,930,022	4,300,970
d Equipment		172,087,940	126,468,167	45,619,773
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				137,430,727

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
LIMITED USE	52,726	F
USE	44,682,978	F
DEBT SERVICE FUND, LIMITED USE	4,987,993	F
LIMITED USE	7,629,473	F
CONSTRUCTION FUND, LIMITED USE	23,294,566	F
FOUNDATION	11,876,106	F
INVESTMENTS IN OTHER ENTITIES	2,211,154	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	94,734,996	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
OTHER ASSETS	1,533,880
OTHER RECEIVABLES	2,803,628
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
OTHER LIABILITIES	4,875,488
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,875,488

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	244,652,733
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	231,649,464
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	13,003,269
4	Net unrealized gains (losses) on investments	4	-9,949,633
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-24,449,604
9	Total adjustments (net) Add lines 4 - 8	9	-34,399,237
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-21,395,968

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	244,652,733
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	244,652,733
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	244,652,733

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	241,599,097
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	9,949,633		
e	Add lines **2a** through **2d**			2e	9,949,633
3	Subtract line **2e** from line **1**			3	231,649,464
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	231,649,464

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND POROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES
RECONCILIATION OF CHANGE IN NET ASSETS TO AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 8	OTHER CHANGES IN NET ASSETS INCLUDE - OTHER CHANGES IN PENSION LIABILITY - ($14,368,070), - NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS - ($2,534,711) - CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF DOYLESTOWN HEALTH FOUNDATION - ($5,068,429) AND - INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS - ($2,478,394)
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINE 4D	OTHER RECONCILIATION ITEMS INCLUDED ON FORM 990, PART IX, LINE 25 BUT NOT ONE LINE 1 INCLUDE - NET UNREALIZED LOSSES ON TRADING SECURITIES - ($9,654,433) AND - CHANGE IN NET UNREALIZED LOSSES ON OTHER-THAN-TRADING SECURITIES - ($295,200)

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested 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 Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Programs						
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 to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
DOYLESTOWN HOSPITAL 595 WEST STATE STREET DOYLESTOWN,PA 18901	X	X					X		
DOYLESTOWN RADIOLOGY GROUP LP 1240 OLD YORK ROAD WARMINSTER,PA 18974									MRI SCANS
DH HEALTH & WELLNESS CENTER INC 847 EASTON ROAD WARRINGTON,PA 18976									WELLNESS CENTER
DOYLESTOWN SURGERY CENTER LLC 847 EASTON ROAD SUITE 1400 WARRINGTON,PA 18976									SURGERY CENTER
PINE RUN COMMUNITY 777 FERRY ROAD DOYLESTOWN,PA 18901									WELLNESS CENTER

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

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 charity care policy

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

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

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

7 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 communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOYLESTOWN HEALTH FOUNDATION595 W ST STREET DOYLESTOWN,PA 18901	23-2368196	501(C)(3)	586,380				GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SCOTT LEVY MD	(i)	336,654	0	16,178	147,400	17,160	517,392	0
	(ii)	0	0	0	0	0	0	0
RICHARD A REIF	(i)	398,763	0	21,093	99,700	15,786	535,342	0
	(ii)	160,638	0	0	0	0	160,638	0
ELEANOR WILSON RN MSN MHA	(i)	248,572	0	21,825	126,000	16,871	413,268	0
	(ii)	0	0	0	0	0	0	0
JAMES C BROWNLOW	(i)	301,283	0	21,050	50,900	7,377	380,610	0
	(ii)	0	0	0	0	0	0	0
RICHARD LANG	(i)	159,726	0	15,830	55,700	19,819	251,075	0
	(ii)	0	0	0	0	0	0	0
BARBARA HEBEL	(i)	171,081	0	3,835	46,900	16,707	238,523	0
	(ii)	0	0	0	0	0	0	0
LINDA PLANK	(i)	154,514	0	16,108	45,200	7,837	223,659	0
	(ii)	0	0	0	0	0	0	0
KENNETH CONFALONE	(i)	173,129	0	22,119	73,900	15,791	284,939	0
	(ii)	0	0	0	0	0	0	0
JOHN MITCHELL	(i)	186,025	0	9,424	20,459	18,113	234,021	0
	(ii)	0	0	0	0	0	0	0
LOUIS IOBBI	(i)	157,686	0	2,780	11,303	14,069	185,838	0
	(ii)	0	0	0	0	0	0	0
CATHERINE PORTER	(i)	143,444	0	3,221	21,542	6,844	175,051	0
	(ii)	0	0	0	0	0	0	0
SHERI PUTNAM	(i)	122,695	0	12,242	14,458	7,561	156,956	0
	(ii)	0	0	0	0	0	0	0
PATRICIA STOVER	(i)	115,860	0	15,706	1,287	17,182	150,035	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS M BOYLE	(i)	125,891	0	155,014	15,500	9,107	305,512	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4A AND CORE FORM, PART VII	DOUGLAS M BOYLE, FORMER CHIEF FINANCIAL OFFICER OF THE ORGANIZATION, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $141,183 THIS AMOUNT WAS INCLUDED IN HIS 2008 FORM W-2, AS TAXABLE WAGES
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4B AND CORE FORM, PART VII	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2008 FORM W-2, AS TAXABLE WAGES SCOTT LEVY, M D , $118,600, RICHARD A REIF, $51,100, ELEANOR WILSON, R N , MSN, MHA, $81,000, DANIEL L UPTON, $43,900, RICHARD LANG, $32,000, BARBARA HEBEL, $16,500, LINDA PLANK, $14,700 AND KENNETH CONFALONE, $39,700

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 23-1352174
Name: DOYLESTOWN HOSPITAL

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SCOTT LEVY MD	(I)	336,654	0	16,178	147,400	17,160	517,392	0
	(II)	0	0	0	0	0	0	0
RICHARD A REIF	(I)	398,763	0	21,093	99,700	15,786	535,342	0
	(II)	160,638	0	0	0	0	160,638	0
ELEANOR WILSON RN MSN MHA	(I)	248,572	0	21,825	126,000	16,871	413,268	0
	(II)	0	0	0	0	0	0	0
JAMES C BROWNLOW	(I)	301,283	0	21,050	50,900	7,377	380,610	0
	(II)	0	0	0	0	0	0	0
RICHARD LANG	(I)	159,726	0	15,830	55,700	19,819	251,075	0
	(II)	0	0	0	0	0	0	0
BARBARA HEBEL	(I)	171,081	0	3,835	46,900	16,707	238,523	0
	(II)	0	0	0	0	0	0	0
LINDA PLANK	(I)	154,514	0	16,108	45,200	7,837	223,659	0
	(II)	0	0	0	0	0	0	0
KENNETH CONFALONE	(I)	173,129	0	22,119	73,900	15,791	284,939	0
	(II)	0	0	0	0	0	0	0
JOHN MITCHELL	(I)	186,025	0	9,424	20,459	18,113	234,021	0
	(II)	0	0	0	0	0	0	0
LOUIS IOBBI	(I)	157,686	0	2,780	11,303	14,069	185,838	0
	(II)	0	0	0	0	0	0	0
CATHERINE PORTER	(I)	143,444	0	3,221	21,542	6,844	175,051	0
	(II)	0	0	0	0	0	0	0
SHERI PUTNAM	(I)	122,695	0	12,242	14,458	7,561	156,956	0
	(II)	0	0	0	0	0	0	0
PATRICIA STOVER	(I)	115,860	0	15,706	1,287	17,182	150,035	0
	(II)	0	0	0	0	0	0	0
DOUGLAS M BOYLE	(I)	125,891	0	155,014	15,500	9,107	305,512	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Bond Issues *(Required for 2008)*

	(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	
							Yes	No	Yes	No
A	DOYLESTOWN HOSPITAL AUTHORITY	23-1352174	261333DX3	04-01-2008	139,004,953	CAP EXP/REFUND SERIES 1998B & C		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
SHERYL BROWNLOW	FAMILY MEMBER - BROWNLOW	80,814	EMPLOYEE		No
PAVILION I MOB	COMPANY - LEVY	792,779	RENT		No

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	VIA HEALTH SYSTEM BACKGROUND ========== THE VILLAGE IMPROVEMENT ASSOCIATION (VIA) WAS FOUNDED IN 1895 WITH THE HEALTH AND BEAUTY OF THE COMMUNITY OF DOYLESTOWN AS ITS PRIMARY CONCERNS IN RESPONSE TO COMMUNITY NEEDS, THE VISITING NURSE SERVICE WAS ESTABLISHED IN 1916, AND IN 1923 DOYLESTOWN HOSPITAL WAS OPENED, MAKING THE VIA THE ONLY WOMEN'S CLUB IN THE COUNTRY TO OWN AND OPERATE A COMMUNITY HOSPITAL IN 1986, A CORPORATE RESTRUCTURING CREATED THE VIA HEALTH SYSTEM AND THE DOYLESTOWN HEALTH FOUNDATION AND THE VIA AFFILIATES RESTRUCTURING ENABLED THE VIA AND DOYLESTOWN HOSPITAL TO OPERATE MORE EFFICIENTLY AND WITH GREATER DIVERSIFICATION IN ITS 114TH YEAR, THE VIA OVERSEES THE OPERATIONS OF THE SYSTEM OF AFFILIATED HEALTH CORPORATIONS THE PURPOSES OF THE VIA HAVE BEEN CONSISTENT THROUGHOUT ITS HISTORY - TO ENCOURAGE AND PROMOTE PUBLIC HEALTH WORK IN GENERAL - TO IMPROVE THE HEALTH AND WELFARE OF THE RESIDENTS OF DOYLESTOWN AND GREATER CENTRAL BUCKS COUNTY - TO PROVIDE FOOD, CLOTHING, SHELTER, AND MEDICAL AND SURGICAL CARE AND NURSING TO THE INDIGENT OF THE COMMUNITY WITHOUT CHARGE, INSOFAR AS HOSPITAL RESOURCES WILL PERMIT - TO OWN, MANAGE, SUPPORT, AND MAINTAIN A VISITING NURSE SERVICE AND COMMUNITY HOSPITAL FOR THE BENEFIT OF ALL PERSONS - TO RAISE FUNDS FOR AND TO RECEIVE AND HOLD ALL PROPERTY THAT MAY BE GIVEN TO THE ASSOCIATION TO ACCOMPLISH ITS MISSION FOR THE FISCAL YEAR ENDING 6/30/09 THE VIA HEALTH SYSTEM ACCOUNTS FOR THREE TAX EXEMPT AFFILIATES IN THIS NARRATIVE DOYLESTOWN HEALTH FOUNDATION, DOYLESTOWN HOSPITAL, AND THE VIA AFFILIATES DESCRIBED BELOW ARE THE CHARITABLE MISSIONS OF THESE ENTITIES VIA HEALTH SYSTEM MISSIONS ========== DOYLESTOWN HEALTH FOUNDATION ---------- THE MISSION OF THE FOUNDATION HAS FOUR MAIN POINTS ASSESSMENT OF COMMUNITY NEEDS, COMMUNICATION OF THOSE NEEDS AND THE SYSTEM'S RESPONSE TO THEM, SOLICITATION OF FUNDS TO SUPPORT THE RESPONSE, AND THE ACCOUNTABILITY TO THE COMMUNITY FOR BOTH THE MANAGEMENT OF THE FUNDS AND THE RESPONSE TO THE NEEDS DOYLESTOWN HOSPITAL ---------- DOYLESTOWN HOSPITAL'S MISSION IS TO "PROVIDE A RESPONSIVE, HEALING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY " THESE COMMUNITY MEMBERS INCLUDE THE VULNERABLE, THE DISENFRANCHISED, THOSE IN NEED OF HEALTH EDUCATION, AND THOSE UNINSURED OR UNDERINSURED PERSONS WHO DEPEND ON US FOR CARE DOYLESTOWN HOSPITAL IS A 216 BED GENERAL MEDICAL AND SURGICAL HOSPITAL DOYLESTOWN HOSPITAL IS RECOGNIZED BY THE IRS AS AN INTERNAL REVENUE CODE SECTION 501 (C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, DOYLESTOWN HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN OR ABILITY TO PAY MOREOVER, HUMC OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1) DOYLESTOWN HOSPITAL PROVIDES MEDICALLY NECESSARY HEALTH CARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2) DOYLESTOWN HOSPITAL OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3) DOYLESTOWN HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, AND 4) CONTROL OF DOYLESTOWN HOSPITAL RESTS WITH ITS BOARD OF DIRECTORS, WHICH IS COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY AS A VALUES-BASED ORGANIZATION, DOYLESTOWN HOSPITAL HAS MADE A PUBLIC COMMITMENT TO FIVE CORE VALUES SERVICE, ENTHUSIASM, RESPECT, VALUE AND EXCELLENCE THE HOSPITAL HOLDS BOARD MEMBERS, MEDICAL STAFF, AND PAID AND UNPAID STAFF ACCOUNTABLE FOR INCORPORATING THESE VALUES INTO POLICIES, BEHAVIORS, CLINICAL PRACTICES AND MANAGEMENT DECISIONS THE FIVE CORE VALUES GUIDE DOYLESTOWN HOSPITAL'S RESPONSE TO COMMUNITY NEEDS SERVICE ---------- ANTICIPATE THE HEALTHCARE NEEDS OF THE COMMUNITY, EITHER BY ADDING PROGRAMS OR SERVICES, OR OFFER OPPORTUNITIES FOR HEALTH EDUCATION OR SCREENING, AND ASSURE THAT THE HOSPITAL RESPONDS TO THOSE NEEDS IN A TIMELY FASHION THESE NEEDS ARE DETERMINED THROUGH THE HOSPITAL'S STRATEGIC PLANNING EFFORTS, WHICH ARE IN TURN GUIDED BY THE HOSPITAL'S MISSION STATEMENT ENTHUSIASM ---------- DOYLESTOWN HOSPITAL STRIVES TO SUSTAIN WITHIN ITS STAFF THE INSPIRATION THAT FIRST COMPELLED THEM TO HEALTHCARE-RELATED WORK AND A COMMITMENT TO THE JOB OF SERVING OUR PATIENTS RESPECT ------- DOYLESTOWN HOSPITAL WELCOMES AND PROVIDES CARE TO ALL MEMBERS OF THE COMMUNITY, WITHOUT REGARD FOR RACE, RELIGION, SEX, SEXUAL ORIENTATION, COLOR, NATIONAL ORIGIN, OR ABILITY TO PAY ALL THE MEDICAL, SURGICAL, AND PROGRAM SERVICES LISTED ON ADDENDUM A ARE PROVIDED TO EVERYONE WHO COMES TO DOYLESTOWN HOSPITAL FOR CARE, INCLUDING THOSE UNABLE TO PAY FOR THESE SERVICES VALUE ----- AS A RESULT OF ITS COMMITMENT TO KEEP COST AND QUALITY IN PROPER PERSPECTIVE, DOYLESTOWN HOSPITAL PROVIDES MANY PROGRAMS AND SERVICES AT NO CHARGE, BECAUSE THE COMMUNITY EXPECTS, NEEDS, AND DESERVES THIS CONTRIBUTION OF HEALTHCARE RESOURCES TO ITS OVERALL GOOD HEALTH IN THE FISCAL YEAR ENDING 6/30/09, OVER 27,500 COMMUNITY MEMBERS TOOK ADVANTAGE OF COMMUNITY BENEFIT ACTIVITIES, INCLUDING FREE HEALTH PROMOTION EVENTS, SCREENINGS, HEALTH EDUCATION PROGRAMS, AND OTHER OUTREACH EFFORTS EXCELLENCE ---------- DOYLESTOWN HOSPITAL PROMISES THE COMMUNITY IT WILL STRIVE FOR THE BEST POSSIBLE CUSTOMER SERVICE, `PATIENT CARE, AND TECHNOLOGY THAT MEET OR EXCEED THE COMMUNITY'S EXPECTATIONS IT ALSO PROMISES FAITHFULNESS TO ITS HERITAGE AND ASSURE THAT EVERY DECISION REFLECTS A COMMITMENT TO THE VALUES IN 1992 DOYLESTOWN HOSPITAL ENHANCED ITS COMMITMENT TO THE OLDER ADULT POPULATION IN THE CENTRAL BUCKS COUNTY AREA BY ACQUIRING THE PINE RUN COMMUNITY THE MISSION OF PINE RUN COMMUNITY "IS TO PROVIDE A RESPONSIVE, HEALING ENVIRONMENT FOR OUR RESIDENTS AND THEIR FAMILIES, AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY " THIS VITAL COMMUNITY INCLUDES 300 APARTMENTS, A 167-BED HEALTH CARE BUILDING (PROVIDING 2 FLOORS OF SKILLED NURSING CARE AND 1 FLOOR OF ALZHEIMER'S AND RELATED CARE), A 107-BED ASSISTED LIVING FACILITY (WHICH INCLUDES 13 BEDS OF DEMENTIA CARE) VIA AFFILIATES ---------- THE AFFILIATES WAS REACTIVATED IN 1994 TO BRING TO THE RESIDENTS OF THE CENTRAL BUCKS COMMUNITY NECESSARY COMMUNITY-BASED SERVICES THAT MAY NOT OTHERWISE BE AVAILABLE OR INCLUDED IN THE MISSION OF OTHER SYSTEM ENTITIES IN ORDER TO MEET THE NEEDS OF COMMUNITY MEMBERS, THE VIA AFFILIATES HAS BEEN INVOLVED WITH A NUMBER OF INITIATIVES INCLUDING SUPPORT FOR PHYSICIANS' PRACTICES IN UNDERSERVED AREAS OF THE COMMUNITY VIA AFFILIATES EXISTS TO SUPPORT THE SERVICE CORE VALUE OF DOYLESTOWN HOSPITAL DOYLESTOWN HOSPITAL DESIGNATED AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE (2009, 2010) AND KNEE AND HIP REPLACEMENT (2010) INDEPENDENCE BLUE CROSS OF SOUTHEASTERN PENNSYLVANIA HAS DESIGNATED DOYLESTOWN HOSPITAL AS A BLUE DISTINCTION CENTER FOR BOTH CARDIAC CARESM (INCLUDING CARDIAC INTERVENTION AND SURGERY) AND KNEE AND HIP REPLACEMENTSM BLUE DISTINCTION CENTERS ARE A QUALITY DESIGNATION THE BLUE CROSS AND BLUE SHIELD ASSOCIATION

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE HEART INSTITUTE OF DOYLESTOWN HOSPITAL IS A REGIONAL CENTER OF EXCELLENT FOR CARDIAC CARE, WHICH CONTINUES TO GARNER NATIONAL RECOGNITION (SEE HEALTHGRADES DESCRIPTION BELOW) DOYLESTOWN HOSPITAL OFFERS COMPREHENSIVE KNEE AND HIP REPLACEMENT SERVICES, INCLUDING TOTAL JOINT REPLACEMENT AND GENDER-SPECIFIC KNEE REPLACEMENT ALTHOUGH KNEE AND HIP REPLACEMENT ARE THE MOST COMMON, JOINT REPLACEMENT CAN ALSO BE PERFORMED ON SHOULDERS, ELBOWS WRISTS, FINGERS AND ANKLES OUR SPECIALISTS ARE SKILLED IN RECONSTRUCTIVE AND ARTHROSCOPIC SURGERY, SPORTS MEDICINE AND GENERAL ORTHOPEDIC CARE, AND OUTPATIENT SERVICES INCLUDE EVERYTHING FROM SOPHISTICATED SPORTS MEDICINE AND REHABILITATION ALL THE WAY TO DELICATE HAND SURGERY AND OSTEOPOROSIS TREATMENT THE SELECTION CRITERIA USED TO EVALUATE FACILITIES WERE DEVELOPED WITH INPUT FROM A PANEL OF EXPERT PHYSICIANS MULTIPLE CRITERIA ARE EVALUATED INCLUDING - ESTABLISHED ACUTE CARE INPATIENT FACILITY, INCLUDING INTENSIVE CARE, EMERGENCY CARE, AND A FULL RANGE OF PATIENT SUPPORT SERVICES WITH FULL ACCREDITATION BY A CMS-DEEMED NATIONAL ACCREDITATION ORGANIZATION - EXPERIENCE AND TRAINING OF PROGRAM SURGEONS, INCLUDING CASE VOLUME - QUALITY MANAGEMENT PROGRAMS, INCLUDING SURGICAL CHECKLISTS AS WELL AS TRACKING AND EVALUATION OF CLINICAL OUTCOMES AND PROCESS OF CARE - MULTI-DISCIPLINARY CLINICAL PATHWAYS AND TEAMS TO COORDINATE AND STREAMLINE CARE, INCLUDING TRANSITIONS OF CARE - SHARED DECISION MAKING AND PREOPERATIVE PATIENT EDUCATION NOTE DESIGNATION AS BLUE DISTINCTION CENTERS MEANS THESE FACILITIES' OVERALL EXPERIENCE AND AGGREGATE DATA MET OBJECTIVE CRITERIA ESTABLISHED IN COLLABORATION WITH EXPERT CLINICIANS' AND LEADING PROFESSIONAL ORGANIZATIONS' RECOMMENDATIONS INDIVIDUAL OUTCOMES MAY VARY TO FIND OUT WHICH SERVICES ARE COVERED UNDER YOUR POLICY AT ANY FACILITIES, PLEASE CALL YOUR LOCAL BLUE CROSS AND/OR BLUE SHIELD PLAN - HEALTHGRADES RATES HEART INSTITUTE OF DOYLESTOWN HOSPITAL AMONG THE TOP 10% IN THE NATION DOYLESTOWN HOSPITAL WAS THE ONLY PHILADELPHIA AREA* HOSPITAL TO RECEIVE ALL THREE 2009 CARDIAC SPECIALTY EXCELLENCE AWARDS - CARDIAC CARE, CARDIAC SURGERY AND CORONARY INTERVENTION - FROM HEALTHGRADES, THE LEADING INDEPENDENT HEALTHCARE RATINGS COMPANY THESE AWARDS PLACE DOYLESTOWN HOSPITAL'S CLINICAL OUTCOMES IN THE TOP TEN PERCENT NATIONALLY FOR EACH RECOGNIZED AREA OF CARE THESE FINDINGS WERE INCLUDED IN THE ELEVENTH ANNUAL "HEALTHGRADES HOSPITAL QUALITY IN AMERICA STUDY," THE MOST COMPREHENSIVE STUDY OF ITS KIND, ANALYZING MORE THAN 41 MILLION MEDICARE HOSPITALIZATION RECORDS FROM 2005 TO 2007 AT THE NATION'S APPROXIMATELY 5,000 NON-FEDERAL HOSPITALS HIGHLIGHTS-2009 RATINGS BEST RATED IN THE PHILADELPHIA AREA* FOR OVERALL CARDIAC SERVICES - RECIPIENT OF HEALTHGRADES CARDIAC CARE EXCELLENCE AWARD ONLY PHILADELPHIA AREA* HOSPITAL TO RECEIVE HEALTHGRADES CARDIAC CARE EXCELLENCE AWARD - BEST RATED IN THE PHILADELPHIA AREA* FOR CORONARY INTERVENTIONAL PROCEDURES RECIPIENT OF HEALTHGRADES CORONARY INTERVENTION EXCELLENCE AWARD - RECIPIENT OF HEALTHGRADES CARDIAC SURGERY EXCELLENCE AWARD - RANKED AMONG THE TOP 10% IN THE NATION - FOR OVERALL CARDIAC SERVICES (ONLY HOSPITAL IN PHILADELPHIA AREA*) - FOR CARDIAC SURGERY - FOR CORONARY INTERVENTIONAL PROCEDURES (ONLY HOSPITAL IN PHILADELPHIA AREA*) - FIVE-STAR RATED FOR VALVE REPLACEMENT SURGERY - 3 YEARS IN A ROW (2007 - 2009) - FIVE-STAR RATED FOR CORONARY INTERVENTIONAL PROCEDURES - 2 YEARS IN A ROW (2008 & 2009) - FIVE-STAR RATED FOR TREATMENT OF HEART ATTACK - 3 YEARS IN A ROW (2007 - 2009) - FIVE-STAR RATED FOR TREATMENT OF HEART FAILURE - 3 YEARS IN A ROW (2007 - 2009) AS DEFINED BY WWW HEALTHGRADES COM DOYLESTOWN HOSPITAL WAS ONE OF ONLY 53 HOSPITALS NATIONWIDE TO RECEIVE BOTH PATIENT EXPERIENCE AND PATIENT SAFETY RECOGNITIONS - IN 2009, DOYLESTOWN HOSPITAL WAS ONE OF ONLY 53 HOSPITALS NATIONWIDE IDENTIFIED IN TWO STUDIES RELEASED BY HEALTHGRADES , THE NATION'S LEADING INDEPENDENT HEALTHCARE RATINGS COMPANY - FROM THE SIXTH ANNUAL HEALTHGRADES PATIENT SAFETY IN AMERICAN HOSPITALS STUDY, DOYLESTOWN HOSPITAL WAS NAMED ONE OF THE RECIPIENTS OF THE 2009 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD THE TOP FIVE PERCENT OF ALL HOSPITALS IN THE U S WERE RECOGNIZED WITH THIS AWARD IN THIS STUDY FOR HAVING AMONG THE LOWEST INCIDENCE RATES OF PATIENT SAFETY EVENTS - IN ADDITION, DOYLESTOWN HOSPITAL WAS ONE OF THE RECIPIENTS OF THE 2009 OUTSTANDING PATIENT EXPERIENCE AWARD NAMED IN HEALTHGRADES' FIRST ANNUAL REPORT THIS AWARD IS REFLECTIVE OF PATIENTS RATING DOYLESTOWN HOSPITAL AMONG THE TOP 10% NATIONWIDE FOR SATISFACTION, INCLUDING IMMEDIATE STAFF RESPONSIVENESS, QUIET ROOMS, AND WELL-CONTROLLED PAIN - DOYLESTOWN HOSPITAL HAS MULTIPLE INITIATIVES IN PLACE TO MAXIMIZE PATIENT SAFETY AND SATISFACTION THEY INCLUDE - CULTURE OF QUIET, AIMED AT REDUCING NOISE ON PATIENT CARE FLOORS, ESPECIALLY DURING OVERNIGHT HOURS - INFECTION PREVENTION STRATEGIES THAT HAVE JUST ABOUT CUT IN HALF THE ALREADY LOW RATE OF HOSPITAL ACQUIRED INFECTIONS SINCE 2006, WHEN CURRENT INFECTION PREVENTION PROTOCOLS WERE PUT INTO PLACE THIS INCLUDES A PROJECTED 80% REDUCTION IN CATHETER-ASSOCIATED URINARY TRACT INFECTIONS AND A PROJECTED DECREASE OF MORE THAN 55% IN C DIFF INFECTIONS - A NEW POLICY THAT DISCOURAGES THE USE OF SLEEP MEDICATIONS TO REDUCE ADVERSE EFFECTS SUCH AS RISK OF RISK OF FALLING, COGNITIVE IMPAIRMENT, HYPOTENSION AND DAYTIME FATIGUE - ACCREDITATION AS A CHEST PAIN CENTER FROM THE SOCIETY OF CHEST PAIN CENTERS, MEANING DOYLESTOWN HOSPITAL IS BEST EQUIPPED TO TREAT PATIENTS WITH ACUTE CORONARY SYNDROMES AND HEART FAILURE - HEALTHGRADES' INDIVIDUAL HOSPITAL RATINGS CAN BE VIEWED FOR FREE AT HEALTHGRADES COM - DOYLESTOWN HOSPITAL RECEIVED TWO PRESTIGIOUS TECHNOLOGY AWARDS - DOYLESTOWN RECOGNIZED FOR INNOVATIVE USE OF TECHNOLOGY FOR SAFER PATIENT CARE SUBSEQUENT TO JUNE 30, 2009, DOYLESTOWN HOSPITAL RECEIVED TWO PRESTIGIOUS AWARDS FOR ITS USE OF TECHNOLOGY DOYLESTOWN IS AMONG AN ELITE GROUP OF 85 HOSPITALS ACROSS THE NATION TO BE RECOGNIZED WITH THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) EMR STAGE 6 AWARD DOYLESTOWN HOSPITAL IS THE ONLY PHILADELPHIA-AREA HOSPITAL TO RECEIVE THIS AWARD EMR STAGE 6 MARKS SIGNIFICANT PROGRESS TOWARD ACHIEVING A FULL EMR (ELECTRONIC MEDICAL RECORD AS A STAGE 6 HOSPITAL, DOYLESTOWN DOES FULL ELECTRONIC MEDICATION MANAGEMENT, IS WELL ON ITS WAY WITH CPOE (COMPUTERIZED PHYSICIAN ORDER ENTRY) WITH ABOUT 32% OF INPATIENT ORDERS ARE CURRENTLY GENERATED THROUGH CPOE, HAS FULL PACS (DIGITAL RADIOLOGY IMAGES) AND ONLINE CLINICAL DECISION SUPPORT THE NEXT, AND HIGHEST, STAGE ACCORDING IS HIMSS EMR STAGE 7, DOYLESTOWN IS EXPECTED TO REACH THIS LEVEL IN ABOUT A YEAR OR SO DOYLESTOWN HOSPITAL HAS ALSO RECEIVED A MICROSOFT HEALTH USERS GROUP (MS-HUG) INNOVATION AWARD IN THE AREA OF HIE (HEALTH INFORMATION EXCHANGE) AND INTEROPERABILITY FOR ITS WORK ON THE DOYLESTOWN CLINICAL NETWORK THIS NETWORK TIES TOGETHER THE EMR SYSTEMS OF THE HOSPITAL AND COMMUNITY PHYSICIANS THE HOSPITAL HAS 185 PHYSICIANS ON THE NEXTGEN NETWORK, WHICH AUTOMATICALLY TRANSFERS A PATIENT'S EMR TO SPECIALISTS AND THE HOSPITAL OF THOSE, MORE THAN 50 ARE ACTIVE EMR USERS THERE ARE ABOUT 400,000 PATIENTS IN OUR COMMUNITY ENROLLED IN THIS NETWORK THE ULTIMATE GOAL IS TO SAFELY AND EFFICIENTLY SHARE A PATIENT'S HEALTH INFORMATION THROUGHOUT THE HEALTHCARE CONTINUUM

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	VIA HEALTH SYSTEM COMMUNITY BENEFIT ACTIVITIES ========== THE VIA HEALTH SYSTEM IS DEVOTED TO THE COMMUNITY IT SERVES, AND IT SPONSORS AND COORDINATES MANY CHARITABLE ACTIVITIES, WHICH, DESCRIBED IN THE NARRATIVE BELOW, IDENTIFIES WHAT IS DONE DAILY BY THE HEALTH SYSTEM'S ASSOCIATES AND VOLUNTEERS COMMUNITY OUTREACH & BENEFIT ACTIVITIES - AMERICAN RED CROSS/AUTOLOGOUS BLOOD DONATION THE HOSPITAL PROVIDES SPACE ON A WEEKLY BASIS FOR A BLOOD DONATION PROGRAM CONDUCTED BY THE AMERICAN RED CROSS THAT BENEFITS PATIENTS AND THE COMMUNITY HOSPITAL SPACE IS VALUED AT $15,000 BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP (BCHIP) IS A COLLABORATIVE EFFORT AMONG DOYLESTOWN HOSPITAL AND THE OTHER FIVE HOSPITALS IN THE COUNTY, ALSO INCLUDING THE BUCKS COUNTY MEDICAL SOCIETY AND THE BUCKS COUNTY DEPARTMENT OF HEALTH BCHIP ADDRESSES MATERNAL AND CHILD HEALTH ISSUES, MENTAL HEALTH CONCERNS, COORDINATION OF HEALTH PROMOTION AND PREVENTION (NOTABLY TOBACCO AND CARDIOVASCULAR RISK REDUCTION), SUPPORTS CHIP ENROLLMENT, DOMESTIC VIOLENCE PREVENTION AND PROVIDES ADULT HEALTH AND DENTAL CLINICS FOR UNDERSERVED POPULATIONS THE FOUNDATION CONTRIBUTED APPROXIMATELY $16,500 TO A COMMON FUND, FROM WHICH THESE PROJECTS WERE SUPPORTED CB CARES BOTH THE DOYLESTOWN HOSPITAL AND THE DOYLESTOWN HEALTH FOUNDATION SUPPORT THE TEAM WITH BOARD MEMBERS WHO PROVIDE LEADERSHIP, FUNDRAISING AND HUMAN RESOURCE SKILLS THE VALUE OF SPACE, UTILITIES, PHONE, COMPUTER AND CLEANING SERVICES WERE DONATED FOR FY2008 FOR A TOTAL OF $51,080 ADDITIONAL SPONSORSHIP VALUED AT $5,000 (CELEBRITY CHEF'S & WAITER'S AUCTION 2009) CHILDREN'S VILLAGE DAY CARE SUBSIDIES CHILDREN'S VILLAGE, ON-SITE DAY CARE, WELCOMES CHILDREN FROM LOW-INCOME FAMILIES IN THE AREA AND ALSO CHILDREN WITH SPECIAL NEEDS THAT ARE ELIGIBLE FOR CHILD-CARE SUBSIDIES $4,379 WAS WRITTEN OFF FOR THIS ANN SILVERMAN COMMUNITY HEALTH CLINIC THE MISSION OF THE CLINIC IS TO PROVIDE FREE MEDICAL CARE, DENTAL CARE AND SOCIAL SERVICES TO ANY ELIGIBLE PERSON WHO SEEKS ITS HELP THE TARGET POPULATION IS LOW INCOME, UNDERINSURED OR UNINSURED PEOPLE IN THE GREATER CENTRAL BUCKS COUNTY AREA THE HOSPITAL PROVIDED THE CLINIC WITH OFFICES AND EXAM ROOMS AT A NOMINAL CHARGE THE FOUNDATION ASSISTED IN SOME OF THE HEALTH NEEDS OF THE PATIENTS THAT GO BEYOND THE RESOURCES OF THE CLINIC WITH A CONTRIBUTION OF $40,000 OTHER DONATIONS INCLUDED PHARMACEUTICALS AND MEDICAL TESTING, AS WELL AS SENIOR MANAGEMENT'S TIME CONTRIBUTING TO THE CLINIC'S BOARD DURING FY08-09 THERE WERE 1,952 VISITS TO THE MEDICAL PROGRAM FOR 792 INDIVIDUAL ADULTS AND CHILDREN THERE WERE 647 TREATMENT VISITS FOR THE DENTAL PROGRAM FOR 154 ADULTS COMMUNITY EDUCATION CALENDAR DOYLESTOWN HOSPITAL PUBLISHED A QUARTERLY CALENDAR WHICH IS DISTRIBUTED TO 125,000 HOUSEHOLDS THIS CALENDAR LISTS COMMUNICATIONS RELATED TO HEALTH EDUCATION PROGRAMS AND CLASSES THE APPROXIMATE COST OF THIS PUBLICATION IS $195,000 ADVERTISEMENTS ARE IN LOCAL NEWSPAPERS WHICH INFORM THE COMMUNITY MEMBERS ABOUT UPCOMING HEALTH EDUCATION CLASSES, PHYSICIAN LECTURES, SUPPORT GROUPS AND OTHER HEALTH EDUCATION ACTIVITIES THE VALUE OF THIS ADVERTISING WAS $ 31,975 IN ADDITION, DOYLESTOWN HOSPITAL PUBLISHES THREE DISEASE SPECIFIC NEWSLETTERS WHICH OFFER WELLNESS AND PREVENTION INFORMATION TO PATIENTS WHO HAVE BEEN DIAGNOSED WITH OR ARE CONCERNED ABOUT HEART DISEASE (CARDIAC CONNECTION), OSTEOPOROSIS, BREAST CANCER, MENOPAUSE AND OTHER WOMEN'S HEALTH ISSUES (HER HEALTH) AND CANCER (CONCIERGE) MORE THAN 75,000 PEOPLE RECEIVE THIS INFORMATION THROUGH A MAILING TO THEIR HOMES AN ADDITIONAL 2,500 E-NEWSLETTERS ARE ALSO SENT THE COST TO PRODUCE AND DISTRIBUTE THESE NEWSLETTERS WAS $ 131,187 LENAPE VALLEY HEALTH FOUNDATION THIS ORGANIZATION PROVIDES PSYCHIATRIC COVERAGE AND CLINICAL SUPERVISION FOR UNIT PATIENTS AND PSYCHIATRIC CONSULTATION SERVICES IN THE HOSPITAL'S EMERGENCY DEPARTMENT THIS IS A COST TO THE HOSPITAL OF $ 50,000 MARCH OF DIMES DOYLESTOWN HOSPITAL IS A MAJOR SPONSOR OF THE BUCKS COUNTY MARCH OF DIMES SALUTE TO WOMEN OF ACHIEVEMENT BREAKFAST HONORING LOCAL WOMEN WHO HAVE MADE A SIGNIFICANT CONTRIBUTION TO BUCKS COUNTY IN THE AREAS OF HEALTH, COMMUNITY SERVICE, BUSINESS, VOLUNTEERISM AND EDUCATION SPONSORSHIP SUPPORT TOTALED $3,500 FOUNDATION FUND RAISING PROGRAM THE FOUNDATION'S FUND RAISING PROGRAM REQUESTED UNRESTRICTED GIFTS FOR THIS FISCAL YEAR THAT WOULD ENABLE DOYLESTOWN HOSPITAL TO CONTINUE ITS MISSION OF A RESPONSIVE, HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES GIFTS BENEFITED MANY DEPARTMENTS OF THE HOSPITAL, ESPECIALLY THE HEART INSTITUTE, HOSPICE AND THE CANCER CENTER SPECIAL EVENTS INCLUDED A SILENT AUCTION TO BENEFIT THE CANCER AND HOSPICE PROGRAMS, A HEART BRUNCH, AND A GOLF OUTING THE PLANNED GIVING PROGRAM WAS SUCCESSFUL, INCLUDING THE GROWTH OF THE CHARITABLE GIFT ANNUITY PROGRAM HOSPICE PROGRAM SUPPORT THE HOSPICE PROGRAM PROVIDED CAREGIVERS FOR RESPITE CARE IN THE HOMES OF TERMINALLY ILL PATIENTS, AND CONTACTED BEREAVED PEOPLE OVER THE PHONE THROUGHOUT THE YEAR AFTER THE DEATH OF A LOVED ONE VALUED AT $6,030 PULSE LINE A PHONE LINE THAT IS DEDICATED FOR COMMUNITY INFORMATION, REGISTRATION AND REFERRAL HOSPITAL STAFF SCREENED APPLICANTS AND REFERRED PATIENTS WITH PRIMARY CARE AND SPECIALIST PHYSICIANS THEY ALSO REFERRED ELIGIBLE PATIENTS TO THE FREE CLINIC OF DOYLESTOWN ESTIMATED STAFF TIME WAS 1,040 HOURS (20 HOURS/WEEK FOR 2 OPERATORS) VALUED AT $20,280 DOYLESTOWN CLINICAL NETWORK (DCN) THE DCN FACILITATES SEAMLESS TRANSFER OF CLINICAL INFORMATION PROVIDER-TO-PROVIDER TO IMPROVE THE QUALITY OF CARE FOR MEMBERS OF THE DOYLESTOWN COMMUNITY THERE ARE AN ESTIMATED 12,372 HOURS OF PAID ASSOCIATE TIME, RELATED TO DEVELOPMENT, INSTALLATION OF NETWORK, SOFTWARE IMPLEMENTATION, AS WELL AS ON-GOING MAINTENANCE AND ENHANCEMENTS AN ESTIMATED COST OF $ 165,715 FOR PHONE LINES, MAINTENANCE, DEPRECIATION, ETC AND AN ESTIMATED COST OF $ 37,276 FOR ADMINISTRATION AN ESTIMATE OF DIRECT OFFSETTING REVENUE OF $ 50,000 AS A BENEFIT FOR THE COMMUNITY, THE NETWORK IS THE NOW SERVING APPROXIMATELY 400,000 PERSONS COLLABORATION OCCURRED BETWEEN DOYLESTOWN HOSPITAL AND THE BUCKS COUNTY PHYSICIAN HOSPITAL ALLIANCE (BCPHA) SCHOLARSHIP ASSISTANCE 26 SCHOLARSHIPS ARE SUPPORTED BY THE FOUNDATION THROUGH RESTRICTED GIFTS THESE SCHOLARSHIPS, TOTALING $23,573 ARE AWARDED TO MEN AND WOMEN PURSUING NURSING, ALLIED HEALTH, PARAMEDIC, AND OTHER TRAINING BEN WILSON SENIOR CENTER NEWSLETTER FOUR TIMES A YEAR A STAFF MEMBER FROM COMMUNITY RELATIONS ASSISTS WITH THE PREPARATION OF A NEWSLETTER FOR THE BEN WILSON SENIOR CENTER IN WARRINGTON BY SUPPLYING HEALTH AND WELLNESS INFORMATION AND EDITORIAL OVERSIGHT WE THEN PRINT 1200 COPIES AT A VALUE OF $240 OR $960 FOR THE FOUR ISSUES STAFF TIME OF 4 HOURS/ISSUE VALUED AT A TOTAL OF $336, FOR THE FOUR ISSUES PHYSICIANS ON CALL FOR EMERGENCIES WE HAVE SEVERAL SPECIALISTS ON CALL IN THE EMERGENCY ROOM FOR COVERAGE FOR THE COMMUNITY THE COST TO THE HOSPITAL WAS $ 279,900

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	VIAL OF LIFE PROGRAM A VIAL OF LIFE IS FREE AT THE NORTH LOBBY INFORMATION DESK AND PROVIDED TO THE AREA AGENCY ON AGING THE CONTENTS ARE PREPARED BY THE HOSPITAL AND CONSIST OF A PLASTIC VIAL AND MEDICAL INFORMATION SHEET THE VIAL IS KEPT IN HOME REFRIGERATORS, WITH A STICKER PLACED ON THE REFRIGERATOR DOOR TO ALERT ARRIVING RESCUE PERSONNEL THAT MEDICAL INFORMATION IS INSIDE APPROXIMATE COST FOR MATERIALS IS $756, AND VOLUNTEER TIME TO ASSEMBLE THE VIALS IS VALUED AT $530 VISITING NURSE PROGRAM FREE SUPPORT THE VISITING NURSES MADE VISITS TO FAMILIES WITHOUT INSURANCE AND WITH DEMONSTRATED FINANCIAL NEED FOR A TOTAL OF $5,863 A CLINIC WAS HELD AT THE CENTER SQUARE TOWERS 150 HOURS WERE DONATED AT A COST OF $5,025 EDUCATIONAL PROGRAMS ========== CANCER SURVIVOR DAY THIS EVENT WAS HELD BY DOYLESTOWN HOSPITAL FOR ALL CANCER SURVIVORS AND THEIR FAMILY AND FRIENDS IT WAS INTENDED TO PROVIDE PSYCHOLOGICAL SUPPORT AND A NETWORKING EXPERIENCE WITH OTHER SURVIVORS AND CONNECT SURVIVORS WITH COMMUNITY RESOURCES OVER 100 PEOPLE ATTENDED THE EVENT, WHICH WAS FUNDED IN PART BY THE HOSPITAL ($ 3,403) VOLUNTEER HOURS INCLUDED PHYSICIANS, NURSING, CLERICAL STAFF ATTENDING FOR A TOTAL OF $1,110 GO RED FOR WOMEN DAY LONG EVENT IN FEBRUARY (HEART MONTH) AT MONTGOMERY MALL FOCUS IS ON RAISING AWARENESS OF CARDIAC RISK FACTORS, THE PREVALENCE OF HEART DISEASE TO WOMEN, AND THE FACT THAT WOMEN'S CARDIAC SYMPTOMS CAN BE VERY DIFFERENT THAN MEN'S IN FEB 2009, 48 STAFF MEMBERS, 12 CARDIOLOGISTS AND 20 VOLUNTEERS DONATED 188 HOURS TO DEVELOP AND STAFF EDUCATIONAL DISPLAYS, PROVIDE SCREENINGS AND ANSWER QUESTIONS ABOUT WOMEN'S HEART HEALTH LIFESTYLE LECTURES THROUGHOUT THE YEAR, MEMBERS OF THE MEDICAL STAFF OFFER INFORMAL EDUCATIONAL LECTURES TO THE COMMUNITY THE HOSPITAL COORDINATES THE LECTURE PROGRAM, WHICH IN 2009 ATTRACTED 519 COMMUNITY PARTICIPANTS DRIVER SAFETY PROGRAM THIS WAS A COOPERATIVE PROGRAM WITH AARP THAT FOLLOWS THEIR RULES FOR PARTICIPATION WE PROVIDE ROOM FOR 403 PARTICIPANTS AND 20 CLASSES, WHICH AMOUNTED TO $2,700 IN HOSPITAL DONATED COSTS WOMEN'S ORTHOPEDIC EXPO IN MARCH, 2009, THE HOSPITAL HOSTED AN EDUCATIONAL SYMPOSIUM FOR WOMEN CONCERNED ABOUT THEIR MOBILITY AND JOINT HEALTH PHYSICIANS AND OTHER CLINICAL STAFF PRESENTED INFORMATION ON MANAGING ARTHRITIS, EXERCISE, NUTRITION AND PAIN MANAGEMENT TWENTY FOUR HOURS OF PHYSICIAN TIME, APPROX 60 HOURS OF STAFF TIME AND EDUCATIONAL MATERIALS WERE DONATED RESPIRATORY TRAINING A 1 HOUR PRESENTATION WAS GIVEN BY THE HOSPITAL'S INFECTION CONTROL NURSE TO REGIONAL RESPIRATORY THERAPISTS ON MRSA, C DIFF AND OTHER RESPIRATORY ISSUES THE DONATED NURSES' TIME WAS $125 AND THE SESSION HELPED 100 COMMUNITY THERAPISTS SKIN CANCER EDUCATION PROGRAM PROVIDED SKIN CANCER PREVENTION/EARLY DETECTION EDUCATION TO 40 EMPLOYEES OF CHARON PLANNING 2 RN'S VOLUNTEERED AT THIS EVENT FOR A TOTAL OF $304 MAN TO MAN PROSTATE CANCER SUPPORT GROUP EDUCATION 2 PROGRAMS "USE OF ED DRUGS" PRESENTED BY THE PHARMACIST VOLUNTEER TIME WAS 2 HOURS VALUED AT $100 "RADIATION THERAPY AND PROSTATE CANCER" WAS PRESENTED BY RADIATION ONCOLOGIST (MD) VOLUNTEER TIME OF 3 HOURS "I CAN COPE" CANCER EDUCATION PROVIDES SUPPORT, RESOURCES AND EDUCATION FOR INDIVIDUALS FACING A LIFE THREATENING ILLNESS THE PROGRAM SERVED 4 PEOPLE AND WAS VALUED AT $100 FOR STAFF TIME AND MATERIALS LOOK GOOD, FEEL BETTER THIS PROGRAM PROVIDED SUPPORT AND RESOURCES FOR CANCER PATIENTS UNDERGOING CHEMOTHERAPY 29 INDIVIDUALS ATTENDED AND $475 WAS THE VALUE OF STAFF AND VOLUNTEER TIME AND RESOURCES BREAST CANCER RISK EVALUATION THE HOSPITAL PROVIDED THE COMMUNITY EDUCATION ABOUT BREAST CANCER AND INFORMATION ABOUT GENETIC TESTING FOR HIGH RISK INDIVIDUALS THE VALUE OF THE PHYSICIAN AND RN WAS $288 NATIONAL ALLIANCE FOR THE MENTALLY ILL THE HOSPITAL PROVIDED SERVICE AND SUPPORT TO COMMUNITY MEMBERS WHO ATTENDED A TWELVE-WEEK FAMILY-TO-FAMILY EDUCATION PROGRAM, CONDUCTED BY THE NATIONAL ALLIANCE FOR THE MENTALLY ILL A PROGRAM WAS HELD IN THE FALL OF 2008 AND SERVED AT LEAST 20 INDIVIDUALS THE COST TO THE HOSPITAL IS VALUED AT $2,200 NUTRITION PRESENTATIONS PROGRAMS WERE HELD THROUGHOUT THE YEAR TO PROVIDE EDUCATION ON NUTRITION TO PROMOTE OPTIMAL HEALTH LOCATIONS INCLUDED SEVERAL CHURCHES, SENIOR COMMUNITIES, YMCA, ALL THREE CB HIGH SCHOOLS AND VARIOUS WOMEN'S GROUPS OVER 1,800 WERE EDUCATED AT A COST OF $3,011 TO THE HOSPITAL IN STAFF TIME COMMUNITY LECTURES THE HOSPITAL PROVIDED SPEAKERS FOR VARIOUS COMMUNITY GROUPS AND ORGANIZATIONS PRESENTERS FOR EVENTS UTILIZED BOTH STAFF AND PHYSICIANS 2,100 INDIVIDUALS BENEFITED FROM THESE LECTURES, WHICH RESULTED IN $3,362 IN STAFF TIME REACH FOR RECOVERY PROVIDES EMOTIONAL SUPPORT, EDUCATION, EXERCISE TRAINING AND RESOURCE INFORMATION TO WOMEN POST LUMPECTOMY OR MASTECTOMY VOLUNTEERS TRAINED BY THE AMERICAN CANCER SOCIETY AND THE VOLUNTEER DEPARTMENT PROVIDED SERVICES VALUED AT $472 S E A R C H (STUDENTS EXPLORING ACTIVITIES RELATED TO COMMUNITY HEALTH) THIS PROGRAM LINKED STUDENTS WITH HOSPITAL STAFF AND PROVIDED 844 HOURS OF HEALTHCARE CAREER EXPLORATION OPPORTUNITIES WITH A VALUE OF $15,842 OF STAFF TIME SMOKING CESSATION PROGRAM PROGRAMS WERE HELD USING FREEDOM FROM SMOKING FROM THE AMERICAN LUNG ASSOCIATION 71 INDIVIDUALS WERE GIVEN HELP IN QUITTING THE HABIT SMOKING THE HOSPITAL'S OVERALL CONTRIBUTION IS VALUED AT $1,250 FIRST AID PRESENTATION A PROGRAM WAS HELD FOR LOCAL LITTLE LEAGUE COACHES THIS RESULTED IN $70 OF VOLUNTEER STAFF TIME VISITING NURSE AND HOSPICE PROGRAMS THERE WAS A CAREGIVER PRESENTATION AT SENIOR SYMPOSIUM IN DECEMBER 2008 3 HOURS OF TIME WERE DONATED FOR A VALUE OF $101 AN ADVANCED DIRECTIVES PRESENTATION WAS GIVEN AT THE BEN WILSON CENTER 3 HOURS OF TIME WERE DONATED FOR A VALUE OF $101 A PRESENTATION WAS GIVEN AT THE TINICUM ELEMENTARY SCHOOL 3 HOURS OF TIME WERE DONATED FOR A VALUE OF $101 MATERNITY AND PARENTING ACTIVITIES ========== BABY WELL THIS PROGRAM EDUCATED 228 PARENTS ON HOW TO CARE FOR THEIR NEWBORN $2,830 IN STAFF TIME WAS DEVOTED TOWARDS 29 COMMUNITY PROGRAMS HEALTHY BEGINNINGS PROGRAM THIS IS A PROGRAM TO BRING PRENATAL HEALTH TO THE UNDERSERVED IN THE COMMUNITY THIS IS MOSTLY THE ONES WITHOUT THE ABILITY TO PAY OR THOSE WHO HAVE NOT YET ENROLLED OR WHO ARE ENROLLED IN MEDICAID MUCH OF OUR PROGRAM DEALS WITH HIGH RISK PATIENTS AND THOSE WITH SUBSTANCE ABUSE PROBLEMS THERE IS A PHYSICIAN, A SOCIAL WORKER AND A DIETICIAN, AS WELL AS TWO NURSES WHO RUN THE PROGRAM THE COST OF THIS PROGRAM WAS $ 207,638 BREASTFEEDING EDUCATION THIS PROGRAM PROVIDES AN INCREASED UNDERSTANDING OF THE BENEFITS OF BREASTFEEDING, WHICH LEADS TO IMPROVED NUTRITION/HEALTH OF INFANTS 162 INDIVIDUALS ATTENDED THE 24 LECTURES THAT WERE HELD THROUGHOUT THE YEAR THE COST TO THE HOSPITAL IS ABOUT $3,600 CHILDBIRTH CLASSES A PROGRAM TEACHING THE HOW-TOS OF CHILDBIRTH SERVED 460 PEOPLE AT A COST OF $7,205 TO THE HOSPITAL THROUGH 38 COURSES SERIES EVERY DAY OF THE WEEK EXCEPT FRIDAY

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	FOCUS ON MOTHERHOOD THIS PROGRAM FOCUSED OF TOPICS SUCH AS THE ADJUSTMENT TO PREGNANCY, PARENTHOOD FOR TEENS, NUTRITION DURING PREGNANCY, AND EDUCATION ABOUT SELF AND INFANT CARE WE PROVIDED ROOMS FOR 3, 12-WEEK PROGRAMS WITH 45 PARTICIPANTS AT A VALUE OF $2,000 GRANDPARENTING CLASSES THIS PROGRAM PREPARED GRANDPARENTS-TO-BE ON HOW TO BE SUPPORT THEIR CHILDREN AS THEY START THEIR OWN FAMILY 55 INDIVIDUALS ATTENDED THE COURSE, WHICH COST THE HOSPITAL $895 TO HOLD 6 CLASSES PRENATAL REFRESHER CLASSES THIS PROGRAM REFRESHED NEARLY 46 PARENTS-TO-BE, WHO ALREADY HAVE DELIVERED OTHER CHILDREN, ON THE CHILDBIRTH EXPERIENCE $507 IN STAFF TIME WAS DEVOTED TO THIS FOR 6 CLASSES DURING THE YEAR SIBLINGS EDUCATION CLASSES A PROGRAM DESIGNED TO LESSEN A CHILD'S FEELINGS OF ANXIETY AND JEALOUSY THERE WERE 63 PARTICIPANTS IN 12 CLASSES DURING THE YEAR AT A COST TO THE HOSPITAL OF $600 SCHOOL AGE ACTIVITIES ========== BABYSITTING EDUCATION THIS IS A COOPERATIVE PROGRAM WITH CHILD, HOME AND COMMUNITY, INC THE HOSPITAL PROVIDED ROOM FOR THE EDUCATIONAL COURSE 164 INDIVIDUALS WERE GIVEN BABYSITTING INSTRUCTION AT A COST OF $400 TO THE HOSPITAL CHILDREN'S VILLAGE/EDEN ALTERNATIVE COLLABORATION AT PINE RUN COMMUNITY SENIORS WERE SERVED BY WEEKLY VISITS FROM 10 CHILDREN FROM THE CHILD CARE CENTER PAID STAFF TIME IS VALUED AT $2,200 NON-SALARY COSTS WERE SUPPORTED BY A $200 GRANT FROM THE DOYLESTOWN HEALTH FOUNDATION LET'S DISCOVER TRUNKS EDUCATIONAL MATERIALS WERE PROVIDED TO VARIOUS COMMUNITY CHILDREN'S GROUPS SO CHILDREN CAN BE CONSCIOUS OF THE IMPORTANCE OF HEALTHY EATING AND THEY CAN ALSO LEARN TO BE SAFE OVER 400 CHILDREN WERE EXPOSED TO THE TRUNKS, WHICH, INCLUDING REPLACEMENT OF TRUNK SUPPLIES WAS VALUED AT $250 AND STAFF TIME OF $500 SERVICE LEARNING & CAREER ACADEMY THE SERVICE LEARNING CAREER ACADEMY IS A JOINT PROJECT BETWEEN THE VIA HEALTH SYSTEM AND THE THREE HIGH SCHOOLS IN THE CENTRAL BUCKS SCHOOL DISTRICT IN COLLABORATION WITH THE CONSUMER AND FAMILY SCIENCES COURSE, THE HOSPITAL'S DAY CARE CENTER PROVIDES STUDENTS WITH HANDS-ON EXPERIENCE TO ENHANCE LEARNING OF CHILD DEVELOPMENT THEORY IN ADDITION, HOSPITAL PROFESSIONAL STAFF AND CB FACULTY JOINTLY DESIGNED A CURRICULUM FOR ADVANCED PLACEMENT BIOLOGY STUDENTS, ADVANCED HEALTH STUDENTS AND ANATOMY PHYSIOLOGY STUDENTS, WHO SPEND CLASS TIME ON-SITE AT THE HOSPITAL TO OBTAIN THE PRACTICAL APPLICATION OF CLASS CONTENT OVER 200 STUDENTS PARTICIPATED IN THIS PROGRAM WHERE $25,000 IN HOSPITAL STAFF TIME AND OTHER COSTS, AND AT LEAST $4,100 OF VOLUNTEER TIME WAS CONTRIBUTED TEDDY BEAR CLINICS CHILDREN IN THE COMMUNITY WERE EXPOSED TO THE EMERGENCY DEPARTMENT AND AMBULANCE IN A FUN ENVIRONMENT THE EXPERIENCE TAUGHT THEM TO NOT BE FRIGHTENED IN THE EVENT THEY MAY NEED EMERGENCY SERVICES OVER 200 CHILDREN CAME THROUGH THE TEDDY BEAR CLINIC AT THE HOSPITAL DONATED MATERIALS AND STAFF TIME IS VALUED AT $2,000 THERE WAS ALSO A TEDDY BEAR CLINIC HELD AT MONTGOMERY MALL AS PART OF THE FEBRUARY WOMEN'S HEART FAIR FOR ABOUT 150 CHILDREN FOR 4 HOURS HOSPITAL STAFF VOLUNTEERED TIME WAS WORTH $540 AND DONATED MATERIAL COST $300 QUALITY CHILD CARE COALITION PROFESSIONAL DEVELOPMENT HOSTED MONTHLY MEETINGS FOR QUALITY CHILD CARE COALITION PROFESSIONAL DEVELOPMENT SUB GROUP COMMITTEE WHERE MEETING SPACE WAS VALUED AT $1,600 A YEAR AND STAFF TIME WAS VALUED AT $2,000 GIRL SCOUTS THE HOSPITAL PROVIDED MEETING SPACE FOR THE 2 GIRL SCOUT TROOPS MEETING SPACE WAS VALUED AT $3,600 BUCKS COUNTY DOWNS SYNDROME SPACE WAS PROVIDED FOR MONTHLY MEETINGS AT CHILDREN'S VILLAGE FOR THE BUCKS COUNTY DOWNS SYNDROME GROUP MEETING SPACE WAS VALUED AT $1,400 CHILDBIRTH CLASSES FOR TEEN PARENTS FAMILY HOME AND COMMUNITY CHILDBIRTH CLASSES FOR TEEN PARENTS MEET AT C V EVERY MONDAY EVENING MEETING SPACE IS VALUED AT $1,500 ANNUALLY BEREAVEMENT GROUP MEETINGS SPACE IS PROVIDED MONTHLY FOR THESE MEETINGS AT C V AND IS VALUED AT $1,600 BUILDING THE FAMILY SPACE IS PROVIDED MONTHLY FOR THESE MEETINGS AT C V AND IS VALUED AT $2,000 LEADERSHIP ACTIVITIES ---------- THE HOSPITAL PRESIDENT/CEO DEVOTED $22,500 WORTH OF HIS TIME TO COMMUNITY BENEFIT ACTIVITIES INCLUDING, BUT NOT LIMITED TO, THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, ANN SILVERMAN COMMUNITY HEALTH CLINIC, HEALTH QUALITY PARTNERS AND THE CB CARES THE VICE-PRESIDENT OF DEVELOPMENT WAS ALSO INVOLVED IN CONTRIBUTING TIME TO ACTIVITIES THAT BENEFIT THE COMMUNITY INCLUDING ANN SILVERMAN COMMUNITY HEALTH CLINIC, CB CARES, THE AMERICAN RED CROSS, THE CENTRAL BUCKS CHAMBER OF COMMERCE AND THE DOYLESTOWN BUSINESS AND COMMUNITY ALLIANCE DOYLESTOWN HOSPITAL'S MANAGERS ALSO CONTRIBUTE THEIR LEADERSHIP AND EXPERTISE TO A VARIETY OF COMMUNITY BOARDS, AGENCIES, AND PROJECTS DURING 2008-2009, A VALUE OF $40,800 IN MANAGER'S TIME WAS GIVEN, OFTEN DURING WORK TIME, TO HELP SOME OF THE FOLLOWING COMMUNITY ORGANIZATIONS - ADVOCACY SPEECHES - AMERICAN CANCER SOCIETY - AMERICAN HERITAGE FCU - AMERICAN RED CROSS BLOOD DRIVE - ANN SILVERMAN COMMUNITY HEALTH CLINIC - BOYS SCOUTS OF AMERICA - BUCKS CO HEALTH IMPROVEMENT PARTNERSHIP - BUCKS CO HOSPITAL DECON TASK FORCE - BUCKS COUNTY HOUSING GROUP - BUCKS CO MH/MR ADVISORY BOARD - BUCKS CO QUALITY CHILD CARE COALITION - CB CHAMBER OF COMMERCE - CENTRAL BUCKS MINISTERIUM - CB CHRISTIAN WOMEN'S CLUB - CHILD, HOME AND COMMUNITY, INC - CENTRAL BUCKS FAMILY YMCA - CB CARES - COMMUNITY OUTREACH CENTER - DELAWARE VALLEY COLLEGE SENIOR EDUCATION - DOYLESTOWN ATHLETIC ASSOCIATION - DOYLESTOWN BUSINESS & COMMUNITY ALLIANCE - DVHC BOARD AND COMMITTEES - FAMILY CAREGIVERS OF SENIORS - FRIENDS OF PEACE VALLEY NATURE CENTER - GILDA'S CLUB - GWYNEDD MERCY ADVISORY COMMITTEE - HEALTH AND HOUSING TASK FORCE - HERITAGE CONSERVANCY - LENAPE VALLEY SHRINER'S CLUB - LITERACY ACADEMY OF BC IU - MARCH OF DIMES - MIDDLE BUCKS INSTITUTE OF TECH ADVISORY - PROFESSIONALS WORKING WITH SENIORS - SPRINGFIELD TOWNSHIP (SUPERVISOR/PLANNING) TEACHING PROGRAMS ---------- DOYLESTOWN HOSPITAL SUPPORTS MEDICAL, NURSING, ALLIED HEALTH, AND HOSPITAL MANAGEMENT PROGRAMS THE FOLLOWING IS A LIST OF SCHOOLS THAT SENT STUDENTS TO THE HOSPITAL FOR PRACTICUMS, CLINICAL ROTATIONS, AND/OR PRECEPTORSHIPS - ABINGTON HOSPITAL SCHOOL OF RADIOLOGY - BLOOMSBURG UNIVERSITY - BUCKS COUNTY COMMUNITY COLLEGE - DESALES UNIVERSITY - DREXEL UNIVERSITY/HAHNEMANN COLLEGE - EAST STROUDSBURG UNIVERSITY - EASTERN UNIVERSITY - GWYNEDD MERCY COLLEGE - IMMACULATA UNIVERSITY - LASALLE UNIVERSITY - MONTGOMERY COUNTY COMMUNITY COLLEGE - PENN STATE UNIVERSITY - PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE - SALUS UNIVERSITY - SANFORD BROWN INSTITUTE - SHIPPENSBURG UNIVERSITY - TEMPLE UNIVERSITY - UNIVERSITY OF PENNSYLVANIA DOYLESTOWN HOSPITAL SERVED AS A CLINICAL ROTATION SITE FOR MEDICINE, PHYSICIAN ASSISTANT, ENTRY AND ADVANCED NURSING LEVELS, PHARMACY, RADIOLOGIC TECHNOLOGY, CARDIAC SERVICES AND EXERCISE PHYSIOLOGY ALL PATIENT CARE AREAS WERE UTILIZED IN THE EDUCATION OF THESE STUDENTS THE COSTS OF TEACHING THE 237 STUDENTS WERE AT LEAST $216,200

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PRE-MED VOLUNTEER PROGRAM THIS PROGRAM HAS BEEN DEVELOPED BY THE HOSPITAL MEDICAL STAFF AND VOLUNTEER DEPARTMENT IT IS A TEN-WEEK PROGRAM STARTING IN LATE MAY IT IS SUPERVISED BY THE HOSPITAL'S DIRECTOR OF VOLUNTEER SERVICES AND IS COORDINATED WITH A SPECIAL SEMINAR PROGRAM CONDUCTED BY THE DOYLESTOWN HOSPITAL'S MEDICAL STAFF TO INTRODUCE THE STUDENTS TO SELECTED PHASES OF A MEDICAL CAREER STUDENTS PARTICIPATING IN THE PROGRAM ARE EXPECTED TO GIVE THE HOSPITAL A MINIMUM OF 100 HOURS OF VOLUNTEER TIME IN VARIOUS PATIENT RELATED SERVICES DURING THE COURSE THE AIM OF THE PROGRAM IS TO GIVE PRE-MEDICAL STUDENTS FIRST-HAND HOSPITAL EXPERIENCE TO ACQUAINT THEM WITH A TOTAL COMMUNITY HOSPITAL PICTURE THIS PROGRAM BRINGS INTO FOCUS THE WORK AND RESPONSIBILITY OF THE PHYSICIAN IN A MODERN HOSPITAL COMPLEX WE HAD 16 STUDENTS IN THIS PROGRAM TIME OF SIX PHYSICIANS, FOUR NURSE EDUCATORS, VOLUNTEER SERVICES AND MATERIALS COST THE HOSPITAL $ 44,166 OUTSIDE GROUP ROOM USAGE ---------- THE HOSPITAL PROVIDES FREE SPACE FOR MEETINGS TO THE FOLLOWING OUTSIDE GROUPS WITH A CHARITABLE MISSION THERE WERE OVER 612 INDIVIDUALS BENEFITTED AT A COST OF $6,200 ARC A WOMAN'S PLACE ANN SILVERMAN FAMILY HEALTH COMMUNITY CLINIC BIG BROTHERS/BIG SISTERS OF BUCKS COUNTY BUCKS COUNTY MEDICAL SOCIETY CHILD, HOME AND COMMUNITY, INC MOTHER BABY NETWORK NATIONAL ALLIANCE FOR THE MENTALLY ILL HEALTH SCREENINGS & IMMUNIZATIONS ---------- THE HOSPITAL CONDUCTS HEALTH SCREENS AND SUPPORTED IMMUNIZATIONS FOR VARIOUS COMMUNITY MEMBERS HEALTH SCREENINGS DURING THE YEAR, 185 INDIVIDUALS BENEFITED FROM HEALTH SCREENS STAFF TIME DONATED TO THIS EFFORT IS ESTIMATED AT $4,500 ACTIVITY IMPROVES THE HEALTH OF THE COMMUNITY IN GENERAL, SPECIFIC GROUPS OF PEOPLE, HELPS CONTAIN HEALTHCARE COSTS AND/OR IMPROVES THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY THE FOLLOWING IS A LIST OF HEALTH SCREENING AND IMMUNIZATION ACTIVITIES SKIN CANCER SCREENING THIS PROGRAM SCREENED 130 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING $2,700 PROSTATE CANCER SCREENINGS THIS PROGRAM SCREENED 55 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING $1,722 INFLUENZA IMMUNIZATIONS DOYLESTOWN HOSPITAL PROVIDED 2-COMMUNITY FLU SHOT CLINICS IN THE FALL OF 2008 A THIRD CLINIC INCLUDED THE DIABETES SUPPORT GROUP AT THE HOSPITAL THE VALUE OF THIS TIME TO SERVE 490 INDIVIDUALS WAS $750 VACCINES WERE PROVIDED BY THE BUCKS COUNTY HEALTH DEPARTMENT SUPPORT GROUP & SELF-HELP PROGRAMS ---------- SUPPORT GROUPS ARE OFFERED AT NO CHARGE TO THE COMMUNITY, AND A MEMBER OF THE HOSPITAL STAFF LEADS MANY 612 CONFERENCE ROOM HOURS AND 220 PROFESSIONAL HOURS OF SUPPORT WERE PROVIDED TO MORE THAN 3,100 COMMUNITY MEMBERS THIS AMOUNTED TO $39,000 DONATED IN SPACE AND PROFESSIONAL STAFF TIME AND HOSPITAL MATERIALS THE FOLLOWING IS A LIST OF THE GROUPS THAT HELD REGULAR MEETINGS AT THE HOSPITAL - ALCOHOLICS ANONYMOUS - ALZHEIMER'S DISEASE - ALATEEN - AUGUSTINE FELLOWSHIP - BETTER BREATHERS CLUB - BREAST CANCER - NTM (NONTUBERCULOUS MYCOBACTERIUM) - DOWN'S SYNDROME INTEREST - CADUCEUS - BUILDING THE FAMILY - DIABETES - EATING DISORDERS ANONYMOUS - LOW VISION - FIBROMYALGIA - GAMBLERS ANONYMOUS - HEALING GRIEF - ICD (IMPLANTABLE DEFIBRILLATOR) - INSULIN PUMP - LYME DISEASE - LYMPHEDEMA - MULTIPLE SCLEROSIS - NURSING MOTHERS - OVEREATERS ANONYMOUS - PARKINSON'S DISEASE - PREGNANCY LOSS - PROSTATE CANCER - SCLERODERMA - STROKE - WIDOW/WIDOWER VOLUNTEER PROGRAMS ---------- DOYLESTOWN HOSPITAL ENJOYS THE GENEROUS CONTRIBUTION OF TIME AND TALENT FROM COMMUNITY VOLUNTEERS, STARTING AT THE MINIMUM AGE OF 14 VOLUNTEER OPPORTUNITIES BENEFIT THE COMMUNITY BY PROVIDING, FOR MANY COMMUNITY MEMBERS, A PLACE TO GO OR A WAY TO FEEL NEEDED, THUS PREVENTING A VARIETY OF SOCIAL PROBLEMS THE VOLUNTEER PROGRAM ALLOWS SOME MEMBERS OF THE COMMUNITY TO HELP OTHERS, NOT THROUGH THEIR DOLLARS BUT THROUGH THEIR DONATED TIME IN ADDITION, THE HOSPITAL IS A PLACE FOR COMMUNITY MEMBERS TO REACH OUT TO HELP FRIENDS AND NEIGHBORS OR TO FULFILL COURT-MANDATED COMMUNITY SERVICE OBLIGATIONS AS VOLUNTEERS THROUGHOUT THE YEAR, 841 VOLUNTEERS CONTRIBUTED 117,529 HOURS OF SERVICE TO THEIR COMMUNITY THROUGH OPPORTUNITIES IN EVERY HOSPITAL DEPARTMENT VOLUNTEERS SIGNIFICANTLY ENHANCE PATIENT AND FAMILY SUPPORT IN THE FOLLOWING SERVICE CATEGORIES ADDRESSING, COLLATING, BAKERS, BOOK CART, DIETARY MENU, EMERGENCY DEPARTMENT LOUNGE, FLOWERS, GIFT SHOP/CART, HOSPITALITY CART, INFORMATION DESKS, MAIL OR MESSENGER, PRN/FLOATERS, PASTORAL CARE, ANIMAL ASSISTED THERAPY, SNACK BAR, SURGERY WAITING AREA, PATIENT TRANSPORT, SERVICE LEARNING, AND LDRP (LABOR & DELIVERY) IN TOTAL, $2,292,991 WORTH OF ENHANCED VALUE WAS GIVEN TO THE PATIENTS AND THE FAMILIES OF OUR COMMUNITY BY GENEROUS TEEN AND ADULT VOLUNTEERS THIS VALUE WAS CALCULATED BY USING THE INDEPENDENT SECTOR'S STANDARD FOR VALUING VOLUNTEER TIME THAT WAS SET AT $19 51 PER HOUR IN 2008 (THE MOST RECENT FIGURE AVAILABLE FROM THIS BIENNIAL NATIONAL SURVEY) BECAUSE THE HOSPITAL WANTS TO PROVIDE EXCEPTIONAL OPPORTUNITIES FOR COMMUNITY MEMBERS TO OFFER TIME AND TALENT TO SUPPORT THE VIA'S MISSION TO EXCELLENT LOCAL HEALTHCARE, $305,479 IN SALARIES WAS BUDGETED FOR RECRUITMENT, ORIENTATION, MANAGEMENT, RETENTION AND RECOGNITION OF VOLUNTEERS IN PATIENT TRANSPORT, THE GIFT SHIP, AND THROUGHOUT THE PATIENT SERVICES AREAS UNCOMPENSATED HEALTHCARE TO COMMUNITY MEMBERS ========== DOYLESTOWN HOSPITAL AND THE PINE RUN COMMUNITY PROVIDED FREE MEDICAL CARE TO COUNTLESS COMMUNITY MEMBERS WHO COULD NOT PAY FOR THE CARE THEMSELVES THE 2008-2009 FISCAL YEAR'S TOTAL FOR UNCOMPENSATED CARE AMOUNTED TO $2,123,220 SUMMARY OF TOTAL COMMUNITY BENEFIT CONTRIBUTION COMMUNITY OUTREACH AND BENEFIT ACTIVITIES $ 1,128,330 EDUCATIONAL PROGRAMS $ 39,121 MATERNITY AND PARENTING ACTIVITIES $ 225,275 SCHOOL AGE ACTIVITIES $ 49,190 LEADERSHIP ACTIVITIES $ 63,300 TEACHING PROGRAMS $ 260,366 OUTSIDE GROUP ROOM USAGE $ 6,200 HEALTH SCREENINGS AND IMMUNIZATIONS $ 9,672 SUPPORT AND SELF-HELP PROGRAMS $ 39,000 VOLUNTEER PROGRAMS $ 2,292,991 UNCOMPENSATED HEALTHCARE TO COMMUNITY MEMBERS $ 2,123,220 COMMUNITY SUPPORT $3,922,174 - PROGRAMS AND SERVICES THAT WERE COORDINATED AND SPONSORED BY EITHER THE HOSPITAL AND/OR FOUNDATION AND WERE DIRECTLY PAID FOR OR CAME AT A COST TO THE EITHER HOSPITAL AND/OR FOUNDATION $2,314,491 - PROGRAMS AND SERVICES THAT WERE COORDINATED AND SPONSORED BY EITHER THE HOSPITAL AND/OR FOUNDATION BUT DID NOT INCUR ADDITIONAL EXPENSES TO THE HOSPITAL AND/OR FOUNDATION TOTAL $6,236,665 NOTE WHEN CALCULATING THE DOLLAR VALUE OF PAID TIME DONATED TO COMMUNITY OUTREACH OR COMMUNITY BENEFIT ACTIVITIES THE FOLLOWING SIMPLIFIED SALARY EQUIVALENTS WERE USED - PHYSICIAN/SENIOR MANAGEMENT (PRESIDENT/VICE-PRESIDENT) $110 27/HOUR - MANAGEMENT, PROFESSIONAL STAFF $ 33 76/HOUR - TECHNICAL, CLERICAL STAFF $ 18 07/HOUR - VOLUNTEER STAFF (AS PER NATIONAL BIENNIAL SURVEY) $ 19 51/HOUR

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ADDENDUM A DOYLESTOWN HOSPITAL STATEMENT OF PROGRAM AND SERVICES FISCAL YEAR 2008-2009 - ASSOCIATE (OCCUPATIONAL) HEALTH SERVICES - BEHAVIORAL HEALTH SERVICE EAP CRISIS SERVICES - CARDIAC AND NEUROLOGICAL SERVICES DIAGNOSTIC CARDIAC CATHETERIZATION NON-INVASIVE DIAGNOSTIC TESTING SERVICES INTERVENTIONAL CARDIOLOGY PROCEDURES EP STUDIES (PACEMAKERS, DEVICE IMPLANTATION, ABLATION) - CARDIOVASCULAR SURGERY CABG VALVE REPLACEMENTS/REPAIRS - CASE MANAGEMENT/SOCIAL SERVICES COUNSELING COMPLEX DISCHARGE PLANNING CRISIS INTERVENTION FINANCIAL COUNSELING ADOPTION OPTIONS COUNSELING PATIENT AND FAMILY EDUCATION INFORMATION AND REFERRAL PSYCHOSOCIAL ASSESSMENTS - CRITICAL CARE UNITS MED/SURG CRITICAL CARE CARDIOVASCULAR CRITICAL CARE - DIABETES EDUCATION (INPATIENT AND OUTPATIENT) NUTRITION EDUCATION AND COUNSELING - DIAGNOSTIC IMAGING (RADIOLOGY) CT - PET/CT DIAGNOSTIC RADIOLOGY INVASIVE AND SPECIAL PROCEDURES MAGNETIC RESONANCE IMAGING (MRI) NUCLEAR MEDICINE ULTRASOUND - EMERGENCY SERVICES CRISIS INTERVENTION OBSERVATION/HOLDING UNIT SANE (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM DOMESTIC VIOLENCE - ENDOSCOPY GASTROENTEROLOGY PULMONOLOGY - ENTEROSTOMAL THERAPY (INPATIENT AND OUTPATIENT) NURSING HOME CONSULTATION WOUND MANAGEMENT CONTINENCE CARE - FOOD AND NUTRITION SERVICES WEIGHT MANAGEMENT CLASSES (ADULTS AND CHILDREN) NUTRITIONAL ASSESSMENT AND COUNSELING PATIENT MEAL SERVICES - GENERAL MEDICINE ALLERGIC DISEASES CARDIOLOGY DERMATOLOGY ENDOCRINOLOGY FAMILY MEDICINE GASTROENTEROLOGY INFECTIOUS DISEASE INTERNAL MEDICINE HEMATOLOGY OBSTETRICS & GYNECOLOGY NEPHROLOGY NEUROLOGY ONCOLOGY PATHOLOGY PEDIATRICS PHYSICAL MEDICINE/REHABILITATION PSYCHIATRY PULMONARY RHEUMATOLOGY HEMODIALYSIS INFECTION PREVENTION IV THERAPY PICC (PERIPHERALLY INSERTED CENTRAL CATHETER) - LABORATORY SERVICES AUTODONATION BLOOD BANK CHEMISTRY CYTOLOGY HEMATOLOGY HISTOLOGY/PATHOLOGY MICROBIOLOGY URINALYSIS - MATERNITY SERVICES ANTENATAL TESTING BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) LABOR AND DELIVERY MATERNAL/CHILD CARE NEONATOLOGY PRENATAL TESTING POST-PARTUM CARE PREPARED CHILDBIRTH EDUCATION SPECIAL CARE NURSERY (LEVEL II) WELL BABY NURSERY - MEDICAL RESEARCH CLINICAL TRIALS - ONCOLOGY (INPATIENT AND OUTPATIENT) OUTPATIENT INFUSION SERVICES -PASTORAL CARE SERVICES - LAY CHAPLAIN - PHARMACY - REHABILITATION SERVICES (INPATIENT AND OUTPATIENT) ACTIVITIES OF DAILY LIVING SUITE AUDIOLOGY SCREENING BACK INJURY PREVENTION BALANCE EVALUATIONS BRAIN INJURY CARDIAC REHABILITATION COGNITIVE REMEDIATION ELECTROMYOGRAPHY FUNCTIONAL CAPACITY EVALUATION HAND THERAPY HYDROTHERAPY NERVE CONDUCTION STUDIES OCCUPATIONAL THERAPY PHYSICAL THERAPY PSYCHOLOGY SPEECH THERAPY SWALLOWING TEST WORK HARDENING - RESPIRATORY SERVICES PULMONARY FUNCTION TESTING - PULMONARY REHAB - SURGICAL SERVICES (INPATIENT AND OUTPATIENT) ACUPUNCTURE CARDIOTHORACIC COSMETIC DENTISTRY GENERAL NERVE BLOCKS OB/GYN OPHTHALMOLOGY ORAL/MAXILLOFACIAL ORTHOPEDICS OTOLARYNGOLOGY PEDIATRIC DENTISTRY PLASTIC SURGERY POST-ANESTHESIA CARE UNIT PRE-ADMISSION TESTING SAME DAY SURGERY UROLOGY VASCULAR - TELEMETRY/PROGRESSIVE CARE - VISITING NURSE/ HOME CARE ADULT AND INFANTS (UP TO 1 YEAR) SKILLED HOME HEALTH SERVICES NURSING PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH THERAPY SOCIAL SERVICES HOME HEALTH AIDES BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) COMPREHENSIVE HOSPICE PROGRAM - WOMEN'S DIAGNOSTIC CENTERS BONE DENSITOMETRY DIGITAL MAMMOGRAPHY STEREOTACTIC BREAST BIOPSY

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 2	KATHRYN LAMBERT AND RICHARD LAMBERT - FAMILY RELATIONSHIP

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTIONS 6 & 7	VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN ("VIAD") IS THE SOLE MEMBER OF THIS ORGANIZATION VIAD HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AND HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 10	THE ORGANIZATION IS AN AFFILIATE IN THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM THE ORGANIZATION'S FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF ITS'S GOVERNING BODY, ITS BOARD OF DIRECTORS, FOR REVIEW PRIOR TO FILING OF THE FEDERAL FORM 990 WITH THE INTERNAL REVENUE SERVICE THE ORGANIZATION'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THIS CPA FIRM MADE AN EDUCATIONAL PRESENTATION TO DOYLESTOWN HOSPITAL'S FINANCE COMMITTEE WITH RESPECT TO THE NEW FORM 990 RULES AND REGULATIONS INCLUDING, BUT NOT LIMITED TO, NEW DISCLOSURES AND FILING REQUIREMENTS THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO THE PROVISION OF THE FEDERAL FORM 990 TO DOYLESTOWN HOSPITAL'S GOVERNING BODY, ITS BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 12	THE ORGANIZATION REGULARLY MONITORS AND ENFORCES COMPLIANCE WITH ITS CONFLICT OF INTEREST POLICY ANNUALLY, ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND SENIOR MANAGEMENT PERSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUESTIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE EXECUTIVE ASSISTANT TO THE CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, WHO GATHERS, INVENTORIES AND FILES THE COMPLETED QUESTIONNAIRES THEREAFTER A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFORMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS IS PREPARED AND REVIEWED BY THE ORGANIZATION'S CHIEF ACCOUNTING OFFICER AND CHIEF EXECUTIVE OFFICER THIS SUMMARY IS THEN PRESENTED TO THE ORGANIZATION'S BOARD OF DIRECTORS WHO REVIEWS AND MAKES DECISIONS ON HOW TO HANDLE CONFLICTS OF INTEREST AND ASSOCIATED MITIGATING BEHAVIOR TO BE TAKEN BY THE ORGANIZATION IF APPLICABLE

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION'S BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 16	THE ORGANIZATION HAS ADOPTED, EFFECTIVE FOR ITS FISCAL YEAR ENDING JUNE 30, 2010, A JOINT VENTURE POLICY TO BE IN FULL COMPLIANCE WITH INTERNAL REVENUE SERVICE RULES AND REGULATIONS ON JOINT VENTURE POLICIES AND DISCLOSURES WITH RESPECT TO FEDERAL FORM 990 HOWEVER, FOR ITS FISCAL YEAR ENDED JUNE 30, 2009, THE ORGANIZATION'S BOARD OF DIRECTORS IS INVOLVED IN EVERY DECISION WITH REGARDS TO JOINT VENTURES IN WHICH IT PARTICIPATES AND DRAFTS SPECIFIC BOARD RESOLUTIONS FOR THESE MATTERS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION DISCLOSURE	CORE FORM, PART VII AND SCHEDULE J	PART VII AND SCHEDULE J REFLECT CERTAIN BOARD MEMBERS AND OFFICERS RECEIVING COMPENSATION AND BENEFITS FROM THIS ORGANIZATION PLEASE NOTE THIS REMUNERATION WAS FOR SERVICES RENDERED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING MEMBER OR OFFICER OF THIS ORGANIZATION'S BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XI, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES ("SYSTEM") A BIG FOUR INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2009 AND JUNE 30, 2008, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM IN ADDITION, AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE FISCAL YEARS ENDED JUNE 30, 2009 AND JUNE 30, 2008, RESPECTIVELY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS THE TAXPAYER'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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

(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
DOYLESTOWN HEALTH FOUNDATION 595 WEST STATE STREET DOYLESTOWN, PA18901 23-2368196	FUNDRAISING	PA	501(C)(3)	509(A)(1)	VIAD
VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN, PA18901 23-2368200	HEALTHCARE	PA	501(C)(3)	509(A)(1)	N/A
VIA AFFILIATES 595 WEST STATE STREET DOYLESTOWN, PA18901 23-2368197	HEALTHCARE	PA	501(C)(3)	509(A)(3)	DHF

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No
DOYLESTOWN SURGICAL CTR LLC 595 WEST STATE STREET DOYLESTOWN, PA18901 23-1352174	MEDICAL SVCS	PA	DH	RELATED	3,184,334	832,760		No	0		No
DOYLESTOWN RADIOLOGY GROUP LP 1240 OLD YORK ROAD WARMINSTER, PA18974 23-1352174	MEDICAL SVCS	PA	DH	RELATED	840,045	366,845		No	0		No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR 595 WEST STATE STREET DOYLESTOWN, PA18901 23-1352174	FITNESS CNTR	PA		C CORP			

Part V Transactions with Related Organizations

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

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

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	DOYLESTOWN HEALTH FOUNDATION	C	4,311,465
(2)	DOYLESTOWN HEALTH FOUNDATION	B	586,380
(3)	DOYLESTOWN HEALTH FOUNDATION	N	760,803
(4)	VIA AFFILIATES	D	259,269
(5)	DOYLESTOWN HEALTH FOUNDATION	D	218,259
(6)	DOYLESTOWN HEALTH FOUNDATION	C	5,354,138
(7)	DOYLESTOWN HEALTH FOUNDATION	K	474,831
(1)	**See Additional Data Table**		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	DOYLESTOWN HEALTH FOUNDATION	C	4,311,465
(2)	DOYLESTOWN HEALTH FOUNDATION	B	586,380
(3)	DOYLESTOWN HEALTH FOUNDATION	N	760,803
(4)	VIA AFFILIATES	D	259,269
(5)	DOYLESTOWN HEALTH FOUNDATION	D	218,259
(6)	DOYLESTOWN HEALTH FOUNDATION	C	5,354,138
(7)	DOYLESTOWN HEALTH FOUNDATION	K	474,831

Additional Data

Software ID:
Software Version:
EIN: 23-1352174
Name: DOYLESTOWN HOSPITAL

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN DELLA RODOLFA , CHAIR - DIRECTOR	3 0	X		X				0	0	0
JEAN LEISTER , VICE CHAIR - DIRECTOR	3 0	X		X				0	0	0
WHITNEY CHANDOR , SECRETARY - DIRECTOR	3 0	X		X				0	0	0
JOAN PARLEE , TREASURER - DIRECTOR	3 0	X		X				0	0	0
CAROLYN SADOWSKI , ASST SEC/ASST TREASURER - DIR	3 0	X		X				0	0	0
GREGORY GALLANT MD , DIRECTOR	3 0	X						10,500	0	0
ALEX GORSKY , DIRECTOR	3 0	X						0	0	0
KATHRYN LAMBERT , DIRECTOR	3 0	X						0	0	0
RICHARD LAMBERT , DIRECTOR	3 0	X						0	0	0
SCOTT LEVY MD , DIRECTOR - CMO	55 0	X		X				352,832	0	164,560
BRIAN MCLEOD , DIRECTOR	3 0	X						0	0	0
MICHAEL G MOORADD MD , DIRECTOR	3 0	X						0	0	0
RICHARD A REIF , DIRECTOR - PRESIDENT/CEO	55 0	X		X				419,856	160,638	115,486
FRED SCHEA CPA CMA , DIRECTOR	3 0	X						0	0	0
KAREN SIMON , DIRECTOR	3 0	X						0	0	0
PAT SKOWYRA , DIRECTOR	3 0	X						0	0	0
JOHN SOFFRONOFF , DIRECTOR	3 0	X						0	0	0
MARJORIE VANSANT , DIRECTOR	3 0	X						0	0	0
DONNA WALKER , DIRECTOR	3 0	X						0	0	0
ELEANOR WILSON RN MSN MHA , DIRECTOR - VP PATIENT SERVICES	55 0	X		X				270,397	0	142,871
JAMES C BROWNLOW , CHIEF OPERATING OFFICER	55 0			X				322,333	0	58,277
DANIEL L UPTON , CHIEF FINANCIAL OFFICER	55 0			X				12,270	0	43,900
RICHARD LANG , VP INFORMATION MANAGEMENT	55 0			X				175,556	0	75,519
BARBARA HEBEL , VP HUMAN RESOURCES	55 0			X				174,916	0	63,607
LINDA PLANK , VP DEVELOPMENT	55 0			X				170,622	0	53,037
KENNETH CONFALONE , EXECUTIVE DIRECTOR PINE RUN	55 0				X			195,248	0	89,691
DOMINIC F PANACIO , DIRECTOR PURCHASING	55 0				X			99,829	0	19,052
JOHN MITCHELL , DIRECTOR HEART CENTER	55 0					X		195,449	0	38,572
LOUIS IOBBI , DIRECTOR PHARMACY	55 0					X		160,466	0	25,372
CATHERINE PORTER , REGISTERED NURSE	55 0					X		146,665	0	28,386

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SHERI PUTNAM , EXECUTIVE DIRECTOR - BCPHA	55 0					X		134,937	0	22,019
PATRICIA STOVER , EXECUTIVE DIRECTOR NURSING	55 0					X		131,566	0	18,469
DOUGLAS M BOYLE , FORMER CHIEF FINANCIAL OFFICER	0 0						X	280,905	0	24,607