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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ 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 $ 235,728,420

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 Website: ▶ WWW DH ORG

K Form 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 net 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**	15
5	Total number of employees (Part V, line 2a)	**5**	2,712
6	Total number of volunteers (estimate if necessary)	**6**	855
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**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)	4,903,860	2,649,908
9	Program service revenue (Part VIII, line 2g)	235,481,834	230,778,344
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,367,691	-1,983,285
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,899,348	3,038,237
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	244,652,733	234,483,204
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	586,380	2,339,770
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)	115,888,595	119,376,747
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)	115,174,489	113,129,442
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	231,649,464	234,845,959
19	Revenue less expenses Subtract line 18 from line 12	13,003,269	-362,755

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	298,600,428	308,915,604
21	Total liabilities (Part X, line 26)	216,887,989	223,750,755
22	Net assets or fund balances Subtract line 21 from line 20	81,712,439	85,164,849

Part II Signature Block

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

Sign Here

****** | 2011-05-11
Signature of officer | Date

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 identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WITHUMSMITHBROWN PC 465 SOUTH STREET SUITE 200 MORRISTOWN, NJ 07960			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

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, CREED, SEX, 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 501(c)(4) organizations and section 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 $ 127,057,657 including grants of $ 0) (Revenue $ 111,969,629)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY INPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 15,388 ADMISSIONS FOR A TOTAL OF 55,409 PATIENT DAYS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 52,515,960 including grants of $ 0) (Revenue $ 66,418,019)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OUTPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 181,687 PATIENT ENCOUNTERS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code) (Expenses $ 14,168,167 including grants of $ 0) (Revenue $ 15,604,515)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY ROOM SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 33,982 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 $ 31,813,764 including grants of $ 2,339,770) (Revenue $ 36,786,181)

4e **Total program service expenses** ▶ $ 225,555,548

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *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 U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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 sections 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	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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**	200		
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**	2,712		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, 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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	20		
b	Enter the number of voting members that are independent	1b	15		
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	No
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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	Yes	

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	5,169,521	167,638	804,623

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 49

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
THE NORWOOD COMPANY 375 TECHNOLOGY DRIVE MALVERN, PA 19355	CONSTRUCTION	13,088,757
PARLEE AND TATEM RADIOLOGICAL ASSOC 595 WEST STATE STREET DOYLESTOWN, PA 18901	MEDICAL	4,807,008
DOYLESTOWN ANESTHESIA ASSOCIATES 5039 SWAMP ROAD FOUNTAINVILLE, PA 18923	MEDICAL	3,910,222
DOYLESTOWN EMERGENCY ASSOCIATES 595 WEST STATE STREET DOYLESTOWN, PA 18901	MEDICAL	1,374,810
PRICEWATERHOUSE COOPERS PO BOX 7247-8001 PHILADELPHIA, PA 19170	ACCOUNTING	909,718

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 16

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 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	2,067,364			
	e	Government grants (contributions)	1e	8,415			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	574,129			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		2,649,908			
Program Service Revenue			Business Code				
	2a	HOSPITAL DIVISION	900,099	199,497,904	199,497,904		
	b	PINE RUN DIVISION	900,099	15,617,468	15,617,468		
	c	RADIOLOGY GROUP	900,099	1,492,162	1,492,162		
	d	OTHER HEALTHCARE RELATED REVENUE	900,099	14,170,810	14,170,810		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		230,778,344			
	3	Investment income (including dividends, interest and other similar amounts)		-2,944,330			-2,944,330
	4	Income from investment of tax-exempt bond proceeds		506,261			506,261
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	21,500				
	b	Less rental expenses					
	c	Rental income or (loss)	21,500				
	d	Net rental income or (loss)		21,500			21,500
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		1,700,000			
	b	Less cost or other basis and sales expenses		1,245,216			
	c	Gain or (loss)		454,784			
	d	Net gain or (loss)		454,784			454,784
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	CHILDRENS VILLAGE	900,099	1,704,446			1,704,446
	b	CAFETERIA	722,210	987,562			987,562
	c	SNACK BAR	722,210	203,926			203,926
	d	All other revenue		120,803			120,803
	e	**Total.** Add lines 11a–11d		3,016,737			
	12	**Total revenue.** See Instructions		234,483,204	230,778,344		1,054,952

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	2,339,770	2,339,770		
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	4,857,458	4,614,585	242,873	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	88,705,032	86,930,931	1,774,101	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,323,686	5,310,581	13,105	
9	Other employee benefits	13,742,917	12,425,336	1,317,581	
10	Payroll taxes	6,747,654	6,274,429	473,225	
11	Fees for services (non-employees)				
a	Management	484,555	342,708	141,847	
b	Legal	673,763	208,843	464,920	
c	Accounting	973,047	290,738	682,309	
d	Lobbying	32,789		32,789	
e	Professional fundraising *See Part IV, line 17*	0			
f	Investment management fees	152,027	152,027		
g	Other	0			
12	Advertising and promotion	769,826	737,437	32,389	
13	Office expenses	46,454,316	45,975,505	478,811	
14	Information technology	89,675		89,675	
15	Royalties	0			
16	Occupancy	6,339,527	6,285,730	53,797	
17	Travel	287,753	275,799	11,954	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	177,862	83,416	94,446	
20	Interest	4,229,732	4,229,732		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,023,770	17,023,770		
23	Insurance	446,335	432,361	13,974	
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	12,712,427	10,896,228	1,816,199	0
b	EQUIPMENT RENTAL AND MAINT	7,382,608	7,276,413	106,195	0
c	PHYSICIAN FEES	4,146,850	3,601,251	545,599	0
d	PROVISION FOR BAD DEBTS	3,501,026	3,501,026	0	0
e	OTHER EXPENSES	7,251,554	6,346,932	904,622	0
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	234,845,959	225,555,548	9,290,411	0
26	**Joint costs.** Check here ▶ ☐ 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	
	2	Savings and temporary cash investments		30,892,579	2	23,332,728
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		19,371,266	4	24,885,883
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		4,797,426	8	5,074,778
	9	Prepaid expenses and deferred charges		3,517,963	9	2,533,192
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 377,744,798			
	b	Less accumulated depreciation	10b 197,590,889	137,430,727	10c	180,153,909
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		94,734,996	13	66,023,504
	14	Intangible assets		3,517,963	14	3,292,304
	15	Other assets See Part IV, line 11		4,337,508	15	3,619,306
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		298,600,428	16	308,915,604
Liabilities	17	Accounts payable and accrued expenses		55,570,815	17	54,501,060
	18	Grants payable			18	
	19	Deferred revenue		5,477,435	19	5,418,502
	20	Tax-exempt bond liabilities		150,783,411	20	143,914,549
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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		180,840	23	7,921,717
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		4,875,488	25	11,994,927
	26	**Total liabilities.** Add lines 17 through 25		216,887,989	26	223,750,755
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		66,075,949	27	70,369,538
	28	Temporarily restricted net assets		6,154,822	28	5,385,294
	29	Permanently restricted net assets		9,481,668	29	9,410,017
		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		81,712,439	33	85,164,849
	34	Total liabilities and net assets/fund balances		298,600,428	34	308,915,604

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

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

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

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

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

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN DELLA RODOLFA CHAIR - DIRECTOR	30	X		X				0	0	0
JEAN P LEISTER VICE CHAIR - DIRECTOR	30	X		X				0	0	0
WHITNEY CHANDOR SECRETARY - DIRECTOR	30	X		X				0	0	0
JOAN PARLEE TREASURER - DIRECTOR	30	X		X				0	0	0
CAROLYN SADOWSKI ASST SEC/ASST TREASURER - DIR	30	X		X				0	0	0
WILLIAM E BOGER CPA DIRECTOR	30	X						0	0	0
MARIANNE E CHABOT DIRECTOR	30	X						0	0	0
BETTY DIEM DIRECTOR	30	X						0	0	0
GREGORY GALLANT MD DIRECTOR	30	X						14,000	0	0
BARBARA KIEFFER DIRECTOR	30	X						0	0	0
KATHRYN LAMBERT DIRECTOR	30	X						0	0	0
SCOTT S LEVY MD DIRECTOR - VP CMO	550	X		X				368,583	0	126,496
BRIAN MCLEOD DIRECTOR	30	X						0	0	0
MICHAEL G MOORADD MD DIRECTOR	30	X						0	0	0
RICHARD A REIF DIRECTOR - PRESIDENT/CEO	550	X		X				440,204	167,638	71,289
FREDERICK E SCHEA CPA CMA DIRECTOR	30	X						0	0	0
KAREN L SIMON DIRECTOR	30	X						0	0	0
JOHN SOFFRONOFF DIRECTOR	30	X						0	0	0
DENNIS WALSH DIRECTOR	30	X						0	0	0
ELEANOR WILSON RN MSN MHA DIRECTOR - VP PATIENT SERVICES	550	X		X				1,260,054	0	59,421
JAMES C BROWNLOW CHIEF OPERATING OFFICER	550			X				317,355	0	64,311
DANIEL L UPTON CHIEF FINANCIAL OFFICER	550			X				308,812	0	138,212
RICHARD LANG VP INFORMATION MANAGEMENT	550			X				179,384	0	63,779
BARBARA HEBEL VP HUMAN RESOURCES	550			X				181,870	0	67,263
LINDA PLANK VP DEVELOPMENT	550			X				457,979	0	42,959

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KENNETH CONFALONE EXECUTIVE DIRECTOR PINE RUN	55 0				X			640,904	0	54,584
JOHN MITCHELL DIRECTOR HEART CENTER	55 0					X		196,425	0	39,269
LOUIS IOBBI DIRECTOR PHARMACY	55 0					X		159,023	0	26,049
STEVEN DAY JR DIRECTOR OF RISK SERVICES	55 0					X		155,984	0	9,014
SHERI PUTNAM EXECUTIVE DIRECTOR - BCPHA	55 0					X		140,455	0	22,572
PATRICIA STOVER EXECUTIVE DIRECTOR NURSING	55 0					X		125,761	0	19,405
DOUGLAS M BOYLE FORMER CHIEF FINANCIAL OFFICER	0 0						X	222,728	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED SERVICES	12,712,427	10,896,228	1,816,199	0
EQUIPMENT RENTAL AND MAINT	7,382,608	7,276,413	106,195	0
PHYSICIAN FEES	4,146,850	3,601,251	545,599	0
PROVISION FOR BAD DEBTS	3,501,026	3,501,026	0	0
OTHER EXPENSES	7,251,554	6,346,932	904,622	0

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(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 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) 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 1c through 1i)?		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 similar means?	Yes		8,727
i	Other activities? If "Yes," describe in Part IV	Yes		24,062
j	Total lines 1c through 1i			32,789
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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 (see instructions)	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, 2010, THE ORGANIZATION PAID AN OUTSIDE LOBBYING FIRM $8,727 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 $24,062 DURING THE FISCAL YEAR ENDED JUNE 30, 2010

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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	15,636,490	24,578,758			
b Contributions	3,501	1,139,266			
c Investment earnings or losses	-18,618	-7,546,823			
d Grants or scholarships					
e Other expenditures for facilities and programs	826,062	2,534,711			
f Administrative expenses					
g End of year balance	14,795,311	15,636,490			

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

- a Board designated or quasi-endowment ▶ **36.000 %**
- b Permanent endowment ▶ **64.000 %**
- 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) Accumulated depreciation	(d) Book value
1a Land		15,276,375		15,276,375
b Buildings		228,597,402	96,694,907	131,902,495
c Leasehold improvements		3,220,290	1,744,391	1,475,899
d Equipment		130,650,731	99,151,591	31,499,140
e Other		0	0	0
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				180,153,909

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
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	48,626	F
USE	43,014,554	F
DEBT SERVICE FUND, LIMITED USE	0	F
LIMITED USE	7,506,750	F
CONSTRUCTION FUND, LIMITED USE	1,194,481	F
FOUNDATION	11,857,488	F
INVESTMENTS IN OTHER ENTITIES	2,401,605	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	66,023,504	

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PAYOR SETTLEMENTS	1,247,322
OTHER LIABILITIES	8,866,983
DUE TO AFFILIATED ENTITIES, NET	1,880,622
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	11,994,927

2. Fin 48 Footnote 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	234,483,204
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	234,845,959
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-362,755
4	Net unrealized gains (losses) on investments	4	3,828,397
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-13,232
9	Total adjustments (net) Add lines 4 - 8	9	3,815,165
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,452,410

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	236,088,709
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,828,397		
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	3,828,397
3	Subtract line **2e** from line **1**			3	232,260,312
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	152,027		
b	Other (Describe in Part XIV)	4b	2,070,865		
c	Add lines **4a** and **4b**			4c	2,222,892
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	234,483,204

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

1	Total expenses and losses per audited financial statements			1	234,693,932
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	234,693,932
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	152,027		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	152,027
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	234,845,959

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS AFFILIATES
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE YEARS ENDED JUNE 30, 2009 AND JUNE 30, 2010, RESPECTIVELY THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S YEAR ENDED JUNE 30, 2010 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX PROVISIONS UNDER FIN 48 A TAX POSITION IS RECOGNIZED OR DERECOGNIZED BY THE CORPORATION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE CORPORATION DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE MATERIAL UNCERTAIN TAX POSITIONS
RECONCILIATION OF CHANGE IN NET ASSETS TO AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 8	OTHER CHANGES IN NET ASSETS INCLUDE - NET ASSETS RELEASED FROM RESTRICTIONS USED FOR PURCHASES OF PROPERTY, PLANT AND EQUIPMENT - $22,091 - OTHER CHANGES IN ACCRUED PENSION - $809,357 - NET ASSETS RELEASED FROM TEMPORARY RESTRICTIONS - ($826,062) - INCREASE IN DUE FROM DOYLESTOWN HEALTH FOUNDATION, TEMPORARILY RESTRICTED - $53,033 - DECREASE IN DUE FROM DOYLESTOWN HEALTH FOUNDATION, PERMANENTLY RESTRICTED - ($71,651)
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 4B	OTHER RECONCILIATION ITEMS INCLUDED ON FORM 990, PART VIII, LINE 12 BUT NOT ON LINE 1 INCLUDE - NET TRANSFERS FROM THE DOYLESTOWN HEALTH FOUNDATION - $2,067,364 - TEMPORARILY RESTRICTED CONTRIBUTIONS - $3,501

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

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

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	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 Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			1,898,938	174,467	1,724,471	0 750 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			10,716,409	4,043,880	6,672,529	2 890 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			12,615,347	4,218,347	8,397,000	3 640 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			3,381,106	101,941	3,279,165	1 420 %
f Health professions education (from Worksheet 5)			761,639	0	761,639	0 330 %
g Subsidized health services (from Worksheet 6)			10,738,792	8,590,928	2,147,864	0 930 %
h Research (from Worksheet 7)			755,500	651,652	103,848	0 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			201,330	0	201,330	0 090 %
j **Total** Other Benefits			15,838,367	9,344,521	6,493,846	2 810 %
k **Total.** Add lines 7d and 7j			28,453,714	13,562,868	14,890,846	6 450 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(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

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	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	773,772		
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	432,208		
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, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	52,690,432		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	59,701,445		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-7,011,013		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
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	Yes	

Part IV Management Companies and Joint Ventures

	(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	DOYLESTOWN RADIOLOGY				
2	GROUP LP	RADIOLOGY SERVICES	51 000 %		49 000 %
3	DOYLESTOWN SURGICAL				
4	CENTER LLC	MEDICAL SERVICES	60 000 %		40 000 %
5	DOYLESTOWN PET				
6	ASSOCIATES LLC	MEDICAL SERVICES	49 000 %		51 000 %
7	PAVILION I MOB LLC	MEDICAL OFFICE BUILDING	23 300 %	5 000 %	35 010 %
8	PAVILION II MOB LLC	MEDICAL OFFICE BUILDING	25 500 %		48 500 %
9					
10					
11					
12					
13					
14					

Part V Facility Information

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 & DIAGNOSTIC HOSPITAL STUDIES
DOYLESTOWN SURGICAL CENTER LLC 847 EASTON ROAD SUITE 1400 WARRINGTON,PA 18974									SURGERY CENTER
PINE RUN COMMUNITY 777 FERRY ROAD DOYLESTOWN,PA 18901									SENIOR LIVING - INDEPENDENT NURSING HOME, ASSTD LIVING

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

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

See additional data

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

CHARITY CARE SIGNS ARE POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A FINANCIAL COUNSELOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS

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

DOYLESTOWN HOSPITAL SERVES A GEOGRAPHIC AREA THAT SPANS RURAL AND SUBURBAN TOWNSHIPS AND DENSELY POPULATED TOWNS IT IS SITUATED IN DOYLESTOWN TOWNSHIP, ON THE BORDER WITH DOYLESTOWN BOROUGH, THE BUCKS COUNTY SEAT OF GOVERNMENT BUCKS COUNTY IS AMONG THE MOST POPULATED AND FASTEST GROWING COUNTIES IN PENNSYLVANIA WITH APPROXIMATELY 630,000 RESIDENTS THE POPULATION IS PREDOMINATELY CAUCASIAN (90%) WITH A LIKE NUMBER OF AFRICAN AMERICAN, ASIAN AND HISPANIC RESIDENTS ABOUT 6% OF THE POPULATION LIVES BELOW THE FEDERAL POVERTY LEVEL

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

See additional data

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)

See additional data

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

See additional data

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

Additional Data

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

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THE MISSION OF DOYLESTOWN HOSPITAL 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 PROVIDING HEALTHCARE FOR ALL COMMUNITY MEMBERS WAS ONE OF THE PRINCIPLE GOALS OF THE VILLAGE IMPROVEMENT ASSOCIATION (VIA) THE VIA TRADITION OF ENSURING ACCESS TO HEALTHCARE FOR ALL COMMUNITY MEMBERS CONTINUES TODAY AT DOYLESTOWN HOSPITAL NO LONGER SHOULD PATIENTS AVOID SEEKING CARE BECAUSE THEY THINK THEY CANNOT AFFORD IT DOYLESTOWN HOSPITAL HONORS THIS PROMISE TODAY FOR ALL PATIENTS REGARDLESS OF ABILITY TO PAY TO HELP THOSE WHO ARE UNISURED OR UNDERINSURED, DOYLESTOWN HOSPITAL OFFERS THE HEALTHCARE FINANCIAL ASSISTANCE PROGRAM THIS PROGRAM OFFERS A VARIETY OF ASSISTANCE, COUNSELING AND FINANCING OPTIONS TO HELP EASE THE WORRY ABOUT HEALTHCARE COSTS EVEN FOR PATIENTS WHO DO NOT QUALIFY FOR FREE HEALTHCARE SERVICES, DOYLESTOWN HOSPITAL PROVIDES OPTIONS TO HELP WITH HEALTHCARE COSTS IN THESE SITUATIONS, FINANCIAL COUNSELORS HELP TO DETERMINE THE AVAILABLE OPTIONS (FINANCING, SLIDING SCALE AND CHARITY CARE ALLOWANCES TO REDUCE THE PATIENT BALANCE) A VARIETY OF FACTORS AND CRITERIA ARE CONSIDERED - PATIENT/GUARANTOR HAS NO GOVERNMENTAL OR PRIVATE INSURANCE COVERAGE FOR MEDICALLY NECESSARY SERVICES - PATIENT/GUARANTOR HAS EXHAUSTED ANY INSURANCE BENEFITS AND HAS BECOME MEDICALLY INDIGENT - CIRCUMSTANCES HAVE CHANGED THAT CASUED THE PATIENT/GUARANTOR TO NO LONGER HAVE THE MEANS TO PAY AN EXISTING LIABILITY, EITHER CURRENT OR DELINQUENT - SLIDING SCALE FINANCIAL ASSISTANCE DISCOUNTS ARE PROVIDED BASED ON FAMILY SIZE, INCOME LEVEL, BALANCE DUE IN PROPORTION TO INCOME AFTER RECONCILIATION WITH PUBLIC OR PRIVATE INSURERS - PATIENTS WITH FAMILY INCOME AT OR BELOW 100% OF THE PUBLISHED POVERTY GUIDELINES ARE SCREENED FOR ELIGIBILITY FOR MEDICAID BASED ON CURRENT STATE ELIGIBILITY CRITERIA - PATIENTS WHOSE FAMILY INCOME IS BETWEEN 100% AND 200% OF THE PUBLISHED POVERTY GUIDELINES WILL HAVE BALANCES REDUCED FOR FULL FINANCIAL ASSISTANCE (FREE CARE) - PATIENTS WHOSE FAMILY INCOME FALLS BETWEEN 250% AND 1000% OF THE PUBLISHED FEDERAL POVERTY GUIDELINES WILL BE ELIGIBLE FOR DISCOUNTED SERVICE ACCORDING TO ANNUAL SLIDING SCALE DISCOUNT MODEL - THOSE PATIENTS WHO APPEAR ELIGIBLE FOR CHARITY CARE BUT THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE DUE TO A LACK OF SUPPORTING DOCUMENTATION MAY BE GRANTED UP TO A 100% WRITE-OFF OF THE ACCOUNT BALANCE PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED THROUGH THE USE OF AN OUTSIDE SERVICE PROVIDING A HEALTHCARE CREDIT REPORT PESUMPTIVE ELIGIBILITY MAY ALSO BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE STATE FUNDED PRESCRIPTION PROGRAMS, HOMELESS OR RECEIVING CARE FROM A HOMELESS CLINIC, PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM, FOOD STAMP ELIGIBILITY, SUBSIDIZED SCHOOL LUNCH PROGRAM, ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED, LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS VALID ADDRESS, PATIENT IS DECEASED WITH NO KNOWN ESTATE, ELIGIBILITY FOR ANN SILVERMAN COMMUNITY HEALTH CLINIC FREE HEALTHCARE - UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A 50% SELF-PAY DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED FINANCIAL COUNSELING IS OFFERED AT THE TIME OF SERVICE, IF POSSIBLE, AND ALL UNINSURED PATIENTS RECEIVE INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM UNINSURED DISCOUNTS AND SLIDING SCALE ALLOWANCES ARE GRANTED AS APPROPRIATE, AT THE TIME OF SERVICE, OR AFTERWARD THE ORGANIZATION AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION CHARITY CARE THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES UNREIMBURSED CHARGES FROM MEDICAL ASSISTANCE PROGRAMS ON BEHALF OF PATIENTS THAT MEET THE HOSPITAL'S CHARITY CARE CRITERIA ARE ALSO CONSIDERED CHARITY CARE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, AND ESTABLISHES RESERVES FOR THESE AMOUNTS ACCORDINGLY, SUCH AMOUNTS ARE NOT REPORTED AS REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS THE AMOUNT OF CHARGES FORGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THE HOSPITAL'S CHARITY CARE POLICY ARE SUMMARIZED IN THE FOLLOWING TABLE YEAR ENDED JUNE 30, 2010 2009 UNREIMBURSED CHARGES FROM MEDICAL $ 10,655,521 $ 9,940,370 ASSISTANCE PROGRAMS FREE CARE AND FINANCIAL ASSISTANCE 3,977,223 1,099,254 ---------- ---------- $ 14,632,744 $ 11,039,624

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PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

AMOUNTS WERE CALCULATED USING A COST ACCOUNTING SYSTEM

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS OR PRACTICES

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $3,501,026

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BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM THE FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES, AND NET OF ACCOUNTS SUBSEQUENTLY IDENTIFIED FOR PRESUMPTIVE ELIGIBILITY FOR FREE CARE THE ORGANIZATION AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION AND ITS AFFILIATES THE ORGANIZATION AND ITS AFFILIATES PREPARE AND ISSUE AUDITED CONSOLIDATED FINANCIAL STATEMENTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS (BAD DEBT EXPENSE) METHODOLOGY AND CHARITY CARE POLICIES ARE CONSISTENTLY APPLIED ACROSS ALL HOSPITAL AFFILIATES THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF THE ORGANIZATION ALLOWANCE FOR DOUBTFUL ACCOUNTS THE CORPORATION PROVIDES AN ALLOWANCE FOR ESTIMATED LOSSES RESULTING FROM UNCOLLECTIBLE ACCOUNTS ACCOUNTS RECEIVABLE ARE CHARGED OFF AGAINST THE RESERVE FOR DOUBTFUL ACCOUNTS WHEN MANAGEMENT DETERMINES THAT RECOVERY IS UNLIKELY AND THE HOSPITAL CEASES COLLECTION EFFORTS DURING THE YEAR ENDED JUNE 30 2010, THE CORPORATION REFINED ITS METHODOLOGY FOR ESTIMATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED ON AN EVALUATION OF THE CORPORATION'S CURRENT COLLECTION PATTERNS, WHICH REQUIRED A CHANGE IN ESTIMATE OF $1,900,000 TO REDUCE THE PROVISION FOR BAD DEBTS FOR THE YEAR ENDED JUNE 30, 2010 AT JUNE 30, 2010, THE CORPORATION ESTIMATED THE REQUIRED ALLOWANCE USING THE NEW BALANCE SHEET BASED RESERVE MODEL, WHICH UTILIZED CURRENT COLLECTION PATTERNS AND HINDSIGHT DATA

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Form 990 Schedule H, Part VI - Supplemental Information, Line 1

MEDICARE COSTS WERE DERIVED USING THE HOSPITAL'S COST ACCOUNTING SYSTEM THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBTS ARE COMMUNITY BENEFIT AND A SSOCIATED COSTS SHOULD BE INCLUDED ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE F ULLY BELOW THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEA LTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CH ARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVI CES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREE D, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY AND CONSISTENT WITH THE COMMUNITY BENE FIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDAR D FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNA L REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AN D CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN T HE TAX CODE FOR THE TERM "CHARITABLE" A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TR EASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES , INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND T HE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS TH E ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE OR IGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDA RD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITA LS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CH ARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHA SIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE S UCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LE VEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURRO UNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREME NTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STAN DARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD ," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICA RE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEO PLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITAB LE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) TH E IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVAN CEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THA T IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF T HE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSP ITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE C OMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITI

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ES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEG ES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS THE ORGANIZATION BELIEVES THAT MEDICARE UND ERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDBALE ON THE F ORM 990, SCHEUDLE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDIC ARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON TH E FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINE D IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED D RAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYME NTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING C ARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BE NEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, M EDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DO LLAR THEY SPEND TO TAKE CARE OF MED ICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPO RT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10 -YEAR LOW AT NEGATIVE 5 4% - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPART S, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME I S BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES " THERE IS EVERY COMPELLING PUBLI C POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A H OSPITAL'S COMMUNITY BENEFIT AND INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDIC ARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMM UNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNI TY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATIO N ALSO BELIEVE THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FOR M 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELL ING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS F OLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR THE HOSPITAL'S CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFI CE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIA L PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPIT AL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNIT Y AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABI LITY TO PAY PATIENTS WHO HAVE OUTSTANDING HOSPITAL INVOICES ARE NOT TURNED AWAY, UNLIKE O THER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON R EPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOC UMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BE NEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AR OUND THE NATION REINFORCES THAT THEY ARE

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ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF THE DOYLESTOWN HOSPITAL AND ITS RELATED ENTITIES TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE OR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE 'SELF-PAY" AND/OR ACCOUNTS WITH BALANCES AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES REASONABLE AND CUSTOMARY EFFORTS TO COLLECT PATIENT BALANCES, INCLUDING CONTACT BY TELEPHONE, LETTER AND/OR ACCOUNT STATEMENTS NO LESS THAN 90 DAYS FROM THE FIRST BILLING NOTICE SENT TO A PATIENT, POTENTIAL BAD DEBT ACCOUNTS ARE REVIEWED BY AN ACCOUNT REPRESENTATIVE, AND A PRE-COLLECTION LETTER/FINAL NOTICE IS MAILED TO THE PATIENT/GUARANTOR AS APPROPRIATE AFTER 15 DAYS, ANY ACCOUNTS OVER $15 WITH NO RESPONSE ARE PLACED WITH A CONTRACTED OUTSIDE COLLECTION AGENCY THE FACILITY ALSO HAS A FINANCIAL ASSISTANCE POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A FINANCIAL COUNSELOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE PROVIDED WITH INFORMATION REGARDING OTHER OPTIONS UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A 50% UNINSURED DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED AT THE TIME OF THE PATIENT VISIT AND PART OF THE REGISTRATION PROCESS AT THE FACILITY THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SUPPLEMENTAL SECURITY INCOME, - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE DOYLESTOWN HOSPITAL FINANCIAL ASSISTANCE PROGRAM, - CASH, CHECK, CREDIT CARD, - PROMPT PAY DISCOUNTS, - INTEREST-FREE PAYMENT PLANS

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NOT APPLICABLE

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

PLEASE NOTE THAT THE COMMUNITY BENEFIT EXPENSES USED IN THE DENOMINATOR OF THE CALCULATION FOR THE HOSPITAL'S COMMUNITY BENEFIT PERCENTAGE INCLUDE THE EXPENSES FOR PINE RUN RETIREMENT COMMUNITY AND DOYLESTOWN RADIOLOGY GROUP, L P , BOTH ENTITIES INCLUDED AS DIVISIONS OF DOYLESTOWN HOSPITAL IN ITS AUDITED FINANCIAL STATEMENTS, WHICH PROVIDE LITTLE OR NO COMMUNITY BENEFIT SUPPORT THE HOSPITAL'S COMMUNITY BENEFIT PERCENTAGE WOULD INCREASE TO 7 31% IF ONLY THE ACTUAL EXPENSES OF THE HOSPITAL ARE USED

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

NOT APPLICABLE THE ENTITY AND RELATED PROVIDER ORGANIZATIONS ARE LOCATED IN BUCKS COUNTY, PENNSYLVANIA
NO COMMUNITY BENEFIT REPORT IS FILED WITH THE COMMONWEALTH OF PENNSYLVANIA

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

DOYLESTOWN HOSPITAL CONDUCTS REGULAR REVIEWS OF HEALTHCARE UTILIZATION IN ITS SERVICE AREA FOR BOTH CLINICAL QUALITY AND TO DETERMINE PATIENT PREFERENCES CURRENT DATA ON SERVICE LINE UTILIZATION (CARDIOLOGY, OBSTETRICS AND GYNECOLOGY, ORTHOPEDICS, ETC) IS USED TO FORECAST HEALTHCARE NEEDS, TO ESTIMATE PROJECTED INPATIENT AND OUTPATIENT ACTIVITY,AND TO PLAN FOR CAPITAL AND STAFF RESOURCES TO BETTER MEET THE NEEDS OF OUR PATIENTS REAL-TIME REVIEWS OF QUALITY INDICATORS HELP TO IMPROVE SYSTEMS AND PROCESSES PATIENT AND VISITOR FEEDBACK, ALONG WITH QUARTERLY REVIEWS OF PATIENT SATISFACTION AND EXPERIENCE SURVEYS FOR EACH UNIT OF THE HOSPITAL, ARE INSTRUMENTAL IN PROCESS AND QUALITY IMPROVEMENT INITIATIVES EVERY TWO YEARS, DOYLESTOWN HOSPITAL CONDUCTS A SURVEY OF COMMUNITY MEMBERS, MEDICAL STAFF AND HOSPITAL BOARD MEMBERS AS PART OF ITS MEDICAL STAFF DEVELOPMENT PLAN RESPONSES TO THE SURVEY ARE THE BASIS FOR IDENTIFYING GAPS IN SPECIALIST AND/OR PRIMARY CARE MEDICAL SERVICES THE SURVEYS HELP GUIDE THE MEDICAL STAFF DEVELOPMENT COMMITTEE IN REVIEWING APPLICATIONS FOR MEMBERSHIP, AND DIRECT RECRUITING EFFORTS FOR SPECIALTIES IDENTIFIED BY THE SURVEY RESPONDENTS IN ADDITION, DOYLESTOWN HOSPITAL COOPERATES CLOSELY WITH THE BUCKS COUNTY DEPARTMENT OF HEALTH AND COMMUNITY PHYSICIANS TO MONITOR THE HEALTH NEEDS OF THE POPULATION AMONG THE MANY COMMUNITY HEALTH ORGANIZATIONS THE HOSPITAL WORKS WITH AND SUPPORTS IS THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, A COLLABORATION OF THE SEVEN HOSPITALS IN BUCKS COUNTY, ALONG WITH THE COUNTY HEALTH DEPARTMENT AND MEDICAL SOCIETY DOYLESTOWN HOSPITAL WAS A FOUNDING MEMBER OF THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

COMMUNITY BUILDING IS AT THE CORE OF DOYLESTOWN HOSPITAL'S MISSION IT IS THE ONLY HOSPITAL IN THE U S OWNED AND OPERATED BY A WOMEN'S CLUB, THE VILLAGE IMPROVEMENT ASSOCIATION THROUGHOUT ITS MORE THAN 100-YEAR HISTORY, THE VIA HAS BEEN A LEADER IN COMMUNITY ADVOCACY IT FOUNDED DOYLESTOWN HOSPITAL IN 1923 IN MORE RECENT YEARS, DOYLESTOWN HOSPITAL, ALONG WITH MEMBERS OF ITS MEDICAL STAFF, FOUNDED THE ANN SILVERMAN COMMUNITY HEALTH CLINIC TO SERVE THE NEEDS OF THE UNINSURED IN OUR COMMUNITY MORE THAN 1,100 PATIENTS WERE TREATED IN 2010 AT NO COST DOYLESTOWN HOSPITAL IS ACTIVELY ENGAGED WITH MANY COMMUNITY ORGANIZATIONS THAT PROMOTE THE HEALTH AND WELL BEING OF THE POPULATION, FROM BIRTH TO DEATH HOSPITAL EMPLOYEES ARE ENCOURAGED TO VOLUNTEER IN THEIR NEIGHBORHOODS THE HOSPITAL ALSO PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION PROGRAMS AND OUTREACH SESSIONS FOR PATIENTS AND MEMBERS OF THE COMMUNITY AS A WHOLE PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

THIS ORGANIZATION HOLDS AN ANNUAL BOARD MEETING OPEN TO THE PUBLIC THE MAJORITY OF THE BOARD OF TRUSTEES ARE MEMBERS OF THE VILLAGE IMPROVEMENT ASSOCIATION, OR COMMUNITY MEMBERS (INDIVIDUALS WITH LOCAL BUSINESSES OR WHOM RESIDE IN THE COMMUNITY) HOSPITAL STAFF MEMBERS SERVE ON THE BOARDS OF MANY LOCAL NOT-FOR-PROFIT ORGANIZATIONS AND PROVIDE OTHER FORMS OF SUPPORT (FUNDRAISING, ACTIVITY PARTICIPATION) ALL QUALIFIED PHYSICIANS ARE EXTENDED PRIVILEGES BY THEIR RESPECTIVE DEPARTMENTS UNDER THE DIRECTIVE OF THE ORGANIZATION'S CORPORATE FINANCE OFFICE, SURPLUS FUNDS ARE UTILIZED FOR CAPITAL PROJECTS TO IMPROVE SERVICES OR PURCHASE EQUIPMENT WHICH IN TURN, BENEFIT THE COMMUNITY PLEASE ALSO REFER TO FORM 990, SCHEDULE O, WHICH CONTAINS THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT IN ADDITION PLEASE REFER TO THE "AFFILIATED HEALTH CARE SYSTEM ROLES" SECTION BELOW FOR A SUMMARY OF ALL ENTITIES WHICH COMPRISE THE VILLAGE IMPROVEMENT ASSOCIATION AND ITS CONTROLLED ENTITIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 7
Form 990 Schedule H, Part VI - Supplemental Information, Line 7

FOUNDED IN 1895, THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN ("THE ASSOCIATION") IS A NONPROFIT CORPORATION WHOSE MISSION IS TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF THE RESIDENTS OF THE DOYLESTOWN, PENNSYLVANIA AREA AND OVERSEE THE OPERATIONS OF ITS AFFILIATE D CORPORATIONS BY ACTING AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, THE ASSOCIATION STRIVES TO CONTINUALLY DEVELOP AND OPERATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING BUCKS AND MONTGOME RY, PENNSYLVANIA AND HUNTERDON AND MERCER, NEW JERSEY DOYLESTOWN HOSPITAL ("THE HOSPITAL"), FOUNDED IN 1923, HAS AN OUTSTANDING REPUTATION FOR QUALITY OF CARE RECENTLY, THE HOSPI TAL WAS ONE OF ONLY 53 HOSPITALS NATIONWIDE TO RECEIVE BOTH PATIENT EXPERIENCE AND PATIENT SAFETY RECOGNITIONS THE ASSOCIATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENU E SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING OR GANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE ASSOCIATION ENSURES THAT ITS S YSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIM INATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES DOYLESTO WN HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULI NG 69-545 1 IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGAR DLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF- PAY, MEDICARE AND MEDICAID PATIENTS , 2 IT OPERATE AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 IT MAINTAIN AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAI LABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOA RD OF TRUSTEES OF THE SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND O THER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUAL ITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES THE ASSOCIATION CONTROLS THE DOYLESTOWN HEALTH FOUNDATION ("THE FOUNDATION") AND THE HOSPITAL THE FOUNDATION OWNS AND CONTROLS DOYLESTOWN HOSPITAL HEALTH AND WELLNESS CENTER, INC ("WELLNESS CENTER") AND VIA AFFILIATES THE FOLLOWING BRIEFLY DESCRIBES THEI R ACTIVITIES - THE FOUNDATION IS A NOT-FOR-PROFIT ENTITY RECOGNIZED BY THE INTERNAL REVEN UE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THAT COORDINATES, DIRECTS, AND MONI TORS THE HEALTHCARE OPERATIONS OF THE HOSPITAL AND THE ASSOCIATION'S AFFILIATES, RAISES FU NDS TO PROVIDE HEALTHCARE, AND MANAGES THE RESTRICTED FUNDS THE FOUNDATION ALSO IS INVOLV ED IN COMMUNITY OUTREACH PROGRAMS IN RESPONSE TO COMMUNITY HEALTH AND HUMAN SERVICE NEEDS THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAM S AND SERVICES OF THE HOSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGAN IZATION, THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON -DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY - THE HOSPITAL IS A NOT-FOR-PROFIT ENTITY THAT INCLUDES THE OPERATIONS OF THE HOSPITAL, PINE RUN RETIREMENT COMMUNITY (PINE RUN), AND DOYLESTOWN RADIOLOGY GROUP, L P THE HOSPITAL IS A 207-BED ACUTE CARE FACILITY THAT PROVIDES MEDICALLY NECESSARY HEALTHC ARE SERVICES TO THE SURROUNDING COMMUNITY IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RAC E, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, THE HOSPITAL OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 PINE RUN IS A 129-BED NURSING FACILITY (HEALTH CENTER), 107-BED ASSISTED LIVING FACILITY (LAKEVIEW), AND 300 INDEPENDENT LIVING UNITS (THE VILLAGE) IN BUCKS COUNTY DOYLESTOWN RADIOLOGY GROUP IS A PENNSYLVANIA LIMITED PARTNERSHIP THAT OPERATES A FREESTANDING MRI FACILITY IN HARTSV ILLE, PENNSYLVANIA THE HOSPITAL ALSO PROVIDES PERSONNEL AND ADMINISTRATIVE SERVICES TO TH E FOUNDATION - THE WELLNESS CENTER IS A PENNSYLVANIA CORPORATION, 100% OF WHOSE STOCK IS OWNED BY THE FOUNDATION THE WELLNESS CENTER OWNS AND OPERATES A SPA AND FITNESS CENTER FI VE MILES FROM THE MAIN HOSPITAL CAMPUS - VIA AFFILIATES IS A TAX-EXEMPT ORGANIZATION RECO GNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501 (C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) WHOSE PURPOSE IS TO SUPPORT THE EFFORTS OF THE HOSPITAL IN DEVELOPING AN INTEGRATED HEALTHCARE D ELIVERY SYSTEM - DOYLESTOWN SURGICAL CENTER IS A LIMITED LIABILITY COMPANY TAXED AS A PAR TNERSHIP DOYLESTOWN HOSPITAL AND A GROUP OF PHYSI

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

CIANS ARE THE PARTNERS IN THIS PARTNERSHIP WITH 60% AND 40% OWNERSHIP INTERESTS, RESPECTIV ELY - DOYLESTOWN RADIOLOGY GROUP, LP IS A PENNSYLVANIA LIMITED PARTNERSHIP THAT OPERATES A FREESTANDING MRI FACILITY IN HARTSVILLE, PENNSYLVANIA DOYLESTOWN HOSPITAL AND A GROUP O F PHYSICIANS ARE THE PARTNERS IN THIS PARTNERSHIP WITH 51% AND 49% OWNERSHIP INTERESTS, RE SPECTIVELY - PINE RUN IS A DIVISION WITHIN DOYLESTOWN HOSPITAL AND OPERATES JOINTLY AS A SINGLE 501(C)(3) TAX-EXEMPT ORGANIZATION PINE RUN INCLUDES A 127-BED NURSING FACILITY AND 40-BED PERSONAL CARE FACILITY, 107 ASSISTED LIVING BED FACILITY AND 300 INDEPENDENT LIVIN G UNITS IN BUCKS COUNTY, PENNSYLVANIA THE HOSPITAL SETS OVERALL POLICY REGARDING BILLING AND COLLECTIONS AND THE FACILITY RESPONSES PROVIDED ABOVE FOR PART I, LINE 3C, PART I, LIN E 6A, PART I, LINE 7G, PART I, LINE 7, COLUMN (F), PART I, LINE 7, PART III, LINE 4, PART III, LINE 8, PART III, LINE 9B REFLECT THAT POLICY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

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" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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	232368196	501(C)(3)	570,628				LEGACY BEQUESTS
VIA AFFILIATES595 WEST STATE STREET DOYLESTOWN,PA 18901	222368197	501(C)(3)	540,555				HOSPITALIST SUBSIDY
VIA AFFILIATES595 WEST STATE STREET DOYLESTOWN,PA 18901	222368197	501(c)(3)	1,228,587				CARDIOTHORACIC SUBS

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

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" to 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.

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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Retirement and other 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 reportable compensation				
SCOTT S LEVY MD	(i)	367,879	0	704	108,566	17,930	495,079	0
	(ii)	0	0	0	0	0	0	0
RICHARD A REIF	(i)	418,453	0	21,751	54,950	16,339	511,493	0
	(ii)	167,638	0	0	0	0	167,638	0
ELEANOR WILSON RN MSN MHA	(i)	285,709	0	974,345	41,950	17,471	1,319,475	972,941
	(ii)	0	0	0	0	0	0	0
JAMES C BROWNLOW	(i)	314,403	0	2,952	56,950	7,361	381,666	0
	(ii)	0	0	0	0	0	0	0
DANIEL L UPTON	(i)	299,143	9,000	669	128,955	9,257	447,024	0
	(ii)	0	0	0	0	0	0	0
RICHARD LANG	(i)	179,006	0	378	43,795	19,984	243,163	0
	(ii)	0	0	0	0	0	0	0
BARBARA HEBEL	(i)	181,501	0	369	49,881	17,382	249,133	0
	(ii)	0	0	0	0	0	0	0
LINDA PLANK	(i)	177,493	0	280,486	35,200	7,759	500,938	279,607
	(ii)	0	0	0	0	0	0	0
KENNETH CONFALONE	(i)	201,640	0	439,264	38,299	16,285	695,488	436,977
	(ii)	0	0	0	0	0	0	0
JOHN MITCHELL	(i)	192,254	0	4,171	21,567	17,702	235,694	0
	(ii)	0	0	0	0	0	0	0
LOUIS IOBBI	(i)	155,981	0	3,042	11,919	14,130	185,072	0
	(ii)	0	0	0	0	0	0	0
STEVEN DAY JR	(i)	155,984	0	0	0	9,014	164,998	0
	(ii)	0	0	0	0	0	0	0
SHERI PUTNAM	(i)	139,995	0	460	15,015	7,557	163,027	0
	(ii)	0	0	0	0	0	0	0
DOUGLAS M BOYLE	(i)	0	0	222,728	0	0	222,728	0
	(ii)	0	0	0	0	0	0	0

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	PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM EACH INDIVIDUAL'S 2009 FORM W-2 AND FORM 1099-MISC, IF APPLICABLE
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4A	DOUGLAS M BOYLE, FORMER CHIEF FINANCIAL OFFICER OF THE ORGANIZATION, RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF $222,728 THIS AMOUNT WAS INCLUDED IN HIS 2009 FORM W-2, AS TAXABLE MEDICARE WAGES
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4B	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 2009 FORM W-2, AS TAXABLE WAGES SCOTT LEVY, M D , $71,216, DANIEL L UPTON, $110,565, RICHARD LANG, $16,305 AND BARBARA HEBEL, $13,733
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 7	THE FOLLOWING INDIVIDUAL RECEIVED A SIGN-ON BONUS DURING CALENDAR YEAR 2009 WHICH BONUS AMOUNT WAS INCLUDED IN COLUMN B (II) HEREIN AND IN THE INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES DANIEL L UPTON, $9,000
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNTS REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUALS REPRESENT UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THAT BECAME TAXABLE IN 2009 BECAUSE IT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND WAS REPORTED AS AN ACCRUED BENEFIT ON PRIOR FORMS 990 OF THE ORGANIZATION THESE AMOUNTS WERE TREATED AS TAXABLE INCOME AND REPORTED ON EACH INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES ELEANOR WILSON, RN, MSN, MHA, $972,941, LINDA PLANK, $279,607 AND KENNETH CONFALONE, $436,977

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Bond Issues

	(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
B	TELFORD INDUSTRIAL DEVELOPMENT AUTHORITY	23-1352174		11-12-2008	8,000,000	MORTGAGE/CONSTRUCTION LOAN		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	140,945,392	8,000,000			
2	Gross proceeds in reserve funds	6,031,250				
3	Proceeds in refunding or defeasance escrows	63,487,125				
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,461,148				
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	58,284,205	11,082,464			
8	Year of substantial completion	2011	2010			

		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?	X			X						
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?		X		X						
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		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?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

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?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
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?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %							
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %							
6	Total of lines 4 and 5	0 %		0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X			X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X						
b	Name of provider	PNC BANK									
c	Term of hedge	29									
4a	Were gross proceeds invested in a GIC?	X			X						
b	Name of provider	ROYAL BANK OF CANADA									
c	Term of GIC	29									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2009

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).

Complete if the organization 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.

Complete if the organization 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.

Complete if the organization 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.

Complete if the organization 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	102,147	EMPLOYEE		No
PAVILION I MOB	COMPANY - LEVY	799,713	RENT		No
CENTRAL BUCKS CARDIOLOGY	COMPANY - MOORADD	233,627	MEDICAL SERVICES		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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 ASSOCIAT ION ("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 ES TABLISHED IN 1916, AND IN 1923 DOYLESTOWN HOSPITAL WAS OPENED, MAKING THE VIA THE ONLY WOM EN'S CLUB IN THE COUNTRY TO OWN AND OPERATE A COMMUNITY HOSPITAL IN 1986, A CORPORATE RES TRUCTURING CREATED THE VIA HEALTH SYSTEM AND THE DOYLESTOWN HEALTH FOUNDATION AND THE VIA AFFILIATES RESTRUCTURING ENABLED THE VIA AND DOYLESTOWN HOSPITAL TO OPERATE MORE EFFICIEN TLY AND WITH GREATER DIVERSIFICATION IN ITS 115TH YEAR, THE VIA OVERSEES THE OPERATIONS O F THE SYSTEM OF AFFILIATED HEALTH CORPORATIONS THE PURPOSES OF THE VIA HAVE BEEN CONSISTE NT THROUGHOUT ITS HISTORY - TO ENCOURAGE AND PROMOTE PUBLIC HEALTH WORK IN GENERAL - TO I MPROVE THE HEALTH AND WELFARE OF THE RESIDENTS OF DOYLESTOWN AND GREATER CENTRAL BUCKS COU NTY - 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 6/30/10 THE VIA HEALTH SYSTEM ACCOUNTS FOR THREE TAX EXEMPT AFFILIATES IN THIS NARRATIVE DOYLEST OWN HEALTH FOUNDATION, DOYLESTOWN HOSPITAL, AND THE VIA AFFILIATES DESCRIBED BELOW ARE TH E CHARITABLE MISSIONS OF THESE ENTITIES VIA HEALTH SYSTEM MISSIONS ========== ==== DOYLESTOWN HEALTH FOUNDATION ---------- THE MISSION OF THE FOUNDATI ON HAS FOUR MAIN POINTS ASSESSMENT OF COMMUNITY NEEDS, COMMUNICATION OF THOSE NEEDS AND T HE SYSTEM'S RESPONSE TO THEM, SOLICITATION OF FUNDS TO SUPPORT THE RESPONSE, AND THE ACCOU NTABILITY TO THE COMMUNITY FOR BOTH THE MANAGEMENT OF THE FUNDS AND THE RESPONSE TO THE NE EDS DOYLESTOWN HOSPITAL ---------- DOYLESTOWN HOSPITAL'S MISSION IS TO "PROVIDE A RESPONSIVE, HEALING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES AND TO IMPROVE THE Q UALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY " THESE COMMUNITY MEMBERS INCLUDE THE VULN ERABLE, THE DISENFRANCHISED, THOSE IN NEED OF HEALTH EDUCATION, AND THOSE UNINSURED OR UND ERINSURED PERSONS WHO DEPEND ON US FOR CARE DOYLESTOWN HOSPITAL IS A 247-BED NON-PROFIT A CUTE CARE MEDICAL CENTER LOCATED IN DOYLESTOWN, BUCKS COUNTY, PENNSYLVANIA DOYLESTOWN HOS PITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 50 1(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PRO VIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY M ANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, DOYLESTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED I N IRS REVENUE RULING 69-545 1 IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 IT OPERATE AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 2 4 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 IT MAINTAIN AN OPEN MEDICAL STAFF, WIT H PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL RESTS WITH ITS BOARD OF TRU STEES AND THE BOARD OF TRUSTEES OF THE SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CI VIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL C ARE, PROGRAMS AND ACTIVITIES AS A VALUES-BASED ORGANIZATION, DOYLESTOWN HOSPITAL HAS MADE A PUBLIC COMMITMENT TO FIVE CORE VALUES SERVICE, ENTHUSIASM, RESPECT, VALUE AND EXCELLEN CE THE HOSPITAL HOLDS BOARD MEMBERS, MEDICAL STAFF, AND PAID AND UNPAID STAFF ACCOUNTABLE FOR INCORPORATING THESE VALUES INTO POLICIES, BEHAVIORS, CLINICAL PRACTICES AND MANAGEMEN T DECISIONS THE FIVE CORE VALUES GUIDE DOYLESTOWN HOSPITAL'S RESPONSE TO COMMUNITY NEEDS 1 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 MISS ION STATEMENT 2 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 3 RESPECT - DOYLESTOWN HOSPITAL WELCOMES AND PROVIDES CARE T O ALL MEMBERS OF THE COMMUNITY, WITHOUT REGARD FOR RACE, RELIGION, SEX, SEXUAL ORIENTATION , COLOR, NATIONAL ORIGIN, OR ABILITY TO PAY ALL T

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HE MEDICAL, SURGICAL, AND PROGRAM SERVICES LISTED ON ADDENDUM A ARE PROVIDED TO EVERYONE W HO COMES TO DOYLESTOWN HOSPITAL FOR CARE, INCLUDING THOSE UNABLE TO PAY FOR THESE SERVICES 4 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 COMMUNI TY EXPECTS, NEEDS, AND DESERVES THIS CONTRIBUTION OF HEALTHCARE RESOURCES TO ITS OVERALL G OOD HEALTH IN THE FISCAL YEAR ENDING 6/30/10, OVER 27,500 COMMUNITY MEMBERS TOOK ADVANTAG E OF COMMUNITY BENEFIT ACTIVITIES, INCLUDING FREE HEALTH PROMOTION EVENTS, SCREENINGS, HEA LTH EDUCATION PROGRAMS, AND OTHER OUTREACH EFFORTS 5 EXCELLENCE - DOYLESTOWN HOSPITAL PR OMISES 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 FAITHFUL NESS TO ITS HERITAGE AND ASSURE THAT EVERY DECISION REFLECTS A COMMITMENT TO THE VALUES P INE RUN COMMUNITY ---------- IN 1992 DOYLESTOWN HOSPITAL ENHANCED ITS COMMITMENT T O THE OLDER ADULT POPULATION IN THE CENTRAL BUCKS COUNTY AREA BY ACQUIRING THE PINE RUN CO MMUNITY OPERATING AS A DIVISION OF DOYLESTOWN HOSPITAL, THE MISSION OF PINE RUN COMMUNITY "IS TO PROVIDE A RESPONSIVE, HEALING ENVIRONMENT FOR OUR RESIDENTS AND THEIR FAMILIES, AN D TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY " PINE RUN SERVES THE SU RROUNDING COMMUNITY AS A NON-PROFIT CONTINUING CARE RETIREMENT COMMUNITY BY OFFERING A CON TINUUM OF SERVICES AT ITS FACILITIES WHICH INCLUDE 300 APARTMENTS (THE VILLAGE), A 167-BED HEALTH CARE BUILDING PROVIDING 2 FLOORS OF NURSING CARE AND 1 FLOOR OF ALZHEIMER'S AND RE LATED CARE (THE HEALTH CENTER), AND A 107-BED ASSISTED LIVING FACILITY WHICH INCLUDES A 13 -BED DEMENTIA CARE UNIT (LAKEVIEW) PINE RUN STRIVES TO BE A COMMUNITY FULL OF LIFE, VITAL ITY, AND VALUE WHERE PEOPLE LIVE IN A GRACIOUS ENVIRONMENT AND THE STAFF PROVIDE EXCEPTION AL CUSTOMER SERVICE IN PARTNERSHIP WITH THE RESIDENTS THEY SERVE THROUGH A CULTURE OF WEL LNESS, PINE RUN IS DEDICATED TO THE PROMOTION OF HOLISTIC CARE AND SERVICES FOR VILLAGERS AND RESIDENTS THE VILLAGE, LOCATED APPROXIMATELY 3 MILES FROM THE HOSPITAL, CONSISTS OF G ARDEN APARTMENTS SET IN CLUSTERS AND A MULTI-UNIT APARTMENT BUILDING, AS WELL AS A COMMUNI TY CENTER, DINING ROOM, STORE, LIBRARY, AND OTHER AMENITIES MAINTENANCE, SECURITY, HOUSEK EEPING, UTILITIES, DINING, RECREATIONAL, CULTURAL, TRANSPORTATION AND FITNESS SERVICES ARE PROVIDED FOR THE VILLAGERS THE HEALTH CENTER, LOCATED ON THE SAME CAMPUS AS THE VILLAGE, PROVIDES TRANSITIONAL CARE FOR SHORT-STAY NURSING AND REHABILITATION RESIDENTS, WITH SKIL LED NURSING CARE AND COMPREHENSIVE THERAPY PROGRAMS, AN ALZHEIMER'S/DEMENTIA PROGRAM FOR T HOSE WITH IMPAIRED MEMORY, LONG-TERM CARE FOR RESIDENTS REQUIRING ON-GOING CUSTODIAL CARE, SHORT-TERM RESPITE CARE TO ALLOW HOME-BASED CARE GIVERS TO TAKE A VACATION OR TRIP, AND H OSPICE CARE FOR END OF LIFE CARE LAKEVIEW WAS PURCHASED BY DOYLESTOWN HOSPITAL IN 1998 AN D ADDED TO THE PINE RUN FAMILY OF FACILITIES IT OFFERS ASSISTED LIVING ACCOMMODATIONS IN PRIVATE SUITES AND COMPANION SUITES, WITH SUPPORTIVE SERVICES AND ENHANCED PROGRAMMING FOR THOSE WITH MEMORY IMPAIRMENT THIS ASSISTED LIVING RESIDENCE IS THREE AND A HALF (3 5) MI LES FROM THE PINE RUN VILLAGE, AND TWO BLOCKS FROM THE MAIN HOSPITAL

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	VIA AFFILIATES ---------- THE AFFILIATES WAS REACTIVATED IN 1994 TO BRING TO THE RESID ENTS OF THE CENTRAL BUCKS COMMUNITY NECESSARY COMMUNITY-BASED SERVICES THAT MAY NOT OTHERW ISE 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 INITIAT IVES VIA AFFILIATES EXISTS TO SUPPORT THE SERVICE CORE VALUE OF DOYLESTOWN HOSPITAL DOYL ESTOWN HOSPITAL HAS BEEN DESIGNATED AS A BLUE DISTINCTION CENTER FOR KNEE AND HIP REPLACEM ENT, AS WELL AS RECEIVING TWO PRESTIGIOUS TECHNOLOGY AWARDS, AND ALSO IS AMONG THE TOP 5% IN THE NATION FOR PATIENT SAFETY DOYLESTOWN HOSPITAL HAS BEEN DESIGNATED AS A BLUE DISTIN CTION CENTER FOR KNEE AND HIP REPLACEMENT ---------- ---------- DOYLESTOWN - INDEPENDENCE BLUE CROSS OF SOUTHEASTERN PENNSYLVANI A HAS DESIGNATED DOYLESTOWN HOSPITAL AS A BLUE DISTINCTION CENTER FOR KNEE AND HIP REPLACE MENT(SM) BLUE DISTINCTION CENTERS FOR KNEE AND HIP REPLACEMENT ARE PART OF THE BLUE CROSS AND BLUE SHIELD ASSOCIATION'S EXPANSION OF ITS BLUE DISTINCTION(R) DESIGNATION "OUR HIGH LY SKILLED TEAM OF ORTHOPEDIC SPECIALISTS OFFER ADVANCED PROCEDURES IN A COMMUNITY HOSPITA L SETTING, WHICH PROVIDE THE BEST POSSIBLE OUTCOMES AND PATIENT SATISFACTION," SAID SCOTT LEVY, MD, CHIEF MEDICAL OFFICER AT DOYLESTOWN HOSPITAL "EVERY MEMBER OF THE TEAM FOCUSES ON PROVIDING THE HIGHEST LEVEL OF CARE, NOT ONLY AS IT RELATES TO THE JOINT REPLACEMENT SU RGERY, BUT FOR THE PATIENT'S COMPLETE WELL BEING- STARTING BEFORE THEIR SURGERY, THROUGHOU T THEIR HOSPITAL STAY AND WELL INTO REHABILITATION " ON PROVIDING THE HIGHEST LEVEL OF CAR E, NOT ONLY AS IT RELATES TO THE JOINT REPLACEMENT SURGERY, BUT FOR THE PATIENT'S COMPLETE WELL BEING- STARTING BEFORE THEIR SURGERY, THROUGHOUT THEIR HOSPITAL STAY AND WELL INTO R EHABILITATION " DOYLESTOWN HOSPITAL OFFERS COMPREHENSIVE KNEE AND HIP REPLACEMENT SERVICES , INCLUDING TOTAL JOINT REPLACEMENT AND GENDER-SPECIFIC KNEE REPLACEMENT ALTHOUGH KNEE AN D HIP REPLACEMENT ARE THE MOST COMMON, JOINT REPLACEMENT CAN ALSO BE PERFORMED ON SHOULDER S, ELBOWS WRISTS, FINGERS AND ANKLES OUR SPECIALISTS ARE SKILLED IN RECONSTRUCTIVE AND AR THROSCOPIC SURGERY, SPORTS MEDICINE AND GENERAL ORTHOPEDIC CARE, AND OUTPATIENT SERVICES I NCLUDE EVERY THING FROM SOPHISTICATED SPORTS MEDICINE AND REHABILITATION ALL THE WAY TO DEL ICATE HAND SURGERY AND OSTEOPOROSIS TREATMENT "BLUE DISTINCTION CENTERS SHOW OUR COMMITME NT TO WORKING WITH DOCTORS AND HOSPITALS IN COMMUNITIES ACROSS THE COUNTRY TO IDENTIFY LEA DING INSTITUTIONS THAT MEET CLINICALLY VALIDATED QUALITY STANDARDS AND DELIVER BETTER OVER ALL OUTCOMES IN PATIENT CARE," SAID ALLAN KORN, MD, BLUE CROSS AND BLUE SHIELD ASSOCIATION CHIEF MEDICAL OFFICER THE SELECTION CRITERIA USED TO EVALUATE FACILITIES WERE DEVELOPED WITH INPUT FROM A PANEL OF EXPERT PHYSICIANS TO BE DESIGNATED AS A BLUE DISTINCTION CENTE R FOR KNEE AND HIP REPLACEMENT, THE FOLLOWING TYPES OF CRITERIA WERE EVALUATED MORE INFOR MATION ON SELECTION CRITERIA IS AVAILABLE ON WWW BCBS COM - ESTABLISHED ACUTE CARE INPATI ENT FACILITY, INCLUDING INTENSIVE CARE, EMERGENCY CARE, AND A FULL RANGE OF PATIENT SUPPOR T SERVICES WITH FULL ACCREDITATION BY A CMS-DEEMED NATIONAL ACCREDITATION ORGANIZATION - E XPERIENCE AND TRAINING OF PROGRAM SURGEONS, INCLUDING CASE VOLUME - QUALITY MANAGEMENT PRO GRAMS, INCLUDING SURGICAL CHECKLISTS AS WELL AS TRACKING AND EVALUATION OF CLINICAL OUTCOM ES AND PROCESS OF CARE - MULTI-DISCIPLINARY CLINICAL PATHWAYS AND TEAMS TO COORDINATE AND STREAMLINE CARE, INCLUDING TRANSITIONS OF CARE - SHARED DECISION MAKING AND PREOPERATIVE P ATIENT EDUCATION THE BLUE DISTINCTION DESIGNATION IS AWARDED BY THE BLUE CROSS AND BLUE SH IELD COMPANIES TO MEDICAL FACILITIES THAT HAVE DEMONSTRATED EXPERTISE IN DELIVERING QUALIT Y HEALTHCARE IN THE AREAS OF BARIATRIC SURGERY, CARDIAC CARE, COMPLEX AND RARE CANCERS, KN EE AND HIP REPLACEMENT, SPINE SURGERY AND TRANSPLANTS THE PROGRAM IS PART OF THE BLUES(R) EFFORTS TO COLLABORATE WITH PHYSICIANS AND MEDICAL FACILITIES TO IMPROVE THE OVERALL QUAL ITY AND SAFETY OF SPECIALTY CARE THE ADDITIONAL BLUE DISTINCTION CENTERS FOR KNEE AND HIP REPLACEMENT DESIGNATION WILL BRING THE NATION'S NUMBER OF BLUE DISTINCTION DESIGNATIONS T O MORE THAN 1,600-AND THIS NUMBER IS EXPECTED TO INCREASE IN THE COMING YEARS NOTE DESIG NATION AS BLUE DISTINCTION CENTERS MEANS THESE FACILITIES' OVERALL EXPERIENCE AND AGGREGAT E DATA MET OBJECTIVE CRITERIA ESTABLISHED IN COLLABORATION WITH EXPERT CLINICIANS' AND LEA DING PROFESSIONAL ORGANIZATIONS' RECOMMENDATIONS INDIVIDUAL OUTCOMES MAY VARY TO FIND OU T WHICH SERVICES ARE COVERED UNDER YOUR POLICY AT ANY FACILITIES, PLEASE CALL YOUR LOCAL B LUE CROSS AND/OR BLUE SHIELD PLAN DOYLESTOWN HOSPITAL RECEIVED TWO PRESTIGIOUS TECHNOLOGY AWARDS ---------- DOYLESTOWN RECOGNI ZED FOR INNOVATIVE USE OF TECHNOLOGY FOR SAFER PAT

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	IENT CARE DOYLESTOWN HOSPITAL HAS RECEIVED TWO PRESTIGIOUS AWARDS FOR ITS USE OF TECHNOLO GY 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 STAG E 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 CLIN ICAL DECISION SUPPORT THE NEXT, AND HIGHEST, STAGE ACCORDING IS HIMSS EMR STAGE 7, DOYLES TOWN IS EXPECTED TO REACH THIS LEVEL IN ABOUT A YEAR OR SO DOYLESTOWN HOSPITAL HAS ALSO R ECEIVED A MICROSOFT HEALTH USERS GROUP (MS-HUG) INNOVATION AWARD IN THE AREA OF HIE (HEALT H INFORMATION EXCHANGE) AND INTEROPERABILITY FOR ITS WORK ON THE DOYLESTOWN CLINICAL NETWO RK THIS NETWORK TIES TOGETHER THE EMR SYSTEMS OF THE HOSPITAL AND COMMUNITY PHYSICIANS T HE HOSPITAL HAS 185 PHYSICIANS ON THE NEXTGEN NETWORK, WHICH AUTOMATICALLY TRANSFERS A PAT IENT'S EMR TO SPECIALISTS AND THE HOSPITAL OF THOSE, MORE THAN 50 ARE ACTIVE EMR USERS T HERE ARE ABOUT 400,000 PATIENTS IN OUR COMMUNITY ENROLLED IN THIS NETWORK THE ULTIMATE GO AL IS TO SAFELY AND EFFICIENTLY SHARE A PATIENT'S HEALTH INFORMATION THROUGHOUT THE HEALTH CARE CONTINUUM DOYLESTOWN HOSPITAL IS AMONG THE TOP 5% IN THE NATIONAL FOR PATIENT SAFETY ---------- DOYLESTOWN HOSPITAL ONE OF ONLY 9 HOSPITALS IN STATE TO RECEIVE AWARD TWO YEARS IN A ROW FOR THE SECOND YEAR IN A ROW, DOYLESTOWN HOSPITAL WAS IDENTIFIED AS A RECIPIENT OF THE HEALTHGRADES PATIENT S AFETY EXCELLENCE AWARD, INDICATING THAT ITS PATIENT SAFETY RATINGS ARE IN THE TOP 5% OF U S HOSPITALS, IN A NEW STUDY RELEASED TODAY BY HEALTHGRADES, THE LEADING INDEPENDENT HEALT HCARE RATINGS ORGANIZATION ONLY 159 HOSPITALS NATIONWIDE HAVE BEEN RECOGNIZED IN HEALTHGR ADES PATIENT SAFETY STUDY FOR TWO CONSECUTIVE YEARS, AND DOYLESTOWN HOSPITAL IS ONE OF ONL Y NINE IN THE STATE TO SUSTAIN THIS QUALITY RECOGNITION MEDICARE PATIENTS AT HOSPITALS RE CEIVING THE HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD WERE, ON AVERAGE, 43% LESS LIKELY TO EXPERIENCE A PATIENT SAFETY EVENT THE SEVENTH ANNUAL HEALTHGRADES PATIENT SAFETY IN A MERICAN HOSPITALS STUDY ANALYZED NEARLY 40 MILLION HOSPITALIZATION RECORDS FROM APPROXIMAT ELY 5,000 HOSPITALS NATIONWIDE THAT PARTICIPATE IN THE MEDICARE PROGRAM PARTICIPATION IN THE HEALTHGRADES STUDY IS NOT VOLUNTARY, AND HOSPITALS CANNOT CHOOSE TO OPT OUT OF THE ANA LYSIS IF ALL HOSPITALS PERFORMED AT THE LEVEL OF PATIENT SAFETY EXCELLENCE AWARD HOSPITAL S LIKE DOYLESTOWN HOSPITAL, APPROXIMATELY 218,572 PATIENT SAFETY EVENTS AND 22,590 MEDICAR E DEATHS COULD HAVE BEEN AVOIDED WHILE SAVING THE U S APPROXIMATELY $2 1 BILLION IN EXCES S COSTS FROM 2006 THROUGH 2008 "ENSURING THE HIGHEST LEVEL OF PATIENT SAFETY IS AT THE HE ART OF WHAT WE DO," SAID DOYLESTOWN HOSPITAL PRESIDENT RICHARD REIF "OUR PATIENTS AND THE IR FAMILIES EXPECT THE BEST CARE DELIVERED IN A COMPASSIONATE MANNER, AND WE EXPECT TO MEE T THAT EXPECTATION IN TURN, WE EXPECT OUR TALENTED TEAM OF PHYSICIANS, NURSES, CLINICAL S TAFF AND VOLUNTEERS TO BE ATTENTIVE TO THOSE DETAILS THAT MATTER MOST TO PATIENTS WE CONS TANTLY LOOK AT PATIENT SAFETY AND THE PROCESSES THAT GO INTO CREATING A SAFE PATIENT EXPER IENCE HERE AT DOYLESTOWN HOSPITAL "

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	"ON BEHALF OF HEALTHGRADES I'D LIKE TO CONGRATULATE DOYLESTOWN HOSPITAL FOR A TRACK RECORD OF PATIENT SAFETY THAT IS AMONG THE BEST IN THE NATION," SAID RICK MAY, MD, A VICE PRESID ENT AT HEALTHGRADES AND CO-AUTHOR OF THE STUDY "HOSPITALS LIKE DOYLESTOWN HOSPITAL ARE SE TTING BENCHMARKS OF SUPERIOR PERFORMANCE THAT WE WOULD LIKE TO SEE OTHER HOSPITALS EMULATE " THE SEVENTH ANNUAL HEALTHGRADES PATIENT SAFETY IN AMERICAN HOSPITALS STUDY APPLIES METH ODOLOGY DEVELOPED BY THE U S DEPARTMENT OF HEALTH AND HUMAN SERVICES' AGENCY FOR HEALTHCA RE RESEARCH AND QUALITY TO IDENTIFY THE INCIDENCE RATES OF 15 PATIENT SAFETY INDICATORS AM ONG MEDICARE PATIENTS AT VIRTUALLY ALL OF THE NATION'S NEARLY 5,000 NONFEDERAL HOSPITALS ADDITIONALLY, HEALTHGRADES APPLIED ITS METHODOLOGY USING 12 PATIENT SAFETY INDICATORS TO I DENTIFY THE BEST-PERFORMING HOSPITALS, OR PATIENT SAFETY EXCELLENCE AWARD HOSPITALS, WHICH REPRESENT THE TOP 5% OF ALL U S HOSPITALS HEALTHGRADES DEVELOPED THIS AWARD TO GIVE PAT IENTS MORE INFORMATION ABOUT CHOOSING A HOSPITAL IN THE HEALTHGRADES ANALY SIS, THE FOLLOW ING ARE THE PATIENT SAFETY INDICATORS STUDIED - COMPLICATIONS OF ANESTHESIA - DEATH IN LO W MORTALITY DIAGNOSTIC RELATED GROUPINGS (DRGS) - DECUBITUS ULCER (BED SORES) - DEATH AMON G SURGICAL INPATIENTS WITH SERIOUS TREATABLE COMPLICATIONS - IATROGENIC PNEUMOTHORAX (COLL APSED LUNG) - SELECTED INFECTIONS DUE TO MEDICAL CARE - POST-OPERATIVE HIP FRACTURE - POST -OPERATIVE HEMORRHAGE OR HEMATOMA - POST-OPERATIVE PHY SIOLOGIC AND METABOLIC DERANGEMENTS - POST-OPERATIVE RESPIRATORY FAILURE - POST-OPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THRO MBOSIS - POST-OPERATIVE SEPSIS - POST-OPERATIVE ABDOMINAL WOUND DEHISCENCE - ACCIDENTAL PU NCTURE OR LACERATION - TRANSFUSION REACTION VIA HEALTH SY STEM COMMUNITY BENEFIT ACTIV ITIES ========== THE VIA HEALTH SY STEM IS DEVOTED TO THE CO MMUNITY IT SERVES, AND IT SPONSORS AND COORDINATES MANY CHARITABLE ACTIV ITIES, WHICH, DESC RIBED IN THE NARRATIVE BELOW, IDENTIFIES WHAT IS DONE DAILY BY THE HEALTH SY STEM'S ASSOCIA TES AND VOLUNTEERS COMMUNITY OUTREACH & BENEFIT ACTIV ITIES ---------- --------- AMERICAN RED CROSS/AUTOLOGOUS BLOOD DONATION THE HOSPITAL PROVIDES SPACE ON A WE EKLY 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 IMPRO VEMENT PARTNERSHIP THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP (BCHIP) IS A COLLABORAT IVE EFFORT AMONG DOY LESTOWN HOSPITAL AND THE OTHER FIVE HOSPITALS IN THE COUNTY, ALSO INCL UDING THE BUCKS COUNTY MEDICAL SOCIETY AND THE BUCKS COUNTY DEPARTMENT OF HEALTH BCHIP AD DRESSES MATERNAL AND CHILD HEALTH ISSUES, MENTAL HEALTH CONCERNS, COORDINATION OF HEALTH PROMOTION AND PREVENTION (NOTABLY TOBACCO AND CARDIOVASCULAR RISK REDUCTION), SUPPORTS CHI P ENROLLMENT, DOMESTIC VIOLENCE PREVENTION AND PROVIDES ADULT HEALTH AND DENTAL CLINICS FO R UNDERSERVED POPULATIONS THE FOUNDATION CONTRIBUTED $16,500 TO A COMMON FUND, FROM WHICH THESE PROJECTS WERE SUPPORTED CB CARES BOTH THE DOY LESTOWN HOSPITAL AND THE DOY LESTOWN H EALTH FOUNDATION SUPPORT THE TEAM WITH BOARD MEMBERS WHO PROV IDE LEADERSHIP, FUNDRAISING A ND HUMAN RESOURCE SKILLS THE VALUE OF SPACE, UTILITIES, PHONE, COMPUTER AND CLEANING SERV ICES WERE DONATED FOR FY2010 FOR A TOTAL OF $51,080 CHILDREN'S V ILLAGE DAY CARE SUBSIDIES CHILDREN'S VILLAGE, ON-SITE DAY CARE, WELCOMES CHILDREN FROM LOW-INCOME FAMILIES IN THE A REA AND ALSO CHILDREN WITH SPECIAL NEEDS THAT ARE ELIGIBLE FOR CHILD-CARE SUBSIDIES $4,50 0 WAS WRITTEN OFF FOR THIS ANN SILVERMAN COMMUNITY HEALTH CLINIC THE MISSION OF THE CLINI C 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 PROV IDED THE CLINIC WITH OFFICES AN D EXAM ROOMS AT A NOMINAL CHARGE THE FOUNDATION ASSISTED IN SOME OF THE HEALTH NEEDS OF T HE PATIENTS THAT GO BEY OND THE RESOURCES OF THE CLINIC WITH A CONTRIBUTION OF $40,000 OTH ER DONATIONS INCLUDED PHARMACEUTICALS AND MEDICAL TESTING, AS WELL AS SENIOR MANAGEMENT'S TIME CONTRIBUTING TO THE CLINIC'S BOARD DURING FY09-10 THERE WERE 1,952 V ISITS TO THE MED ICAL PROGRAM FOR 809 INDIV IDUAL ADULTS AND CHILDREN THERE WERE 351 TREATMENT V ISITS FOR T HE DENTAL PROGRAM FOR 154 ADULTS FREE MAMOGRAMS WERE GIVEN AT A COST TO THE HOSPITAL OF $ 34,386 THE V ILLAGE IMPROVEMENT ASSOCIATION COMMUNITY RESPONSE AND WELFARE COMMITTEES CONT RIBUTE DOLLARS FOR THE FOLLOWING PROGRAMS THE LORD'S PANTRY ($3,000), ST V INCENT DEPAUL SOCIETY ($5,000), FISH - FRIENDS IN SERVICE TO HUMANITY ($14,200), ANNUAL GIFTS PROGRAM FO R FAMILIES IN NEED ($29,444) IN ADDITION, THE WELFARE COMMITTEE PROV IDES SUPPORT FOR PATI ENTS OF DOY LESTOWN HOSPITAL NEEDING MEDICATION ($5,454) COMMUNITY EDUCATION CALENDAR DOY L ESTOWN HOSPITAL PUBLISHED A QUARTERLY CALENDAR WHI

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CH IS DISTRIBUTED TO 155,000 HOUSEHOLDS THIS CALENDAR LISTS COMMUNICATIONS RELATED TO HEA LTH EDUCATION PROGRAMS AND CLASSES THE APPROXIMATE COST OF THIS PUBLICATION IS $ 169,000 ADVERTISEMENTS ARE IN LOCAL NEWSPAPERS WHICH INFORM THE COMMUNITY MEMBERS ABOUT UPCOMING HEALTH EDUCATION CLASSES, PHYSICIAN LECTURES, SUPPORT GROUPS AND OTHER HEALTH EDUCATION AC TIVITIES IN ADDITION, DOYLESTOWN HOSPITAL PUBLISHES THREE DISEASE SPECIFIC NEWSLETTERS WH ICH OFFER WELLNESS AND PREVENTION INFORMATION TO PATIENTS WHO HAVE BEEN DIAGNOSED WITH OR ARE CONCERNED ABOUT HEART DISEASE (CARDIAC CONNECTION), OSTEOPOROSIS, BREAST CANCER, MENOP AUSE 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-N EWSLETTERS ARE ALSO SENT THE COST TO PRODUCE AND DISTRIBUTE THESE NEWSLETTERS WAS $ 140,0 00 MEDICAID APPLICATION PREPARATION FOR ALL UNINSURED PA RESIDENTS DOYLESTOWN HOSPITAL OF FERS ALL UNINSURED PA RESIDENTS THE OPTION OF FILING A MEDICAID APPLICATION HRSI IS THE H OSPITAL'S VENDOR AND THEY HELP OUR PATIENTS THROUGH THE PROCESS THE HOSPITAL IS CHARGED $ 475/APPLICATION, IF THE APPLICANT OBTAINS ELIGIBILITY HRIS HAS SUCCESSFULLY OBTAINED ELIG IBILITY FOR 200 UNINSURED PATIENTS FOR THIS PROCESS, THE HOSPITAL PAID HRSI $95,000, STAF F TIME COST INCURRED OF $1,075 LENAPE VALLEY HEALTH FOUNDATION THIS ORGANIZATION PROVIDES PSY CHIATRIC COVERAGE AND CLINICAL SUPERVISION FOR UNIT PATIENTS AND PSY CHIATRIC CONSULTAT ION SERVICES IN THE HOSPITAL'S EMERGENCY DEPARTMENT THIS IS A COST TO THE HOSPITAL OF $ 1 9,002 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 SIGNIF ICANT CONTRIBUTION TO BUCKS COUNTY IN THE AREAS OF HEALTH, COMMUNITY SERVICE, BUSINESS, VO LUNTEERISM AND EDUCATION SPONSORSHIP SUPPORT TOTALED $3,000 FOUNDATION FUND RAISING PROG RAM THE FOUNDATION'S FUND RAISING PROGRAM REQUESTED UNRESTRICTED GIFTS FOR THIS FISCAL YEA R THAT WOULD ENABLE DOYLESTOWN HOSPITAL TO CONTINUE ITS MISSION OF A RESPONSIVE, HEALING E NVIRONMENT FOR PATIENTS AND THEIR FAMILIES GIFTS BENEFITED MANY DEPARTMENTS OF THE HOSPIT AL, 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 O UTING THE PLANNED GIV ING PROGRAM WAS SUCCESSFUL, INCLUDING THE GROWTH OF THE CHARITABLE G IFT ANNUITY PROGRAM HOSPICE PROGRAM SUPPORT THE HOSPICE PROGRAM PROVIDED CAREGIVERS FOR R ESPITE CARE IN THE HOMES OF TERMINALLY ILL PATIENTS, AND CONTACTED BEREAVED PEOPLE OVER TH E PHONE THROUGHOUT THE YEAR AFTER THE DEATH OF A LOVED ONE VALUED AT $2,712 BEREAVEMENT SUPPORT THE BEREAVEMENT SUPPORT PROGRAM PROVIDED SUPPORT FOR BEREAVED AND HOSPICE FAMILIES THERE ARE VARIOUS TY PES OF BEREAVEMENT SUPPORT GROUPS THAT TAKE PLACE MONTHLY IN ORDER T O MEET THE NEEDS OF ALL TY PES OF LOSSES THESE PROGRAMS ARE OFFERED ALL YEAR ROUND AND HAV E A CHAPLAIN AND OTHER PROFESSIONAL STAFF IN ATTENDANCE THE HOSPITAL SERVED 86 COMMUNITY MEMBERS, AT A VALUE OF $ 24,437 PULSE LINE A PHONE LINE THAT IS DEDICATED FOR COMMUNITY I NFORMATION, REGISTRATION AND REFERRAL HOSPITAL STAFF SCREENED APPLICANTS AND REFERRED PAT IENTS WITH PRIMARY CARE AND SPECIALIST PHY SICIANS 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

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	DOYLESTOWN CLINICAL NETWORK (DCN) THE DCN FACILITATES SEAMLESS TRANSFER OF CLINICAL INFORM ATION PROVIDER-TO-PROVIDER TO IMPROVE THE QUALITY OF CARE FOR MEMBERS OF THE DOYLESTOWN CO MMUNITY THERE ARE AN ESTIMATED 12,372 HOURS OF PAID ASSOCIATE TIME AN ESTIMATED COST OF $ 160,000 FOR PHONE LINES, MAINTENANCE, DEPRECIATION, ETC AND AN ESTIMATED COST OF $ 15,3 60 FOR ADMINISTRATION A ESTIMATE OF DIRECT OFFSETTING REVENUE OF $ 50,000 THE OUTCOME FO R THE COMMUNITY IS THE SERVING OF APPROXIMATELY 450,000 PERSONS COLLABORATION OCCURRED BE TWEEN DOYLESTOWN HOSPITAL AND THE BUCKS COUNTY PHYSICIAN HOSPITAL ALLIANCE (BCPHA) SCHOLA RSHIP ASSISTANCE 40 SCHOLARSHIPS ARE SUPPORTED BY THE FOUNDATION THROUGH RESTRICTED GIFTS THESE SCHOLARSHIPS, TOTALING $19,975 ARE AWARDED TO MEN AND WOMEN PURSUING NURSING, ALLIE D HEALTH, PARAMEDIC, AND OTHER TRAINING SIXTEEN (16) SCHOLARSHIPS ARE SUPPORTED BY THE VI LLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN THESE SCHOLARSHIPS, TOTALING $16,325 ARE AWAR DED TO WOMEN PURSUING HEALTH-RELATED CAREERS, AND OUTSTANDING STUDENTS IN CENTRAL BUCKS CO UNTY 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 SUPPLY ING HEALTH AND WELLNESS INFORMATION AND EDITORIAL OVERSIGHT WE THEN PRINT 3,000 COPIES AT A VALUE OF $1,500 STAFF TIME OF 12 HOURS/ISSUE VALUED AT A TOTAL OF $458, FOR THE FOUR ISSUES COMMUNITY BUSINESS SPONSORSHIPS THROUGHOUT THE YEAR, DOYLESTOW N HOSPITAL HAS MADE CASH DONATIONS TO ASSIST LOCAL BUSINESSES, NON-PROFITS AND CULTURAL OR GANIZATIONS PROVIDE PROGRAMS AND ACTIV ITIES THAT IMPROVE AND/OR ENHANCE THE OVERALL QUALIF Y OF LIFE FOR THE GREATER CENTRAL BUCKS COMMUNITY WE BELIEVE THAT ONE WAY TO KEEP COMMUNI TY MEMBERS SAFE, HEALTH AND VIBRANT IS BY SUPPORTING THE NUMEROUS COMMUNITY AND BUSINESS G ROUPS THAT ARE THE FABRIC OF OUR COMMUNITY AND BY PARTICIPATING IN SPECIAL PROGRAMS AND EV ENTS THAT BENEFIT A BROAD SPECTRUM OF COMMUNITY RESIDENTS THE TOTAL AMOUNT DONATED FOR SP ONSORSHIPS IS $ 42,671 VIAL OF LIFE PROGRAM A VIAL OF LIFE IS FREE AT THE NORTH LOBBY INF ORMATION DESK AND PROVIDED TO THE AREA AGENCY ON AGING THE CONTENTS ARE PREPARED BY THE H OSPITAL AND CONSIST OF A PLASTIC VIAL AND MEDICAL INFORMATION SHEET THE VIAL IS KEPT IN H OME REFRIGERATORS, WITH A STICKER PLACED ON THE REFRIGERATOR DOOR TO ALERT ARRIV ING RESCUE PERSONNEL THAT MEDICAL INFORMATION IS INSIDE APPROXIMATE COST FOR MATERIALS IS $695, AND VOLUNTEER TIME TO ASSEMBLE THE VIALS IS VALUED AT $3,215 VISITING NURSE PROGRAM FREE SUP PORT THE VISITING NURSES MADE VISITS TO FAMILIES WITHOUT INSURANCE CLINICS WERE HELD AT T HE CENTER SQUARE TOWERS, YORKTOWNE MANOR AND BUCKINGHAM SPRINGS, WHICH ARE ALL SENIOR LIVI NG COMPLEXES 42 HOURS WERE DONATED AT A COST OF $1,418 HOSPICE PROGRAMS MAILINGS AND TEL EPHONE CONTACT TO OTHER COMMUNITY SERVICE ORGANIZATIONS, SUCH AS BEELONG ADULT DAY SERVICE S, BAYADA NURSES IN HATBORO & BUCKS COUNTY OFFICE, THE MANOR AT YORKTOWN, TO NAME A FEW, A S WELL AS HEALTHCARE ORGANIZATIONS TO OFFER INFORMATION AND EDUCATION REGARDING "END OF LI FE" AND HOSPICE PROGRAMS 49 PAID HOURS AND 10 DONATED HOURS AT A COST OF $2,314 PLUS REFR ESHMENTS AND HANDOUTS AT A COST OF $60 00 LIBRARY SERVICES AT DOYLESTOWN HOSPITAL THE HOS PITAL HAS AN EXTENSIVE LIBRARY THAT IS OPEN TO USERS FROM THE COMMUNITY, OTHER THAN MEDICA L STAFF, ASSOCATES AND VOLUNTEERS OF THE HOSPITAL PHYSICIANS THAT HAVE PRIVILEGES AT THE HOSPITAL AS WELL AS HONORARY/EMERITUS MEDICAL STAFF MAKE UP THE LARGEST GROUP OF USERS AT A COST TO THE HOSPITAL OF $69,151 EDUCATIONAL PROGRAMS ---------- CANCER SURVI VOR DAY THIS EVENT WAS HELD BY DOYLESTOWN HOSPITAL FOR ALL CANCER SURVIVORS AND THEIR FAMI LY AND FRIENDS IT WAS INTENDED TO PROVIDE PSY CHOLOGICAL SUPPORT AND A NETWORKING EXPERIEN CE WITH OTHER SURVIVORS AND CONNECT SURVIVORS WITH COMMUNITY RESOURCES OVER 80 PEOPLE ATT ENDED THE EVENT VOLUNTEER HOURS INCLUDED PHYSICIANS, NURSING, CLERICAL STAFF ATTENDING FO R A TOTAL OF $4,311 LIFESTYLE LECTURES THIS WAS A SERIES OF INFORMAL EDUCATIONAL LECTURES OFFERED TO THE COMMUNITY BY MEMBERS OF THE MEDICAL STAFF THE HOSPITAL COORDINATED THE PR OGRAM, WHICH HELPED 347 COMMUNITY MEMBERS $2,377 IN PHYSICIAN TIME WAS DONATED DRIVER SA FETY PROGRAM THIS WAS A COOPERATIVE PROGRAM WITH AARP THAT FOLLOWS THEIR RULES FOR PARTICI PATION WE PROVIDE ROOM FOR 266 PARTICIPANTS AND 14 CLASSES, WHICH AMOUNTED TO $1,780 IN H OSPITAL DONATED COSTS COMMUNITY LECTURES THE HOSPITAL PROVIDED SPEAKERS FOR VARIOUS COMMU NITY GROUPS AND ORGANIZATIONS PRESENTERS FOR EVENTS UTILIZED BOTH STAFF AND PHYSICIANS T HE DONATED STAFF TIME WAS $29,189 AND THE SESSION HELPED 1,000 COMMUNITY INDIVIDUALS THES E PROGRAMS IMPROVED THE COMMUNITY'S HEALTH AND QUALITY OF LIFE THROUGH EDUCATION ANNUAL B REAST CANCER CELEBRATION AND EDUCATION PROGRAM THIS PROGRAM PROVIDED SUPPORT AND EDUCATION FOR 30 WOMEN VOLUNTEER NURSING AND CLERICAL STAF

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	F HOSTED THE EVENT FOR A TOTAL OF $789 UNDERSTANDING COMMUNITY & HOSPITAL ACQUIRED INFECT IONS A 1 HOUR PRESENTATION WAS GIVEN BY THE HOSPITAL'S INFECTION CONTROL NURSE THE PRESEN TATION TALKED ABOUT COMMUNITY ACQUIRED INFECTIONS, SUCH AS MRSA AND HOSPITAL ACQUIRED INFE CTIONS, SUCH AS VTIS THERE WAS ALSO A DISCUSSION ABOUT THE TRANSMISSION OF CERTAIN OTHER DISEASES THE DONATED NURSES' TIME WAS $163 AND THE SESSION HELPED 40 INDIVIDUALS BREAST CANCER SUPPORT GROUP PROVIDED OPPORTUNITIES FOR EDUCATIONAL AND EMOTIONAL SUPPORT FOR BREA ST CANCER SURVIVORS AND THEIR FAMILIES THE HOSPITAL PROVIDED EDUCATION TO 25 PERSONS PER MONTH AT A COST OF $1,275 TWO ADDITIONAL ACTIVITIES SPONSORED BY THE HOSPITAL FOR CANCER SUPPORT ARE "RELAY FOR LIFE" AND "BASKET BINGO" COSTS INCURRED FOR THESE EVENTS WERE $2,2 96 MAN TO MAN PROSTATE CANCER SUPPORT GROUP EDUCATION THIS MONTHLY PROGRAM ADDRESSES ISSU ES AND THE STRUGGLES THAT FACE PROSTATE CANCER SURVIVORS AND THEIR FAMILIES VOLUNTEER TIM E WAS 15 HOURS VALUED AT $1,543 COACHES VERSES CANCER PROGRAM THE HOSPITAL MET WITH CENTR AL BUCKS SOUTH HIGH SCHOOL EDUCATORS, PRINCIPAL AND COACHES, WHO DESCRIBED A NEED FOR STUD ENT CANCER PREVENTION ACTIVITIES STUDENTS CAME TO THE HOSPITAL AND MADE A VIDEO OF INTERV IEWS WITH PHYSICIANS, NURSES AND CANCER PATIENTS THE VIDEO WAS THEN SHOWN DURING CB SOUTH HIGH SCHOOL BASKETBALL GAMES THE PROGRAM SERVED OVER 1600 STUDENTS AND 500 PARENTS/TEACH ERS AND WAS VALUED AT $8,822 FOR STAFF TIME AND MATERIALS LOOK GOOD, FEEL BETTER THIS PRO GRAM PROVIDED SUPPORT AND RESOURCES FOR CANCER PATIENTS UNDERGOING CHEMOTHERAPY 29 INDIVI DUALS ATTENDED AND $475 WAS THE VALUE OF STAFF AND VOLUNTEER TIME AND RESOURCES AWARE FOR ALL THIS WAS A PUBLIC PROGRAM SPONSORED BY RESEARCH FACILITIES, TEMPLE UNIVERSITY, JEFFER SON HOSPITAL, DREXEL UNIVERSITY, FOX CHASE CANCER CENTER & ST CHRISTOPHER'S HOSPITAL, THRO UGHOUT THE PHILADELPHIA METROPOLITAN AREA TO EDUCATE THE PUBLIC ABOUT CLINICAL RESEARCH AN D HOW THEY CAN PARTICIPATE AND BENEFIT THEIR HEALTH THERE WERE 300 PARTICIPANTS WITH A CO ST TO THE HOSPITAL OF $3,849 A DONATION OF $1,000 WAS RECEIVED TO OFFSET THE COST NUTRIT ION PRESENTATIONS PROGRAMS WERE HELD THROUGHOUT THE Y EAR TO PROVIDE EDUCATION ON NUTRITION TO PROMOTE OPTIMAL HEALTH LOCATIONS INCLUDED SEVERAL CHURCHES, SENIOR COMMUNITIES, TWO CB HIGH SCHOOLS AND VARIOUS WOMEN'S AND MEN'S GROUPS, MENU EVALUATION FOR YORKTOWN MANOR, HEALTH FAIR DISPLAYS FOR YMCA AND MANY LOCAL ELEMENTARY SCHOOLS OVER 2,820 WERE EDUCATED WITH THESE PROGRAMS 180 HOURS OF STAFF TIME SPENT AT A COST OF $4,770 TO THE HOSPITAL DO NATED SUPPLIES AND AIDE TO HAITI, AFRICA AND GUATEMALA THESE SUPPLIES AND DONATED HOURS DI RECTLY HELPED IN PATIENT CARE HOSPITAL STAFF AND SUPPLIES ARE VALUED AT $30,912 STUDENT INTERNSHIP SUMMER PROGRAM THIS PROGRAM IS WITH STUDENTS OF THE GWYNEDD MERCY CARDIOVASCULA R TECHNOLOGY PROGRAM THE STUDENTS SPEND 2 WEEKS OBSERVING PROCEDURES IN CARDIAC SERVICES, ECHO AND THE CATH LAB TO HELP THEM DECIDE WHERE THEY WOULD LIKE TO FOCUS THEIR EDUCATIONA L/CAREER AND EDUCATION THE VALUE OF THIS PROGRAM IS $29,854 FOR SUPPORT STAFF, PHYSICIANS AND PROFESSIONAL STAFF TIME STUDENT INTERNSHIP RADIOLOGY PROGRAM 6 STUDENTS FROM ABINGTO N MEMORIAL HOSPITAL SCHOOL OF RADIOLOGIC TECHNOLOGY ATTEND THE HOSPITAL'S DEPARTMENT OF RA DIOLOGY ON A ROTATION BASIS STUDENTS LEARN CLINICAL SKILLS THAT ARE IMPORTANT TO THEIR ED UCATIONAL PROCESS RADIOGRAPHERS AT THE HOSPITAL SERVE AS CLINICAL INSTRUCTORS FOR THE STU DENTS ON A ONE TO ON RATIO DOYLESTOWN HOSPITAL DOES NOT RECEIVE A FINANCIAL REWARD FOR TH IS AGREEMENT THE COST OF THIS PROGRAM TO THE HOSPTIAL IS $135,149 THERE IS ALSO AN INTER N PROGRAM FOR 1 STUDENT WITH THE ULTRASOUND DEPARTMENT THE COST OF THIS PROGRAM IS $22,52 5

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TOWARDS 29 COMMUNITY PROGRAMS HEALTHY BEGINNINGS PROGRAM THIS IS A PRO GRAM 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 MEDI CAID MUCH OF OUR PROGRAM DEALS WITH HIGH RISK PATIENTS AND THOSE WITH SUBSTANCE ABUSE PRO BLEMS THERE IS A PHYSICIAN, A SOCIAL WORKER AND A DIETICIAN, AS WELL AS TWO NURSES WHO RU N THE PROGRAM THE COST OF THIS PROGRAM WAS $ 98,107 BREASTFEEDING EDUCATION THIS PROGRAM PROVIDES AN INCREASED UNDERSTANDING OF THE BENEFITS OF BREASTFEEDING, WHICH LEADS TO IMPR OVED NUTRITION/HEALTH OF INFANTS 194 INDIVIDUALS ATTENDED THE 29 LECTURES THAT WERE HELD THROUGHOUT THE YEAR THE COST TO THE HOSPITAL IS ABOUT $4,967 CHILDBIRTH CLASSES A PROGRA M TEACHING THE HOW-TOS OF CHILDBIRTH SERVED 654 PEOPLE AT A COST OF $13,664 TO THE HOSPITA L THROUGH 29 COURSES SERIES EVERY DAY OF THE WEEK EXCEPT FRIDAY CHILD DEVELOPMENT THIS PR OGRAM WAS IN COOPERATION WITH THE CENTRAL BUCKS SCHOOL DISTRICT HIGH SCHOOL STUDENTS TOUR ED THE LDRP UNIT THEY VIEWED AND DISCUSSED FAMILY'S ADMISSION FROM BIRTHING ROOM TO POSTP ARTUM ROOM TO THE NURSERY DISCUSSIONS WERE HELD ON NEWBORNS AND BASIC DEVELOPMENT, INCLUD ING ICN & TYPES OF INFANTS ADMITTED AT DOYLESTOWN HOSPITAL THE PROGRAM WAS PRESENTED ON T WO DATES, WITH 40 PARTICIPANTS, INCLUDING 1 TEACHER AT A VALUE OF $130 GRANDPARENTING CLA SSES THIS PROGRAM PREPARED GRANDPARENTS-TO-BE ON HOW TO BE SUPPORT THEIR CHILDREN AS THEY START THEIR OWN FAMILY 42 INDIVIDUALS ATTENDED THE COURSE, WHICH COST THE HOSPITAL $328 T O HOLD 6 CLASSES PRENATAL REFRESHER CLASSES THIS PROGRAM REFRESHED NEARLY 28 PARENTS-TO-B E, WHO ALREADY HAVE DELIVERED OTHER CHILDREN, ON THE CHILDBIRTH EXPERIENCE $1,162 IN STAF F TIME WAS DEVOTED TO THIS FOR 6 CLASSES DURING THE YEAR SIBLING EDUCATION CLASSES A PROG RAM DESIGNED TO LESSEN A CHILD'S FEELINGS OF ANXIETY AND JEALOUSY THERE WERE 51 PARTICIPA NTS IN 8 CLASSES DURING THE YEAR AT A COST TO THE HOSPITAL OF $1,223 SCHOOL AGE ACTIVITIE S ---------- BABYSITTING EDUCATION THIS IS A COOPERATIVE PROGRAM WITH CHILD, HO ME AND COMMUNITY, INC THE HOSPITAL PROVIDED ROOM FOR THE EDUCATIONAL COURSE 124 INDIVIDU ALS WERE GIVEN BABYSITTING INSTRUCTION AT A COST OF $300 TO THE HOSPITAL CHILDREN'S VILLA GE/EDEN ALTERNATIVE COLLABORATION AT PINE RUN COMMUNITY SENIORS WERE SERVED BY WEEKLY VISI TS FROM 10 CHILDREN FROM THE CHILD CARE CENTER PAID STAFF TIME IS VALUED AT $2,200 SERVI CE LEARNING & CAREER ACADEMY THE SERVICE LEARNING CAREER ACADEMY IS A JOINT PROJECT BETWEE N THE VIA HEALTH SYSTEM AND THE THREE HIGH SCHOOLS IN THE CENTRAL BUCKS SCHOOL DISTRICT I N COLLABORATION WITH THE CONSUMER AND FAMILY SCIENCES COURSE, THE HOSPITAL'S DAY CARE CENT ER PROVIDES STUDENTS WITH HANDS-ON EXPERIENCE TO ENHANCE LEARNING OF CHILD DEVELOPMENT THE ORY 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 $23,848 IN HOSPITA L STAFF TIME AND OTHER COSTS TEDDY BEAR CLINICS CHILDREN IN THE COMMUNITY WERE EXPOSED TO THE EMERGENCY DEPARTMENT AND AMBULANCE IN A FUN ENVIRONMENT THE EXPERIENCE TAUGHT THEM T O 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 FOR ABOUT 150 CHILDR EN FOR 4 HOURS HOSPITAL STAFF VOLUNTEERED TIME WAS WORTH $540 AND DONATED MATERIAL COST $ 300 GIRL SCOUTS THE HOSPITAL PROVIDED MEETING SPACE FOR 2 GIRL SCOUT TROOPS MEETING SPAC E WAS VALUED AT $5,400 BUCKS COUNTY DOWN'S SYNDROME SPACE WAS PROVIDED FOR MONTHLY MEETIN GS AT CHILDREN'S VILLAGE FOR THE BUCKS COUNTY DOWNS SYNDROME GROUP MEETING SPACE WAS VALU ED AT $750 FOCUS ON MOTHERHOOD FAMILY HOME AND CO

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MMUNITY CHILDBIRTH CLASSES FOR TEEN PARENTS MEET AT C V EVERY MONDAY EVENING TO PREPARE F OR CHILDBIRTH INSTRUCTION IS ALSO PROVIDED FOR INFANT CARE, HEALTH & NUTRITIONAL AND LIFE SKILLS MEETING SPACE IS VALUED AT $2,400 ANNUALLY BEREAVEMENT GROUP MEETINGS SPACE IS P ROVIDED MONTHLY FOR THESE MEETINGS AT C V AND IS VALUED AT $5,400 LEADERSHIP ACTIVITIES ---------- THE HOSPITAL PRESIDENT/CEO DEVOTED $28,800 WORTH OF HIS TIME TO COMM UNITY BENEFIT ACTIVITIES INCLUDING, BUT NOT LIMITED TO, THE BUCKS COUNTY HEALTH IMPROVEMEN T PARTNERSHIP, ANN SILVERMAN COMMUNITY HEALTH CLINIC, HEALTH QUALITY PARTNERS AND THE CB C ARES THE VICE-PRESIDENT OF DEVELOPMENT WAS ALSO INVOLVED IN CONTRIBUTING TIME TO ACTIVITI ES THAT BENEFIT THE COMMUNITY INCLUDING ANN SILVERMAN COMMUNITY HEALTH CLINIC, CB CARES, THE AMERICAN RED CROSS, THE CENTRAL BUCKS CHAMBER OF COMMERCE AND THE DOY LESTOWN BUSINESS AND COMMUNITY ALLIANCE DOY LESTOWN HOSPITAL'S MANAGERS ALSO CONTRIBUTE THEIR LEADERSHIP AN D EXPERTISE TO A VARIETY OF COMMUNITY BOARDS, AGENCIES, AND PROJECTS DURING 2009-2010, A VALUE OF $94,603 IN MANAGER'S TIME WAS GIVEN, OFTEN DURING WORK TIME, TO HELP SOME OF THE FOLLOWING COMMUNITY ORGANIZATIONS ADVOCACY SPEECHES AMERICAN CANCER SOCIETY AMERICAN HERI TAGE FCU AMERICAN RED CROSS BLOOD DRIVE BUCKS CO HOSPITAL DECON TASK FORCE BUCKS CO QUAL ITY CHILD CARE COALITION BUCKS CO MH/MR ADVISORY BOARD BOYS SCOUTS OF AMERICA BUCKS COUNT Y HOUSING GROUP BUCKS CO HEALTH IMPROVEMENT PARTNERSHIP CB CHAMBER OF COMMERCE CENTRAL BU CKS MINISTERIUM CB CHRISTIAN WOMEN'S CLUB CHILD, HOME AND COMMUNITY, INC CENTRAL BUCKS FAM ILY YMCA CB CARES COMMUNITY OUTREACH CENTER DELAWARE VALLEY COLLEGE SENIOR EDUCATION DOY LE STOWN ATHLETIC ASSOCIATION DOY LESTOWN BUSINESS & COMMUNITY ALLIANCE DVHC BOARD AND COMMITT EES FAMILY CAREGIVERS OF SENIORS ANN SILVERMAN COMMUNITY HEALTH CLINIC FRIENDS OF PEACE VA LLEY NATURE CENTER GILDA'S CLUB GWY NEDD MERCY ADVISORY COMMITTEE HEALTH AND HOUSING TASK F ORCE 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 SPRINGFI ELD TOWNSHIP (SUPERVISOR/PLANNING) TEACHING PROGRAMS ---------- DOY LESTOWN 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 ROTATION S, AND/OR PRECEPTORSHIPS ABINGTON HOSPITAL SCHOOL OF RADIOLOGY ALBANY COLLEGE ARCADIA UNI VERSITY BLOOMSBURG UNIVERSITY BUCKS COUNTY COMMUNITY COLLEGE DEVRY UNIVERSITY DREXEL UNIVE RSITY/HAHNEMANN COLLEGE EASTERN UNIVERSITY GWY NEDD MERCY COLLEGE LASALLE UNIVERSITY LIBERT Y UNIVERSITY MONTGOMERY COUNTY COMMUNITY COLLEGE PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDIC INE RUTGERS UNIVERSITY SALUS UNIVERSITY SANFORD BROWN INSTITUTE STARR TECHNICAL INSTITUTE TEMPLE UNIVERSITY TEXAS WOMAN'S UNIVERSITY UNIVERSITY OF PENNSY LVANIA VIRGINIA COMMONWEALT H UNIVERSITY WAGNER COLLEGE DOY LESTOWN HOSPITAL SERVED AS A CLINICAL ROTATION SITE FOR MED ICINE, PHY SICIAN ASSISTANT, ENTRY AND ADVANCED NURSING LEVELS, PHARMACY, RADIOLOGIC TECHNO LOGY, CARDIAC SERVICES AND EXERCISE PHY SIOLOGY ALL PATIENT CARE AREAS WERE UTILIZED IN TH E EDUCATION OF THESE STUDENTS THE COSTS OF TEACHING THE 356 STUDENTS WERE AT LEAST $320,4 00

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 AN D 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 P ROGRAM CONDUCTED BY THE DOYLESTOWN HOSPITAL'S MEDICAL STAFF TO INTRODUCE THE STUDENTS TO S ELECTED 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 SERV ICES 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 PHY SICIAN IN A MODERN HOSPITAL COMPL EX WE HAD 13 STUDENTS IN THIS PROGRAM TIME OF SIX PHY SICIANS, FOUR NURSE EDUCATORS, VOLU NTEER SERVICES AND MATERIALS COST THE HOSPITAL $ 48,706 OUTSIDE GROUP ROOM USAGE ---------- ---------- THE HOSPITAL PROVIDES FREE SPACE FOR MEETINGS TO THE FOLLOWING OUTSIDE GR OUPS WITH A CHARITABLE MISSION THERE WERE OVER 2,500 INDIVIDUALS BENEFITTED AT A COST OF $51,368 ALATEEN SE REGIONAL MEETING A WOMAN'S PLACE ALZHEIMER'S ASSOCIATION AMERICAN ADOP TIONS ANN SILVERMAN FAMILY HEALTH COMMUNITY CLINIC BIG BROTHERS/BIG SISTERS OF BUCKS COUNT Y BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP BUCKS COUNTY MEDICAL SOCIETY LENAPE VALLEY F OUNDATION HEALTH SCREENINGS & IMMUNIZATIONS ---------- ---------- THE HOSPITAL CONDUCTS HEALTH SCREENS AND SUPPORTED IMMUNIZATIONS FOR VARIOUS COMMUNITY MEMBERS HEALTH SCREENINGS DURING THE YEAR, 212 INDIVIDUALS BENEFITED FROM HEALTH SCREENS STAFF TIME DON ATED TO THIS EFFORT IS ESTIMATED AT $7,729 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 SCREEN ING AND IMMUNIZATION ACTIVITIES SKIN CANCER SCREENING THIS PROGRAM SCREENED 131 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING $2,958 PROSTATE CANCER SCREEN INGS THIS PROGRAM SCREENED 36 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING $1,787 BALANCE SCREENINGS THIS PROGRAM SCREENED 45 PATIENTS WITH VOLUNTEER MEDIC AL, NURSING AND CLERICAL STAFF TOTALING $3,889 INFLUENZA IMMUNIZATIONS DOYLESTOWN HOSPITA L PROVIDED 2-COMMUNITY FLU SHOT CLINICS IN THE FALL OF 2009 A THIRD CLINIC INCLUDED THE D IABETES SUPPORT GROUP AT THE HOSPITAL THE VALUE OF THIS TIME TO SERVE 40 INDIVIDUALS WAS $163 VACCINES WERE PROVIDED BY THE BUCKS COUNTY HEALTH DEPARTMENT SUPPORT GROUP & SELF-H ELP PROGRAMS ---------- ---------- SUPPORT GROUPS ARE OFFERED AT NO CHARGE T O THE COMMUNITY, AND A MEMBER OF THE HOSPITAL STAFF LEADS MANY 738 CONFERENCE ROOM HOURS AND 238 PROFESSIONAL HOURS OF SUPPORT WERE PROVIDED TO MORE THAN 3,200 COMMUNITY MEMBERS THIS AMOUNTED TO $52,333 DONATED IN SPACE AND PROFESSIONAL STAFF TIME AND HOSPITAL MATERIA LS THE FOLLOWING IS A LIST OF THE GROUPS THAT HELD REGULAR MEETINGS AT THE HOSPITAL - AL COHOLICS ANONY MOUS - ALATEEN - BETTER BREATHERS CLUB - NTM (NONTUBERCULOUS MY COBACTERIUM) - CADUCEUS - EATING DISORDERS ANONY MOUS - FIBROMY ALGIA - AUTISM - INSULIN PUMP - LY MPHEDEM A - NURSING MOTHERS - PARKINSON'S DISEASE - PROSTATE CANCER - STROKE - PULMONARY HY PERTENS ION - ALZHEIMER'S DISEASE - AUGUSTINE FELLOWSHIP - BREAST CANCER - DOWN'S SY NDROME INTERES T - BUILDING THE FAMILY - LOW VISION - GAMBLERS ANONY MOUS - ICD (IMPLANTABLE DEFIBRILLATOR) - LY ME DISEASE - MULTIPLE SCLEROSIS - OVEREATERS ANONY MOUS - PREGNANCY LOSS - SCLERODERM A - WIDOW/WIDOWER - DIABETES VOLUNTEER PROGRAMS ---------- DOYLESTOWN HOSPITAL ENJ OYS THE GENEROUS CONTRIBUTION OF TIME AND TALENT FROM COMMUNITY VOLUNTEERS, STARTING AT TH E 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 SOC IAL PROBLEMS THE VOLUNTEER PROGRAM ALLOWS SOME MEMBERS OF THE COMMUNITY TO HELP OTHERS, N OT THROUGH THEIR DOLLARS BUT THROUGH THEIR DONATED TIME IN ADDITION, THE HOSPITAL IS A PL ACE FOR COMMUNITY MEMBERS TO REACH OUT TO HELP FRIENDS AND NEIGHBORS OR TO FULFILL COURT-M ANDATED COMMUNITY SERVICE OBLIGATIONS AS VOLUNTEERS THROUGHOUT THE YEAR, 855 VOLUNTEERS C ONTRIBUTED 104,422 HOURS OF SERVICE TO THEIR COMMUNITY THROUGH OPPORTUNITIES IN EVERY HOSP ITAL DEPARTMENT VOLUNTEERS SIGNIFICANTLY ENHANCE PATIENT AND FAMILY SUPPORT IN THE FOLLOW ING SERVICE CATEGORIES ADDRESSING, COLLATING, BOOK CART, DIETARY MENU, EMERGENCY DEPARTME NT, 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, LDRP (LABOR & DELIVERY) AND OUR "NO ONE DIES ALONE" PROGRAM IN TOTAL, $88,841 WORTH OF MEALS WAS GIVEN TO OUR VOLUNTEER

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	S FREE OF CHARGE BECAUSE THE HOSPITAL WANTS TO PROVIDE EXCEPTIONAL OPPORTUNITIES FOR COMM UNITY MEMBERS TO OFFER TIME AND TALENT TO SUPPORT THE VIA'S MISSION TO EXCELLENT LOCAL HEA LTHCARE, $235,479 IN SALARIES WAS BUDGETED FOR RECRUITMENT, ORIENTATION, MANAGEMENT, RETEN TION AND RECOGNITION OF VOLUNTEERS IN PATIENT TRANSPORT, THE GIFT SHIP, AND THROUGHOUT THE PATIENT SERVICES AREAS UNCOMPENSATED HEALTHCARE TO COMMUNITY MEMBERS ========== ========== DOY LESTOWN HOSPITAL AND THE PINE RUN COMMUNITY PROVIDED FREE ME DICAL CARE TO COUNTLESS COMMUNITY MEMBERS WHO COULD NOT PAY FOR THE CARE THEMSELVES THE 2 009-2010 FISCAL YEAR'S TOTAL FOR UNCOMPENSATED CARE AMOUNTED TO $5,200,535 SUMMARY OF TOT AL COMMUNITY BENEFIT CONTRIBUTION ---------- COMMUNIT Y OUTREACH AND BENEFIT ACTIVITIES $ 937,766 EDUCATIONAL PROGRAMS $ 269,140 MATERNITY AND P ARENTING ACTIVITIES $ 124,248 SCHOOL AGE ACTIVITIES $ 43,138 LEADERSHIP ACTIVITIES $ 123,4 03 TEACHING PROGRAMS $ 369,106 OUTSIDE GROUP ROOM USAGE $ 51,368 HEALTH SCREENINGS AND IMM UNIZATIONS $ 16,463 SUPPORT AND SELF-HELP PROGRAMS $ 52,333 VOLUNTEER PROGRAMS $ 88,841 UN COMPENSATED HEALTHCARE TO COMMUNITY MEMBERS $ 5,200,535 COMMUNITY SUPPORT $4,737,103 - PR OGRAMS AND SERVICES THAT WERE COORDINATED AND SPONSORED BY EITHER THE HOSPITAL AND/OR FOUN DATION AND WERE DIRECTLY PAID FOR OR CAME AT A COST TO THE EITHER HOSPITAL AND/OR FOUNDATI ON $463,432 - PROGRAMS AND SERVICES THAT WERE COORDINATED AND SPONSORED BY EITHER THE HOS PITAL AND/OR FOUNDATION BUT DID NOT INCUR ADDITIONAL EXPENSES TO THE HOSPITAL AND/OR FOUND ATION TOTAL $5,200,535 NOTE WHEN CALCULATING THE DOLLAR VALUE OF PAID TIME DONATED TO C OMMUNITY OUTREACH OR COMMUNITY BENEFIT ACTIVITIES THE FOLLOWING SIMPLIFIED SALARY EQUIVALE NTS WERE USED PHY SICIAN/SENIOR MANAGEMENT (PRESIDENT/VICE PRESIDENT) - $110 27/HOUR MANAG EMENT, PROFESSIONAL STAFF - $33 76/HOUR TECHNICAL, CLERICAL STAFF - $18 07/HOUR VOLUNTEER STAFF (AS PER NATIONAL BIENNIAL SURVEY) - $21 36/HOUR AS OUTLINED IN SCHEDULE H, PART VI, PLEASE NOTE THAT THE COMMUNITY BENEFIT EXPENSES USED IN THE DENOMINATOR OF THE CALCULATION FOR THE HOSPITAL'S COMMUNITY BENEFIT PERCENTAGE INCLUDE THE EXPENSES FOR PINE RUN RETIREM ENT COMMUNITY AND DOY LESTOWN RADIOLOGY GROUP, L P , BOTH ENTITIES INCLUDED AS DIVISIONS OF DOY LESTOWN HOSPITAL IN ITS AUDITED FINANCIAL STATEMENTS, WHICH PROVIDE LITTLE OR NO COMMU NITY BENEFIT SUPPORT THE HOSPITAL'S COMMUNITY BENEFIT PERCENTAGE WOULD INCREASE TO 7 31% IF ONLY THE ACTUAL EXPENSES OF THE HOSPITAL ARE USED

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 2009-2010 == ========== - ASSOCIATE HEALTH SERVICES - BEHAVIORAL HEALTH SERVICE - EAP - CRISIS SERVICES - CARDIAC AND NEUROLOGICAL SE RVICES - DIAGNOSTIC CARDIAC CATHETERIZATION - NON-INVASIVE DIAGNOSTIC TESTING SERVICES - I NTERVENTIONAL CARDIOLOGY PROCEDURES - EPS STUDIES (PACEMAKERS, DEVICE IMPLANTATION, ABLATI ON) - CARDIOVASCULAR SURGERY - CABG - VALVE REPLACEMENTS/REPAIRS - CRITICAL CARE UNITS - M ED/SURG CRITICAL CARE - CARDIOVASCULAR CRITICAL CARE - DIABETES EDUCATION (INPATIENT AND O UTPATIENT) - NUTRITION EDUCATION AND COUNSELING - EMERGENCY SERVICES - CRISIS INTERVENTION - OBSERVATION/HOLDING UNIT - SANE (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM - DOMESTIC VIOL ENCE - ENDOSCOPY - GASTROENTEROLOGY - PULMONOLOGY - ENTEROSTOMAL THERAPY (INPATIENT AND OU TPATIENT) - NURSING HOME CONSULTATION - WOUND MANAGEMENT - CONTINENCE CARE - FOOD AND NUTR ITION 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 - ONCOL OGY - PATHOLOGY - PEDIATRICS - PHYSICAL MEDICINE/REHABILITATION - PSYCHIATRY - PULMONARY - RHEUMATOLOGY - HEMODIALYSIS - INFECTION CONTROL - IV THERAPY - PICC (PERIPHERALLY INSERTE D CENTRAL CATHETER) - LABORATORY SERVICES - AUTODONATION - BLOOD BANK - CHEMISTRY - CYTOLO GY - HEMATOLOGY - HISTOLOGY/PATHOLOGY - MICROBIOLOGY - URINALYSIS - MAGNETIC RESONANCE IMA GING (MRI) - MATERNITY SERVICES - ANTENATAL TESTING - BABY BRACELETS (MATERNAL/INFANT VISI TING 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 - RADIOLOG Y SERVICES - CT SCANNER - PET/CT SCANNER - DIAGNOSTIC RADIOLOGY - INVASIVE AND SPECIAL PRO CEDURES - NUCLEAR MEDICINE - ULTRASOUND - REHABILITATION SERVICES (INPATIENT AND OUTPATIEN T) - ACTIVITIES OF DAILY LIVING SUITE - AUDIOLOGY SCREENING - BACK INJURY PREVENTION - BRA IN INJURY - CARDIAC REHABILITATION - COGNITIVE REMEDIATION - ELECTROMY OGRAPHY - FUNCTIONAL CAPACITY EVALUATION - HAND THERAPY - HYDROTHERAPY - NERVE CONDUCTION STUDIES - OCCUPATION AL THERAPY - PHYSICAL THERAPY - PSYCHOLOGY - SPEECH THERAPY - SWALLOWING TEST - WORK HARDE NING - RESPIRATORY SERVICES - PULMONARY FUNCTION TESTING - PULMONARY REHAB - CASE MANAGEME NT/SOCIAL SERVICES - PSYCHOSOCIAL ASSESSMENTS - COUNSELING - COMPLEX DISCHARGE PLANNING - CRISIS INTERVENTION - FINANCIAL COUNSELING - ADOPTION OPTIONS COUNSELING - PATIENT AND FAM ILY EDUCATION - INFORMATION AND REFERRAL - SURGICAL SERVICES (INPATIENT AND OUTPATIENT) - ACUPUNCTURE - COSMETIC - DENTISTRY - GENERAL - NERVE BLOCKS - SURGICAL SERVICES CONTINUED - OB/GYN - OPHTHALMOLOGY - ORAL/MAXILLOFACIAL - ORTHOPEDICS - OTOLARYNGOLOGY - PEDIATRIC D ENTISTRY - PLASTIC SURGERY - POST-ANESTHESIA CARE UNIT - PRE-ADMISSION TESTING - SAME DAY SURGERY (NERVE BLOCKS) - UROLOGY - VASCULAR - TELEMETRY / PROGRESSIVE CARE - VISITING NURS E/ HOME CARE - ADULT AND INFANTS (UP TO 1 YEAR) SKILLED HOME HEALTH SERVICES - NURSING - P HYSICAL THERAPY - OCCUPATIONAL THERAPY - SPEECH THERAPY - SOCIAL SERVICES - HOME HEALTH AI DES - BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) - COMPREHENSIVE HOSPICE PROGRAM - WO MEN'S DIAGNOSTIC CENTER - BONE DENSITOMETRY - MAMMOGRAPHY - STEREOTACTIC BREAST BIOPSY

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 ORGANIZA TION VIAD HAS THE RIGHT TO ELECT THE MEMBERS OF THIS ORGANIZATION'S BOARD OF DIRECTORS AN D HAS CERTAIN RESERVED POWERS AS DEFINED IN THIS ORGANIZATION'S BYLAWS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 11A	THE ORGANIZATION IS AN AFFILIATE IN THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("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 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 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 PE RSONNEL ARE REQUIRED TO REVIEW THE EXISTING CONFLICT OF INTEREST POLICY AND COMPLETE A QUE STIONNAIRE THE COMPLETED QUESTIONNAIRES ARE RETURNED TO THE EXECUTIVE ASSISTANT TO THE CH IEF EXECUTIVE OFFICER OF THE ORGANIZATION, WHO GATHERS, INVENTORIES AND FILES THE COMPLETE D QUESTIONNAIRES THEREAFTER A SUMMARY OF THE COMPLETED QUESTIONNAIRES WHICH CONTAINS INFO RMATION DISCLOSED ON AN INDIVIDUAL BY INDIVIDUAL BASIS IS PREPARED AND REVIEWED BY THE ORG ANIZATION'S CHIEF ACCOUNTING OFFICER AND CHIEF EXECUTIVE OFFICER THIS SUMMARY IS THEN PRE SENTED 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 ORGANIZ ATION IF NECESSARY

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 BENE FITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNU AL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATIO N 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 49 58 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 FINAN CIAL 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 APPRO VED 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 DETER MINATION 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 APPROPR IATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FRO M AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARA BLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSP ITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUME NTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS W AS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMM ITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES T O CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EX ECUTIVE 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 RESOU RCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND I S BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VA LUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVE Y DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALU ATIONS, 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 REGULATION S ON JOINT VENTURE POLICIES AND DISCLOSURES WITH RESPECT TO FEDERAL FORM 990 IN ADDITION, THE ORGANIZATION'S BOARD OF DIRECTORS IS INVOLVED IN EVERY DECISION WITH RESPECT TO JOINT VENTURES IN WHICH IT PARTICIPATES FOR WHICH IT DRAFTS SPECIFIC BOARD RESOLUTIONS FOR THES E 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 PROJEC TS, 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 CERTI FICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMON WEALTH 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 RENDER ED AS FULL-TIME EMPLOYEES OF THE ORGANIZATION AND NOT FOR SERVICES RENDERED AS A VOTING ME MBER 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 CONSOLIDAT ED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2010 AND JUNE 30, 2009, RESPECTIVELY AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WI TH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE I NDEPENDENT CPA FIRM IN ADDITION, AN INDEPENDENT BIG FOUR CPA FIRM AUDITED THE FINANCIAL S TATEMENTS OF DOYLESTOWN HOSPITAL FOR THE FISCAL YEARS ENDED JUNE 30, 2010 AND JUNE 30, 200 9, RESPECTIVELY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM W ITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS OF THIS ORGANIZATION THE DOYLESTOWN HOSPI TAL FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL S TATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	SCHEDULE R, PART V, QUESTION 2	AFFILIATES ARE GENERALLY CHARGED COST FOR SERVICES RENDERED

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

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

(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 (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
DOYLESTOWN HEALTH FOUNDATION 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368196	FUNDRAISING	PA	501(C)(3)	509(A)(1)	VIAD
VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368200	HEALTHCARE	PA	501(C)(3)	509(A)(1)	N/A
VIA AFFILIATES 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368197	HEALTHCARE	PA	501(C)(3)	509(A)(3)	DHF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
DOYLESTOWN SURGICAL CTR LLC 595 WEST STATE STREET DOYLESTOWN, PA18901 23-1352174	MEDICAL SVCS	PA	DH					No	0		No
DOYLESTOWN RADIOLOGY GROUP LP 1240 OLD YORK ROAD WARMINSTER, PA18974 23-1352174	MEDICAL SVCS	PA	DH					No	0		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR 595 WEST STATE STREET DOYLESTOWN, PA18901 23-3022645	FITNESS CNTR	PA		C CORP			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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		No
e Loans or loan guarantees by other organization(s)	1e	Yes	
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		No
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

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

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	E	3,333,063
(2)	DOYLESTOWN HEALTH FOUNDATION	C	2,067,364
(3)	DOYLESTOWN HEALTH FOUNDATION	Q	2,104,785
(4)	DOYLESTOWN HEALTH FOUNDATION	K	675,508
(5)	DOYLESTOWN HEALTH FOUNDATION	B	570,628
(6)	VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN	C	125,686
(7)	DOYLESTOWN RADIOLOGY GROUP LP	E	59,412
(8)	VIA AFFILIATES INC	K, O	1,920,657
(9)	DOYLESTOWN HOSPITAL HEALTH & WELLNESS CENTER	P	802,298

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Form **4797**

Department of the Treasury
Internal Revenue Service (99)

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

2009

Attachment Sequence No **27**

Name(s) shown on return
DOYLESTOWN HOSPITAL

Identifying number
23-1352174

1 Enter the gross proceeds from sales or exchanges reported to you for 2009 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) . **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						

3	Gain, if any, from Form 4684, line 43	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows	**7**	
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below		
8	Nonrecaptured net section 1231 losses from prior years (see instructions)	**8**	
9	Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	**9**	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

SALE OF LAND			1,700,000		1,245,216	

11	Loss, if any, from line 7	**11**	( )
12	Gain, if any, from line 7, or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 35 and 42a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	454,784
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below		
a	If the loss on line 11 includes a loss from Form 4684, line 39, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23 Identify as from "Form 4797, line 18a " See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14	**18b**	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired(mo , day, yr)	(c) Date sold (mo , day, yr)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** *See line 1 before completing*) .	20				
21 Cost or other basis plus expense of sale . .	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis Subtract line 22 from line 21 .	23				
24 Total gain Subtract line 23 from line 20 . .	24				
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975 (see instructions) . .	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions) . . .	26b				
c Subtract line 26a from line 24 If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976 . .	26d				
e Enter the **smaller** of line 26c or 26d . . .	26e				
f Sections 291 amount (corporations only) . .	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
a Soil, water, and land clearing expenses . .	27a				
b Line 27a multiplied by applicable percentage (see instructions) .	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13 .	31	
32	Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 37 Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years . .	33		
34	Recomputed depreciation (see instructions)	34		
35	Recapture amount Subtract line 34 from line 33 See the instructions for where to report . .	35		