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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)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

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

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization DOYLESTOWN HEALTH FOUNDATION		D Employer identification number 23-2368196
		Doing Business As		E Telephone number (215) 345-2242
		Number and street (or P.O. box if mail is not delivered to street address) 595 WEST STATE STREET	Room/suite	G Gross receipts \$ 19,986,770
		City or town, state or country, and ZIP + 4 DOYLESTOWN, PA 18901		
		F Name and address of principal officer RICHARD A REIF 595 WEST STATE STREET DOYLESTOWN, PA 18901		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶		
J Website: ▶ WWW.DH.ORG				

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	L Year of formation 1986	M State of legal domicile PA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO SUPPORT THE CHARITABLE TAX-EXEMPT PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION			
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 2	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of employees (Part V, line 2a)	5	
6	Total number of volunteers (estimate if necessary)	6		
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,481,366	5,956,086
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,947	21,451
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,131,852	1,258,115
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	0
	12		3,633,165	7,235,652
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,460,403	5,389,879
	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)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 202,531		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,370,909	1,750,944
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,831,312	7,140,823
	19	Revenue less expenses Subtract line 18 from line 12	-5,198,147	94,829
	Net Assets or Fund Balances			Beginning of Current Year
20		Total assets (Part X, line 16)	31,747,914	30,322,344
21		Total liabilities (Part X, line 26)	7,390,238	4,078,787
22		Net assets or fund balances Subtract line 21 from line 20	24,357,676	26,243,557

Part II Signature Block

Sign Here	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				
	***** Signature of officer			2011-05-11 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-employed	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

1 Briefly describe the organization's mission

TO SUPPORT THE CHARITABLE TAX-EXEMPT PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, WHICH 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 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 \$	6,814,266	including grants of \$	5,389,879) (Revenue \$	19,459)
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EXPENSES INCURRED IN SUPPORT OF THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, WHICH 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 PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

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














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

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

4e	Total program service expenses	\$ 6,814,266
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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	No
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, line 10? 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	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	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	Yes
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	No

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a13	1c	Yes
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a0	2b	
	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)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	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	4a	No
	b If "Yes," enter the name of the foreign country: <input type="text"/> 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	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	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	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes
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	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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

• 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

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

Form **990** (2009)

1b	Total	125,771	1,597,361	252,460
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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▶1

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
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 ▶0		

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	175,354			
	d	Related organizations	1d	612,787			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,167,945			
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f		5,956,086			
Program Service Revenue	2a	OTHER PROGRAM RELATED REVENUE	Business Code				
			900,099	21,451	21,451		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		21,451			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		1,030,427			1,030,427
	4	Income from investment of tax-exempt bond proceeds . . .		0			
	5	Royalties		0			
	6a	Gross Rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		12,915,849					
	b	Less cost or other basis and sales expenses					
		12,688,161					
	c	Gain or (loss)					
		227,688					
	d	Net gain or (loss)		227,688			227,688
	8a	Gross income from fundraising events (not including \$ 175,354 of contributions reported on line 1c) See Part IV, line 18					
			a	62,957			
	b	Less direct expenses	b	62,957			
	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							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See Instructions		7,235,652	21,451		1,258,115	

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	5,369,904	5,369,904		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	19,975	19,975		
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	0	0	0	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	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	2,400		2,400	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	54,984		54,984	
g	Other	0			
12	Advertising and promotion	205,441	205,441		
13	Office expenses	43,025	31,739	548	10,738
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	17,911	13,105		4,806
20	Interest	2,355	2,355		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	24,489	17,431	1,046	6,012
23	Insurance	0			
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	ALLOCATION OF PERSONNEL COSTS	757,451	511,428	65,048	180,975
b	ASSETS RELEASED FROM REST	180,091	180,091	0	0
c	PHYSICIAN RECRUITMENT	247,207	247,207	0	0
d	COMMUNITY RELATIONS	195,838	195,838	0	0
e	OTHER EXPENSES	19,752	19,752	0	0
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,140,823	6,814,266	124,026	202,531
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,507,294	1	213,147
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			3,836,572	3	2,960,983
	4	Accounts receivable, net				4	
	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				8	
	9	Prepaid expenses and deferred charges			186,528	9	21,531
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	303,185	60,909	10c	43,527
	b	Less accumulated depreciation	10b	259,658			
	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			24,996,804	13	26,949,401
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			159,807	15	133,755
	16	Total assets. Add lines 1 through 15 (must equal line 34)			31,747,914	16	30,322,344
Liabilities	17	Accounts payable and accrued expenses			67,629	17	63,817
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	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			53,801	23	41,340
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			7,268,808	25	3,973,630
	26	Total liabilities. Add lines 17 through 25			7,390,238	26	4,078,787
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			12,481,570	27	14,386,164
	28	Temporarily restricted net assets			2,394,438	28	2,447,376
	29	Permanently restricted net assets			9,481,668	29	9,410,017
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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			24,357,676	33	26,243,557
	34	Total liabilities and net assets/fund balances			31,747,914	34	30,322,344

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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 . . .		

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 HEALTH FOUNDATION

Employer identification number
23-2368196

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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.")	1,531,411	4,048,014	6,968,356	2,481,366	5,956,086	20,985,233
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	1,531,411	4,048,014	6,968,356	2,481,366	5,956,086	20,985,233
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)						1,317,828
6 Public Support. Subtract line 5 from line 4						19,667,405

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	1,531,411	2,551,298	6,968,356	2,481,366	5,956,086	20,985,233
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,836,967	2,551,298	2,421,973	1,049,858	1,030,425	8,890,521
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)						29,875,754
12 Gross receipts from related activities, etc (See instructions)					12	213,923
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	65 831 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	59 288 %
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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

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 HEALTH FOUNDATION	Employer identification number 23-2368196
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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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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		<input type="checkbox"/> Yes <input type="checkbox"/> 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	9,481,668	11,960,062			
b Contributions					
c Investment earnings or losses	-71,651	-1,899,628			
d Grants or scholarships					
e Other expenditures for facilities and programs		459,456			
f Administrative expenses		119,310			
g End of year balance	9,410,017	9,481,668			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100.000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

3a(ii)

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		0		0
b Buildings		0	0	0
c Leasehold improvements		0	0	0
d Equipment		303,185	259,658	43,527
e Other		0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				43,527

Schedule D (Form 990) 2009

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,235,652
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,140,823
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	94,829
4	Net unrealized gains (losses) on investments	4	1,791,052
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,791,052
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,885,881

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	9,013,293
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,791,052
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	62,957
e	Add lines 2a through 2d	2e	1,854,009
3	Subtract line 2e from line 1	3	7,159,284
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	76,368
c	Add lines 4a and 4b	4c	76,368
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,235,652

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,633,810
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	62,957
e	Add lines 2a through 2d	2e	62,957
3	Subtract line 2e from line 1	3	1,570,853
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	5,569,970
c	Add lines 4a and 4b	4c	5,569,970
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,140,823

Part XIVSupplemental 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	ENDOWMENT FUNDS ARE MADE UP OF FOURTEEN TRUST ACCOUNTS AT VARIOUS FINANCIAL INSTITUTIONS. IT IS INTENDED THAT INCOME RECEIVED FROM ELEVEN OF THESE ACCOUNTS WILL BE USED AS UNRESTRICTED INCOME TO SUPPORT THE MISSION OF THE ORGANIZATION, AND INCOME FROM THREE OF THESE ACCOUNTS WILL BE USED FOR DONOR-DESIGNATED PROGRAMS.
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	THIS ORGANIZATION IS AN AFFILIATE OF VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES 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 SYSTEM BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE - SPECIAL EVENT EXPENSES - \$62,957
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 - CHANGE IN FAIR VALUE OF ASSETS HELD IN TRUST - \$76,368
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINE 4D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE - SPECIAL EVENT EXPENSES - \$62,957
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINE 4B	OTHER RECONCILIATION ITEMS INCLUDED ON FORM 990, PART IX, LINE 25 BUT NOT ON LINE 1 INCLUDES - NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS - \$5,569,970

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ 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 HEALTH FOUNDATION

Employer identification number
23-2368196

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>CIRCLE OF LIFE</u>	<u>GOLF OUTING</u>	<u>0</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	142,951	95,360		238,311	
	2	Less Charitable contributions	101,950	73,404		175,354	
3	Gross income (line 1 minus line 2)	41,001	21,956		62,957		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes	22,221			22,221	
	6	Rent/facility costs	10,735	18,356		29,091	
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	8,045	3,600		11,645	
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶					62,957
	11	Net income summary Combine lines 3, column d, and line 10. ▶					

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary Combine lines 1, column d, and line 7 ▶			

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Name of the organization
DOYLESTOWN HEALTH FOUNDATION

Employer identification number
23-2368196

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 HOSPITAL 595 W ST STREET DOYLESTOWN, PA 189012554	231352174	501(C)(3)	5,313,404				EQUIP/SUPPORT
ANN SILVERMAN COMMUNITY HEALTH CLINIC595 W ST STREET DOYLESTOWN, PA 189012554	232892823	501(C)(3)	40,000				FREE CLINIC ASSIST
BUCKS COUNTY HEALTH IMPROVEMENT PROJECT 595 W ST STREET DOYLESTOWN, PA 189012554	232862339	501(C)(3)	16,500				CNTY WIDE HLTH NEEDS

2

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

3

3

Enter total number of other organizations

0

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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.

Name of the organization
DOYLESTOWN HEALTH FOUNDATION

Employer identification number
23-2368196

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate 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		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
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?		
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		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
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?	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		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?		No
b	Any related organization?		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?		No
b	Any related organization?		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	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued 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		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		

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

Schedule J (Form 990) 2009

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 FORMS W-2
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 WAGES.
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2009 FORM W-2, AS TAXABLE WAGES. DANIEL L. UPTON, \$110,565.
COMPENSATION INFORMATION	CORE FORM, PART VII AND SCHEDULE J, PART 1, QUESTION 7	THE FOLLOWING INDIVIDUALS RECEIVED A BONUS DURING CALENDAR YEAR 2009 WHICH BONUS AMOUNTS WERE INCLUDED IN COLUMN B (II) HEREIN AND IN EACH INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES: BRUCE M. DERRICK, M.D., \$10,000 AND DANIEL L. UPTON, \$9,000.
COMPENSATION INFORMATION	SCHEDULE J, PART II, COLUMN F	THE AMOUNT REPORTED IN SCHEDULE J, PART II, COLUMN F FOR THE FOLLOWING INDIVIDUAL REPRESENTS 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 FOR THE ORGANIZATION. THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2009 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. LINDA PLANK, \$279,607.

<div>SCHEDULE O</div> <div>(Form 990)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div>	<div>Supplemental Information to Form 990</div> <div>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.</div> <div>▶ Attach to Form 990.</div>	OMB No 1545-0047
		<div>2009</div>
	<div>Name of the organization</div> <div>DOYLESTOWN HEALTH FOUNDATION</div>	

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>VIA HEALTH SYSTEM BACKGROUND ===== THE VILLAGE IMPROVEMENT ASSOCIATION ("VIA") WAS FOUNDED IN 1895 WITH THE HEALTH AND BEAUTY OF THE COMMUNITY OF DOYLESTOWN AS ITS PRIMARY CONCERNS. IN RESPONSE TO COMMUNITY NEEDS, THE VISITING NURSE SERVICE WAS ESTABLISHED IN 1916, AND IN 1923 DOYLESTOWN HOSPITAL WAS OPENED, MAKING THE VIA THE ONLY WOMEN'S CLUB IN THE COUNTRY TO OWN AND OPERATE A COMMUNITY HOSPITAL. IN 1986, A CORPORATE RESTRUCTURING CREATED THE VIA HEALTH SYSTEM AND THE DOYLESTOWN HEALTH FOUNDATION AND THE VIA AFFILIATES. RESTRUCTURING ENABLED THE VIA AND DOYLESTOWN HOSPITAL TO OPERATE MORE EFFICIENTLY AND WITH GREATER DIVERSIFICATION. IN ITS 115TH YEAR, THE VIA OVERSEES THE OPERATIONS OF THE SYSTEM OF AFFILIATED HEALTH CORPORATIONS. THE PURPOSES OF THE VIA HAVE BEEN CONSISTENT THROUGHOUT ITS HISTORY - TO ENCOURAGE AND PROMOTE PUBLIC HEALTH WORK IN GENERAL - TO IMPROVE THE HEALTH AND WELFARE OF THE RESIDENTS OF DOYLESTOWN AND GREATER CENTRAL BUCKS COUNTY - TO PROVIDE FOOD, CLOTHING, SHELTER, AND MEDICAL AND SURGICAL CARE AND NURSING TO THE INDIGENT OF THE COMMUNITY WITHOUT CHARGE, INsofar AS HOSPITAL RESOURCES WILL PERMIT - TO OWN, MANAGE, SUPPORT, AND MAINTAIN A VISITING NURSE SERVICE AND COMMUNITY HOSPITAL FOR THE BENEFIT OF ALL PERSONS - TO RAISE FUNDS FOR AND TO RECEIVE AND HOLD ALL PROPERTY THAT MAY BE GIVEN TO THE ASSOCIATION TO ACCOMPLISH ITS MISSION. FOR THE FISCAL YEAR ENDING 6/30/10 THE VIA HEALTH SYSTEM ACCOUNTS FOR THREE TAX-EXEMPT AFFILIATES IN THIS NARRATIVE: DOYLESTOWN HEALTH FOUNDATION, DOYLESTOWN HOSPITAL, AND THE VIA AFFILIATES DESCRIBED BELOW ARE THE CHARITABLE MISSIONS OF THESE ENTITIES.</p> <p>VIA HEALTH SYSTEM MISSIONS ===== DOYLESTOWN HEALTH FOUNDATION ----- THE MISSION OF THE FOUNDATION HAS FOUR MAIN POINTS: ASSESSMENT OF COMMUNITY NEEDS, COMMUNICATION OF THOSE NEEDS AND THE SYSTEM'S RESPONSE TO THEM, SOLICITATION OF FUNDS TO SUPPORT THE RESPONSE, AND THE ACCOUNTABILITY TO THE COMMUNITY FOR BOTH THE MANAGEMENT OF THE FUNDS AND THE RESPONSE TO THE NEEDS. DOYLESTOWN HOSPITAL ----- DOYLESTOWN HOSPITAL'S MISSION IS TO "PROVIDE A RESPONSIVE, HEALING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY." THESE COMMUNITY MEMBERS INCLUDE THE VULNERABLE, THE DISENFRANCHISED, THOSE IN NEED OF HEALTH EDUCATION, AND THOSE UNINSURED OR UNDERINSURED PERSONS WHO DEPEND ON US FOR CARE. DOYLESTOWN HOSPITAL IS A 247-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN DOYLESTOWN, BUCKS COUNTY, PENNSYLVANIA. DOYLESTOWN HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION. PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION 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. MOREOVER, DOYLESTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN 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 OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR; 3. IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS; 4. CONTROL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF THE SYSTEM. BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC 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 CARE, PROGRAMS AND ACTIVITIES. AS A VALUES-BASED ORGANIZATION, DOYLESTOWN HOSPITAL HAS MADE A PUBLIC COMMITMENT TO FIVE CORE VALUES: SERVICE, ENTHUSIASM, RESPECT, VALUE AND EXCELLENCE. THE HOSPITAL HOLDS BOARD MEMBERS, MEDICAL STAFF, AND PAID AND UNPAID STAFF ACCOUNTABLE FOR INCORPORATING THESE VALUES INTO POLICIES, BEHAVIORS, CLINICAL PRACTICES AND MANAGEMENT DECISIONS. THE FIVE CORE VALUES GUIDE DOYLESTOWN HOSPITAL'S RESPONSE TO COMMUNITY NEEDS: 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 MISSION 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 TO ALL MEMBERS OF THE COMMUNITY, WITHOUT REGARD FOR RACE, RELIGION, SEX, SEXUAL ORIENTATION, COLOR, NATIONAL ORIGIN, OR ABILITY TO PAY. ALL T</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HE MEDICAL, SURGICAL, AND PROGRAM SERVICES LISTED ON ADDENDUM A ARE PROVIDED TO EVERYONE WHO COMES TO DOYLESTOWN HOSPITAL FOR CARE, INCLUDING THOSE UNABLE TO PAY FOR THESE SERVICES 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 COMMUNITY EXPECTS, NEEDS, AND DESERVES THIS CONTRIBUTION OF HEALTHCARE RESOURCES TO ITS OVERALL GOOD HEALTH IN THE FISCAL YEAR ENDING 6/30/10, OVER 27,500 COMMUNITY MEMBERS TOOK ADVANTAGE OF COMMUNITY BENEFIT ACTIVITIES, INCLUDING FREE HEALTH PROMOTION EVENTS, SCREENINGS, HEALTH EDUCATION PROGRAMS, AND OTHER OUTREACH EFFORTS 5 EXCELLENCE - DOYLESTOWN HOSPITAL PROMISES THE COMMUNITY IT WILL STRIVE FOR THE BEST POSSIBLE CUSTOMER SERVICE, PATIENT CARE, AND TECHNOLOGY THAT MEET OR EXCEED THE COMMUNITY'S EXPECTATIONS IT ALSO PROMISES FAITHFULNESS TO ITS HERITAGE AND ASSURE THAT EVERY DECISION REFLECTS A COMMITMENT TO THE VALUES PINE RUN COMMUNITY ----- IN 1992 DOYLESTOWN HOSPITAL ENHANCED ITS COMMITMENT TO THE OLDER ADULT POPULATION IN THE CENTRAL BUCKS COUNTY AREA BY ACQUIRING THE PINE RUN COMMUNITY 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, AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY " PINE RUN SERVES THE SURROUNDING COMMUNITY AS A NON-PROFIT CONTINUING CARE RETIREMENT COMMUNITY BY OFFERING A CONTINUUM 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 RELATED 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, VITALITY, AND VALUE WHERE PEOPLE LIVE IN A GRACIOUS ENVIRONMENT AND THE STAFF PROVIDE EXCEPTIONAL CUSTOMER SERVICE IN PARTNERSHIP WITH THE RESIDENTS THEY SERVE THROUGH A CULTURE OF WELLNESS, 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 GARDEN APARTMENTS SET IN CLUSTERS AND A MULTI-UNIT APARTMENT BUILDING, AS WELL AS A COMMUNITY CENTER, DINING ROOM, STORE, LIBRARY, AND OTHER AMENITIES MAINTENANCE, SECURITY, HOUSEKEEPING, 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 SKILLED NURSING CARE AND COMPREHENSIVE THERAPY PROGRAMS, AN ALZHEIMER'S/DEMENTIA PROGRAM FOR THOSE 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 HOSPICE CARE FOR END OF LIFE CARE LAKEVIEW WAS PURCHASED BY DOYLESTOWN HOSPITAL IN 1998 AND 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) MILES FROM THE PINE RUN VILLAGE, AND TWO BLOCKS FROM THE MAIN HOSPITAL</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>VIA AFFILIATES ----- THE AFFILIATES WAS REACTIVATED IN 1994 TO BRING TO THE RESIDENTS OF THE CENTRAL BUCKS COMMUNITY NECESSARY COMMUNITY-BASED SERVICES THAT MAY NOT OTHERWISE BE AVAILABLE OR INCLUDED IN THE MISSION OF OTHER SYSTEM ENTITIES. IN ORDER TO MEET THE NEEDS OF COMMUNITY MEMBERS, THE VIA AFFILIATES HAS BEEN INVOLVED WITH A NUMBER OF INITIATIVES. VIA AFFILIATES EXISTS TO SUPPORT THE SERVICE CORE VALUE OF DOYLESTOWN HOSPITAL. DOYLESTOWN HOSPITAL HAS BEEN DESIGNATED AS A BLUE DISTINCTION CENTER FOR KNEE AND HIP REPLACEMENT, 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 DISTINCTION CENTER FOR KNEE AND HIP REPLACEMENT ----- DOYLESTOWN - INDEPENDENCE BLUE CROSS OF SOUTHEASTERN PENNSYLVANIA HAS DESIGNATED DOYLESTOWN HOSPITAL AS A BLUE DISTINCTION CENTER FOR KNEE AND HIP REPLACEMENT(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 HIGHLY SKILLED TEAM OF ORTHOPEDIC SPECIALISTS OFFER ADVANCED PROCEDURES IN A COMMUNITY HOSPITAL 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 SURGERY, BUT FOR THE PATIENT'S COMPLETE WELL BEING- STARTING BEFORE THEIR SURGERY, THROUGHOUT THEIR HOSPITAL STAY AND WELL INTO REHABILITATION." ON PROVIDING THE HIGHEST LEVEL OF CARE, 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 REHABILITATION." DOYLESTOWN HOSPITAL OFFERS COMPREHENSIVE KNEE AND HIP REPLACEMENT SERVICES, INCLUDING TOTAL JOINT REPLACEMENT AND GENDER-SPECIFIC KNEE REPLACEMENT. ALTHOUGH KNEE AND HIP REPLACEMENT ARE THE MOST COMMON, JOINT REPLACEMENT CAN ALSO BE PERFORMED ON SHOULDERS, ELBOWS, WRISTS, FINGERS AND ANKLES. OUR SPECIALISTS ARE SKILLED IN RECONSTRUCTIVE AND ARTHROSCOPIC SURGERY, SPORTS MEDICINE AND GENERAL ORTHOPEDIC CARE, AND OUTPATIENT SERVICES. I INCLUDE EVERYTHING FROM SOPHISTICATED SPORTS MEDICINE AND REHABILITATION ALL THE WAY TO DELICATE HAND SURGERY AND OSTEOPOROSIS TREATMENT. "BLUE DISTINCTION CENTERS SHOW OUR COMMITMENT TO WORKING WITH DOCTORS AND HOSPITALS IN COMMUNITIES ACROSS THE COUNTRY TO IDENTIFY LEADING INSTITUTIONS THAT MEET CLINICALLY VALIDATED QUALITY STANDARDS AND DELIVER BETTER OVERALL 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 CENTER FOR KNEE AND HIP REPLACEMENT, THE FOLLOWING TYPES OF CRITERIA WERE EVALUATED: MORE INFORMATION ON SELECTION CRITERIA IS AVAILABLE ON WWW.BCBS.COM - ESTABLISHED ACUTE CARE INPATIENT FACILITY, INCLUDING INTENSIVE CARE, EMERGENCY CARE, AND A FULL RANGE OF PATIENT SUPPORT SERVICES WITH FULL ACCREDITATION BY A CMS-DEEMED NATIONAL ACCREDITATION ORGANIZATION - EXPERIENCE AND TRAINING OF PROGRAM SURGEONS, INCLUDING CASE VOLUME - QUALITY MANAGEMENT PROGRAMS, INCLUDING SURGICAL CHECKLISTS AS WELL AS TRACKING AND EVALUATION OF CLINICAL OUTCOMES AND PROCESS OF CARE - MULTI-DISCIPLINARY CLINICAL PATHWAYS AND TEAMS TO COORDINATE AND STREAMLINE CARE, INCLUDING TRANSITIONS OF CARE - SHARED DECISION MAKING AND PREOPERATIVE PATIENT EDUCATION. THE BLUE DISTINCTION DESIGNATION IS AWARDED BY THE BLUE CROSS AND BLUE SHIELD COMPANIES TO MEDICAL FACILITIES THAT HAVE DEMONSTRATED EXPERTISE IN DELIVERING QUALITY HEALTHCARE IN THE AREAS OF BARIATRIC SURGERY, CARDIAC CARE, COMPLEX AND RARE CANCERS, KNEE 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 QUALITY 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 TO MORE THAN 1,600-AND THIS NUMBER IS EXPECTED TO INCREASE IN THE COMING YEARS. NOTE: DESIGNATION AS BLUE DISTINCTION CENTERS MEANS THESE FACILITIES' OVERALL EXPERIENCE AND AGGREGATE DATA MET OBJECTIVE CRITERIA ESTABLISHED IN COLLABORATION WITH EXPERT CLINICIANS' AND LEADING PROFESSIONAL ORGANIZATIONS' RECOMMENDATIONS. INDIVIDUAL OUTCOMES MAY VARY. TO FIND OUT WHICH SERVICES ARE COVERED UNDER YOUR POLICY AT ANY FACILITIES, PLEASE CALL YOUR LOCAL BLUE CROSS AND/OR BLUE SHIELD PLAN. DOYLESTOWN HOSPITAL RECEIVED TWO PRESTIGIOUS TECHNOLOGY AWARDS ----- DOYLESTOWN RECOGNIZED FOR INNOVATIVE USE OF TECHNOLOGY FOR SAFER PAT</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 SYST EMS SOCIETY (HIMSS) EMR STAGE 6 AWARD DOYLESTOWN HOSPITAL IS THE ONLY PHILA DELPHIA-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 MANA GEMENT, IS WELL ON ITS WAY WITH CPOE (COMPUTERIZED PHY SICIAN 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, DOY LES 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 SYST EMS OF THE HOSPITAL AND COMMUNITY PHY SICIANS T HE HOSPITAL HAS 185 PHY SICIANS 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 -----</p> <p>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 PHY SICIANS, 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 "</p>

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 PRESIDENT AT HEALTHGRADES AND CO-AUTHOR OF THE STUDY "HOSPITALS LIKE DOYLESTOWN HOSPITAL ARE SETTING BENCHMARKS OF SUPERIOR PERFORMANCE THAT WE WOULD LIKE TO SEE OTHER HOSPITALS EMULATE " THE SEVENTH ANNUAL HEALTHGRADES PATIENT SAFETY IN AMERICAN HOSPITALS STUDY APPLIES METHODOLOGY DEVELOPED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES' AGENCY FOR HEALTH CARE RESEARCH AND QUALITY TO IDENTIFY THE INCIDENCE RATES OF 15 PATIENT SAFETY INDICATORS AMONG 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 IDENTIFY 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 PATIENTS MORE INFORMATION ABOUT CHOOSING A HOSPITAL. IN THE HEALTHGRADES ANALYSIS, THE FOLLOWING ARE THE PATIENT SAFETY INDICATORS STUDIED - COMPLICATIONS OF ANESTHESIA - DEATH IN LOW MORTALITY DIAGNOSTIC RELATED GROUPINGS (DRGS) - DECUBITUS ULCER (BED SORES) - DEATH AMONG SURGICAL INPATIENTS WITH SERIOUS TREATABLE COMPLICATIONS - IATROGENIC PNEUMOTHORAX (COLLAPSED LUNG) - SELECTED INFECTIONS DUE TO MEDICAL CARE - POST-OPERATIVE HIP FRACTURE - POST-OPERATIVE HEMORRHAGE OR HEMATOMA - POST-OPERATIVE PHYSIOLOGIC AND METABOLIC DERANGEMENTS - POST-OPERATIVE RESPIRATORY FAILURE - POST-OPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMBOSIS - POST-OPERATIVE SEPSIS - POST-OPERATIVE ABDOMINAL WOUND DEHISCENCE - ACCIDENTAL PUNCTURE OR LACERATION - TRANSFUSION REACTION VIA HEALTH SYSTEM. COMMUNITY BENEFIT ACTIVITIES ===== THE VIA HEALTH SYSTEM IS DEVOTED TO THE COMMUNITY IT SERVES, AND IT SPONSORS AND COORDINATES MANY CHARITABLE ACTIVITIES, WHICH, DESCRIBED IN THE NARRATIVE BELOW, IDENTIFIES WHAT IS DONE DAILY BY THE HEALTH SYSTEM'S ASSOCIATES AND VOLUNTEERS. COMMUNITY OUTREACH & BENEFIT ACTIVITIES ----- AMERICAN RED CROSS/AUTOLOGOUS BLOOD DONATION THE HOSPITAL PROVIDES SPACE ON A WEEKLY BASIS FOR A BLOOD DONATION PROGRAM CONDUCTED BY THE AMERICAN RED CROSS THAT BENEFITS PATIENTS AND THE COMMUNITY. HOSPITAL SPACE IS VALUED AT \$15,000. BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP (BCHIP) IS A COLLABORATIVE EFFORT AMONG DOYLESTOWN HOSPITAL AND THE OTHER FIVE HOSPITALS IN THE COUNTY, ALSO INCLUDING THE BUCKS COUNTY MEDICAL SOCIETY AND THE BUCKS COUNTY DEPARTMENT OF HEALTH. BCHIP ADDRESSES MATERNAL AND CHILD HEALTH ISSUES, MENTAL HEALTH CONCERNS, COORDINATION OF HEALTH PROMOTION AND PREVENTION (NOTABLY TOBACCO AND CARDIOVASCULAR RISK REDUCTION), SUPPORTS CHIP ENROLLMENT, DOMESTIC VIOLENCE PREVENTION AND PROVIDES ADULT HEALTH AND DENTAL CLINICS FOR UNDERSERVED POPULATIONS. THE FOUNDATION CONTRIBUTED \$16,500 TO A COMMON FUND, FROM WHICH THESE PROJECTS WERE SUPPORTED. CB CARES BOTH THE DOYLESTOWN HOSPITAL AND THE DOYLESTOWN HEALTH FOUNDATION SUPPORT THE TEAM WITH BOARD MEMBERS WHO PROVIDE LEADERSHIP, FUNDRAISING AND HUMAN RESOURCE SKILLS. THE VALUE OF SPACE, UTILITIES, PHONE, COMPUTER AND CLEANING SERVICES WERE DONATED FOR FY2010 FOR A TOTAL OF \$51,080. CHILDREN'S VILLAGE DAY CARE SUBSIDIES CHILDREN'S VILLAGE, ON-SITE DAY CARE, WELCOMES CHILDREN FROM LOW-INCOME FAMILIES IN THE AREA AND ALSO CHILDREN WITH SPECIAL NEEDS THAT ARE ELIGIBLE FOR CHILD-CARE SUBSIDIES. \$4,500 WAS WRITTEN OFF FOR THIS. ANN SILVERMAN COMMUNITY HEALTH CLINIC THE MISSION OF THE CLINIC IS TO PROVIDE FREE MEDICAL CARE, DENTAL CARE AND SOCIAL SERVICES TO ANY ELIGIBLE PERSON WHO SEEKS ITS HELP. THE TARGET POPULATION IS LOW INCOME, UNDERINSURED OR UNINSURED PEOPLE IN THE GREATER CENTRAL BUCKS COUNTY AREA. THE HOSPITAL PROVIDED THE CLINIC WITH OFFICES AND EXAM ROOMS AT A NOMINAL CHARGE. THE FOUNDATION ASSISTED IN SOME OF THE HEALTH NEEDS OF THE PATIENTS THAT GO BEYOND THE RESOURCES OF THE CLINIC WITH A CONTRIBUTION OF \$40,000. OTHER DONATIONS INCLUDED PHARMACEUTICALS AND MEDICAL TESTING, AS WELL AS SENIOR MANAGEMENT'S TIME CONTRIBUTING TO THE CLINIC'S BOARD. DURING FY09-10 THERE WERE 1,952 VISITS TO THE MEDICAL PROGRAM FOR 809 INDIVIDUAL ADULTS AND CHILDREN. THERE WERE 351 TREATMENT VISITS FOR THE DENTAL PROGRAM FOR 154 ADULTS. FREE MAMMOGRAMS WERE GIVEN AT A COST TO THE HOSPITAL OF \$34,386. THE VILLAGE IMPROVEMENT ASSOCIATION COMMUNITY RESPONSE AND WELFARE COMMITTEES CONTRIBUTE DOLLARS FOR THE FOLLOWING PROGRAMS: THE LORD'S PANTRY (\$3,000), ST. VINCENT DEPAUL SOCIETY (\$5,000), FISH - FRIENDS IN SERVICE TO HUMANITY (\$14,200), ANNUAL GIFTS PROGRAM FOR FAMILIES IN NEED (\$29,444). IN ADDITION, THE WELFARE COMMITTEE PROVIDES SUPPORT FOR PATIENTS OF DOYLESTOWN HOSPITAL NEEDING MEDICATION (\$5,454). COMMUNITY EDUCATION CALENDAR DOYLESTOWN HOSPITAL PUBLISHED A QUARTERLY CALENDAR WHEN

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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, PHY SICIAN 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 IILITY 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 PSYCHIA TRIC COVERAGE AND CLINICAL SUPERVISION FOR UNIT PATIENTS AND PSYCHIA TRIC 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 GIVING 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 TYPES OF BEREAVEMENT SUPPORT GROUPS THAT TAKE PLACE MONTHLY IN ORDER T O MEET THE NEEDS OF ALL TYPES 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 PHYSICIANS THEY ALSO REFERRED ELIGIBLE PATIENTS TO THE FREE CLINIC OF DOYLESTOWN ESTIMATED STAFF TIME WAS 1,040 HOURS (20 HOURS/WEEK FOR 2 OPERATORS) VALUED AT \$20,280</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>DOYLESTOWN CLINICAL NETWORK (DCN) THE DCN FACILITATES SEAMLESS TRANSFER OF CLINICAL INFORMATION PROVIDER-TO-PROVIDER TO IMPROVE THE QUALITY OF CARE FOR MEMBERS OF THE DOYLESTOWN COMMUNITY THERE ARE AN ESTIMATED 12,372 HOURS OF PAID ASSOCIATE TIME 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 FOR THE COMMUNITY IS THE SERVING OF APPROXIMATELY 450,000 PERSONS COLLABORATION OCCURRED BETWEEN DOYLESTOWN HOSPITAL AND THE BUCKS COUNTY PHYSICIAN HOSPITAL ALLIANCE (BCPHA) SCHOLARSHIP ASSISTANCE 40 SCHOLARSHIPS ARE SUPPORTED BY THE FOUNDATION THROUGH RESTRICTED GIFTS THESE SCHOLARSHIPS, TOTALING \$19,975 ARE AWARDED TO MEN AND WOMEN PURSUING NURSING, ALLIED HEALTH, PARAMEDIC, AND OTHER TRAINING SIXTEEN (16) SCHOLARSHIPS ARE SUPPORTED BY THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN THESE SCHOLARSHIPS, TOTALING \$16,325 ARE AWARDED TO WOMEN PURSUING HEALTH-RELATED CAREERS, AND OUTSTANDING STUDENTS IN CENTRAL BUCKS COUNTY BEN WILSON SENIOR CENTER NEWSLETTER FOUR TIMES A YEAR A STAFF MEMBER FROM COMMUNITY RELATIONS ASSISTS WITH THE PREPARATION OF A NEWSLETTER FOR THE BEN WILSON SENIOR CENTER IN WARRINGTON BY SUPPLYING HEALTH AND WELLNESS INFORMATION AND EDITORIAL OVERSIGHT WE THEN PRINT 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, DOYLESTOWN HOSPITAL HAS MADE CASH DONATIONS TO ASSIST LOCAL BUSINESSES, NON-PROFITS AND CULTURAL ORGANIZATIONS PROVIDE PROGRAMS AND ACTIVITIES THAT IMPROVE AND/OR ENHANCE THE OVERALL QUALITY OF LIFE FOR THE GREATER CENTRAL BUCKS COMMUNITY WE BELIEVE THAT ONE WAY TO KEEP COMMUNITY MEMBERS SAFE, HEALTH AND VIBRANT IS BY SUPPORTING THE NUMEROUS COMMUNITY AND BUSINESS GROUPS THAT ARE THE FABRIC OF OUR COMMUNITY AND BY PARTICIPATING IN SPECIAL PROGRAMS AND EVENTS THAT BENEFIT A BROAD SPECTRUM OF COMMUNITY RESIDENTS THE TOTAL AMOUNT DONATED FOR SPONSORSHIPS IS \$ 42,671 VIAL OF LIFE PROGRAM A VIAL OF LIFE IS FREE AT THE NORTH LOBBY INFORMATION DESK AND PROVIDED TO THE AREA AGENCY ON AGING THE CONTENTS ARE PREPARED BY THE HOSPITAL AND CONSIST OF A PLASTIC VIAL AND MEDICAL INFORMATION SHEET THE VIAL IS KEPT IN HOME REFRIGERATORS, WITH A STICKER PLACED ON THE REFRIGERATOR DOOR TO ALERT ARRIVING RESCUE PERSONNEL THAT MEDICAL INFORMATION IS INSIDE APPROXIMATE COST FOR MATERIALS IS \$695, AND VOLUNTEER TIME TO ASSEMBLE THE VIALS IS VALUED AT \$3,215 VISITING NURSE PROGRAM FREE SUPPORT THE VISITING NURSES MADE VISITS TO FAMILIES WITHOUT INSURANCE CLINICS WERE HELD AT THE CENTER SQUARE TOWERS, YORKTOWNE MANOR AND BUCKINGHAM SPRINGS, WHICH ARE ALL SENIOR LIVING COMPLEXES 42 HOURS WERE DONATED AT A COST OF \$1,418 HOSPICE PROGRAMS MAILINGS AND TELEPHONE CONTACT TO OTHER COMMUNITY SERVICE ORGANIZATIONS, SUCH AS BEELONG ADULT DAY SERVICES, BAYADA NURSES IN HATBORO & BUCKS COUNTY OFFICE, THE MANOR AT YORKTOWN, TO NAME A FEW, AS WELL AS HEALTHCARE ORGANIZATIONS TO OFFER INFORMATION AND EDUCATION REGARDING "END OF LIFE" AND HOSPICE PROGRAMS 49 PAID HOURS AND 10 DONATED HOURS AT A COST OF \$2,314 PLUS REFRESHMENTS AND HANDOUTS AT A COST OF \$60 00 LIBRARY SERVICES AT DOYLESTOWN HOSPITAL THE HOSPITAL HAS AN EXTENSIVE LIBRARY THAT IS OPEN TO USERS FROM THE COMMUNITY, OTHER THAN MEDICAL STAFF, ASSOCIATES 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 -----</p> <p>CANCER SURVIVOR DAY THIS EVENT WAS HELD BY DOYLESTOWN HOSPITAL FOR ALL CANCER SURVIVORS AND THEIR FAMILY AND FRIENDS IT WAS INTENDED TO PROVIDE PSYCHOLOGICAL SUPPORT AND A NETWORKING EXPERIENCE WITH OTHER SURVIVORS AND CONNECT SURVIVORS WITH COMMUNITY RESOURCES OVER 80 PEOPLE ATTENDED THE EVENT VOLUNTEER HOURS INCLUDED PHYSICIANS, NURSING, CLERICAL STAFF ATTENDING FOR 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 PROGRAM, WHICH HELPED 347 COMMUNITY MEMBERS \$2,377 IN PHYSICIAN TIME WAS DONATED DRIVER SAFETY PROGRAM THIS WAS A COOPERATIVE PROGRAM WITH AARP THAT FOLLOWS THEIR RULES FOR PARTICIPATION WE PROVIDE ROOM FOR 266 PARTICIPANTS AND 14 CLASSES, WHICH AMOUNTED TO \$1,780 IN HOSPITAL DONATED COSTS COMMUNITY LECTURES THE HOSPITAL PROVIDED SPEAKERS FOR VARIOUS COMMUNITY GROUPS AND ORGANIZATIONS PRESENTERS FOR EVENTS UTILIZED BOTH STAFF AND PHYSICIANS THE DONATED STAFF TIME WAS \$29,189 AND THE SESSION HELPED 1,000 COMMUNITY INDIVIDUALS THESE PROGRAMS IMPROVED THE COMMUNITY'S HEALTH AND QUALITY OF LIFE THROUGH EDUCATION ANNUAL BREAST CANCER CELEBRATION AND EDUCATION PROGRAM THIS PROGRAM PROVIDED SUPPORT AND EDUCATION FOR 30 WOMEN VOLUNTEER NURSING AND CLERICAL STAFF</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 SURV IVORS 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 SURV IVORS AND THEIR FAMILIES VOLUNTEER TIME WAS 15 HOURS VALUED AT \$1,543 COACHES VERSES CANCER PROGRAM THE HOSPITAL MET WITH CENTR AL BUCKS SOUTH HIGH SCHOOL EDUCA TORS, 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 PHY SICIANS, 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 YEAR 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 DISPLAY S 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, PHY SICIANS 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 HOSPITAL 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</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>EXERCISE PHY SIOLOGY COLLEGE INTERN PROGRAM STUDENTS WORK WITH A DOYLESTOWN HOSPITAL CARDIA C REHAB ASSOCIATE, DEVELOPING THEIR SKILLS SUCH AS READING PHYSICIAN REPORTS, COLLECTING I NFORMATION FOR FIRST V ISIT PATIENTS, ASSESSING SKILLS, DOCUMENTING MEDS, EXERCISE EVALUATI ONS, EVALUATING OUTCOMES AND DISCHARGING PATIENTS THE COST OF THIS PROGRAM IS \$36,222 SM OKING CESSATION PROGRAM PROGRAMS WERE HELD USING FREEDOM FROM SMOKING FROM THE AMERICAN LU NG ASSOCIATION 64 INDIVIDUALS WERE GIVEN HELP IN QUITTING THE HABIT SMOKING THE HOSPITAL 'S OVERALL CONTRIBUTION IS VALUED AT \$1,126 ALZHEIMER'S ASSOCIATION FOR FAMILY CAREGIVER TRAINING A PROGRAM WAS HELD AT PINE RUN FOR THE COMMUNITY AT A VALUE OF \$ 1,132 FOR TIME AND REFRESHMENTS MATERNITY AND PARENTING ACTIVITIES ----- BA BY WELL THIS PROGRAM EDUCATED 228 PARENTS ON HOW TO CARE FOR THEIR NEWBORN \$2,830 IN STAF F TIME WAS DEVOTED 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 PHY SICIAN, 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 PHY SIOLOGY 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</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 DOYLESTOWN BUSINESS AND COMMUNITY ALLIANCE DOYLESTOWN 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 DOYLE STOWN ATHLETIC ASSOCIATION DOYLESTOWN 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 ----- DOYLESTOWN HOSPITAL SUPPORTS MEDICAL, NURSING, ALLIED HEALTH, AND HOSPITAL MANAGEMENT PROGRAMS THE FOLLOWING IS A LIST OF SCHOOLS THAT SENT STUDENTS TO THE HOSPITAL FOR PRACTICUMS, CLINICAL 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 GWYNEDD MERCY COLLEGE LASALLE UNIVERSITY LIBERT Y UNIVERSITY MONTGOMERY COUNTY COMMUNITY COLLEGE PHILADELPHIA COLLEGE OF OSTEOPA THIC MEDIC INE RUTGERS UNIVERSITY SALUS UNIVERSITY SANFORD BROWN INSTITUTE STARR TECHNICAL INSTITUTE TEMPLE UNIVERSITY TEXAS WOMAN'S UNIVERSITY UNIVERSITY OF PENNSYLVANIA VIRGINIA COMMONWEAL TH UNIVERSITY WAGNER COLLEGE DOYLESTOWN HOSPITAL SERVED AS A CLINICAL ROTATION SITE FOR MED ICINE, PHYSICIAN ASSISTANT, ENTRY AND ADVANCED NURSING LEVELS, PHARMACY, RADIOLOGIC TECHNO LOGY, CARDIAC SERVICES AND EXERCISE PHYSIOLOGY 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</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>PRE-MED VOLUNTEER PROGRAM THIS PROGRAM HAS BEEN DEVELOPED BY THE HOSPITAL MEDICAL STAFF AND VOLUNTEER DEPARTMENT IT IS A TEN-WEEK PROGRAM STARTING IN LATE MAY IT IS SUPERVISED BY THE HOSPITAL'S DIRECTOR OF VOLUNTEER SERVICES AND IS COORDINATED WITH A SPECIAL SEMINAR PROGRAM CONDUCTED BY THE DOYLESTOWN HOSPITAL'S MEDICAL STAFF TO INTRODUCE THE STUDENTS TO SELECTED PHASES OF A MEDICAL CAREER STUDENTS PARTICIPATING IN THE PROGRAM ARE EXPECTED TO GIVE THE HOSPITAL A MINIMUM OF 100 HOURS OF VOLUNTEER TIME IN VARIOUS PATIENT RELATED SERVICES DURING THE COURSE THE AIM OF THE PROGRAM IS TO GIVE PRE-MEDICAL STUDENTS FIRST-HAND HOSPITAL EXPERIENCE TO ACQUAINT THEM WITH A TOTAL COMMUNITY HOSPITAL PICTURE THIS PROGRAM BRINGS INTO FOCUS THE WORK AND RESPONSIBILITY OF THE PHYSICIAN IN A MODERN HOSPITAL COMPLEX WE HAD 13 STUDENTS IN THIS PROGRAM TIME OF SIX PHYSICIANS, FOUR NURSE EDUCATORS, VOLUNTEER SERVICES AND MATERIALS COST THE HOSPITAL \$ 48,706 OUTSIDE GROUP ROOM USAGE -----</p> <p>----- THE HOSPITAL PROVIDES FREE SPACE FOR MEETINGS TO THE FOLLOWING OUTSIDE GROUPS 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 ADOPTIONS ANN SILVERMAN FAMILY HEALTH COMMUNITY CLINIC BIG BROTHERS/BIG SISTERS OF BUCKS COUNTY BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP BUCKS COUNTY MEDICAL SOCIETY LENAPE VALLEY FOUNDATION HEALTH SCREENINGS & IMMUNIZATIONS -----</p> <p>----- 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 DONATED 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 SCREENING AND IMMUNIZATION ACTIVITIES SKIN CANCER SCREENING THIS PROGRAM SCREENED 131 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING \$2,958 PROSTATE CANCER SCREENINGS THIS PROGRAM SCREENED 36 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING \$1,787 BALANCE SCREENINGS THIS PROGRAM SCREENED 45 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING \$3,889 INFLUENZA IMMUNIZATIONS DOYLESTOWN HOSPITAL PROVIDED 2-COMMUNITY FLU SHOT CLINICS IN THE FALL OF 2009 A THIRD CLINIC INCLUDED THE DIABETES 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-HELP PROGRAMS -----</p> <p>----- SUPPORT GROUPS ARE OFFERED AT NO CHARGE TO 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 MATERIALS THE FOLLOWING IS A LIST OF THE GROUPS THAT HELD REGULAR MEETINGS AT THE HOSPITAL - ALCOHOLICS ANONYMOUS - ALATEEN - BETTER BREATHERS CLUB - NTM (NONTUBERCULOUS MYCOBACTERIUM) - CADUCEUS - EATING DISORDERS ANONYMOUS - FIBROMYALGIA - AUTISM - INSULIN PUMP - LYMPHEDEMA - NURSING MOTHERS - PARKINSON'S DISEASE - PROSTATE CANCER - STROKE - PULMONARY HYPERTENSION - ALZHEIMER'S DISEASE - AUGUSTINE FELLOWSHIP - BREAST CANCER - DOWN'S SYNDROME INTEREST - BUILDING THE FAMILY - LOW VISION - GAMBLERS ANONYMOUS - ICD (IMPLANTABLE DEFIBRILLATOR) - LYME DISEASE - MULTIPLE SCLEROSIS - OVEREATERS ANONYMOUS - PREGNANCY LOSS - SCLERODERMA - WIDOW/WIDOWER - DIABETES VOLUNTEER PROGRAMS ----- DOYLESTOWN HOSPITAL ENJOYS THE GENEROUS CONTRIBUTION OF TIME AND TALENT FROM COMMUNITY VOLUNTEERS, STARTING AT THE MINIMUM AGE OF 14 VOLUNTEER OPPORTUNITIES BENEFIT THE COMMUNITY BY PROVIDING, FOR MANY COMMUNITY MEMBERS, A PLACE TO GO OR A WAY TO FEEL NEEDED, THUS PREVENTING A VARIETY OF SOCIAL PROBLEMS THE VOLUNTEER PROGRAM ALLOWS SOME MEMBERS OF THE COMMUNITY TO HELP OTHERS, NOT THROUGH THEIR DOLLARS BUT THROUGH THEIR DONATED TIME IN ADDITION, THE HOSPITAL IS A PLACE FOR COMMUNITY MEMBERS TO REACH OUT TO HELP FRIENDS AND NEIGHBORS OR TO FULFILL COURT-MANDATED COMMUNITY SERVICE OBLIGATIONS AS VOLUNTEERS THROUGHOUT THE YEAR, 855 VOLUNTEERS CONTRIBUTED 104,422 HOURS OF SERVICE TO THEIR COMMUNITY THROUGH OPPORTUNITIES IN EVERY HOSPITAL DEPARTMENT VOLUNTEERS SIGNIFICANTLY ENHANCE PATIENT AND FAMILY SUPPORT IN THE FOLLOWING SERVICE CATEGORIES ADDRESSING, COLLATING, BOOK CART, DIETARY MENU, EMERGENCY DEPARTMENT, 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</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>S FREE OF CHARGE BECAUSE THE HOSPITAL WANTS TO PROVIDE EXCEPTIONAL OPPORTUNITIES FOR COMMUNITY MEMBERS TO OFFER TIME AND TALENT TO SUPPORT THE VIA'S MISSION TO EXCELLENT LOCAL HEALTHCARE, \$235,479 IN SALARIES WAS BUDGETED FOR RECRUITMENT, ORIENTATION, MANAGEMENT, RETENTION AND RECOGNITION OF VOLUNTEERS IN PATIENT TRANSPORT, THE GIFT SHIP, AND THROUGHOUT THE PATIENT SERVICES AREAS UNCOMPENSATED HEALTHCARE TO COMMUNITY MEMBERS =====</p> <p>DOYLESTOWN HOSPITAL AND THE PINE RUN COMMUNITY PROVIDED FREE MEDICAL CARE TO COUNTLESS COMMUNITY MEMBERS WHO COULD NOT PAY FOR THE CARE THEMSELVES THE 2009-2010 FISCAL YEAR'S TOTAL FOR UNCOMPENSATED CARE AMOUNTED TO \$5,200,535 SUMMARY OF TOTAL COMMUNITY BENEFIT CONTRIBUTION ----- COMMUNITY OUTREACH AND BENEFIT ACTIVITIES \$ 937,766 EDUCATIONAL PROGRAMS \$ 269,140 MATERNITY AND PARENTING ACTIVITIES \$ 124,248 SCHOOL AGE ACTIVITIES \$ 43,138 LEADERSHIP ACTIVITIES \$ 123,403 TEACHING PROGRAMS \$ 369,106 OUTSIDE GROUP ROOM USAGE \$ 51,368 HEALTH SCREENINGS AND IMMUNIZATIONS \$ 16,463 SUPPORT AND SELF-HELP PROGRAMS \$ 52,333 VOLUNTEER PROGRAMS \$ 88,841 UNCOMPENSATED HEALTHCARE TO COMMUNITY MEMBERS \$ 5,200,535 COMMUNITY SUPPORT \$4,737,103 - PROGRAMS AND SERVICES THAT WERE COORDINATED AND SPONSORED BY EITHER THE HOSPITAL AND/OR FOUNDATION AND WERE DIRECTLY PAID FOR OR CAME AT A COST TO THE EITHER HOSPITAL AND/OR FOUNDATION \$463,432 - PROGRAMS AND SERVICES THAT WERE COORDINATED AND SPONSORED BY EITHER THE HOSPITAL AND/OR FOUNDATION BUT DID NOT INCUR ADDITIONAL EXPENSES TO THE HOSPITAL AND/OR FOUNDATION TOTAL \$5,200,535 NOTE WHEN CALCULATING THE DOLLAR VALUE OF PAID TIME DONATED TO COMMUNITY OUTREACH OR COMMUNITY BENEFIT ACTIVITIES THE FOLLOWING SIMPLIFIED SALARY EQUIVALENTS WERE USED PHYSICIAN/SENIOR MANAGEMENT (PRESIDENT/VICE PRESIDENT) - \$110.27/HOUR MANAGEMENT, PROFESSIONAL STAFF - \$33.76/HOUR TECHNICAL, CLERICAL STAFF - \$18.07/HOUR VOLUNTEER STAFF (AS PER NATIONAL BIENNIAL SURVEY) - \$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 RETIREMENT COMMUNITY AND DOYLESTOWN RADIOLOGY GROUP, LLP, 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</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ADDENDUM A DOYLESTOWN HOSPITAL STATEMENT OF PROGRAM AND SERVICES FISCAL YEAR 2009-2010 == ===== -</p> <p>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, ABLATION) - 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 - PEDIA TRICS - PHYSICAL MEDICINE/REHABILITATION - PSY CHIATRY - PULMONARY - RHEUMATOLOGY - HEMODIALY SIS - INFECTION CONTROL - IV THERAPY - PICC (PERIPHERALLY INSERTE D CENTRAL CATHETER) - LABORATORY SERVICES - AUTODONATION - BLOOD BANK - CHEMISTRY - CY TOLO GY - HEMATOLOGY - HISTOLOGY/PATHOLOGY - MICROBIOLOGY - URINALY SIS - 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 - LA Y CHAPLAIN - PHARMACY - RADIOLOG Y SERVICES - CT SCANNER - PET/CT SCANNER - DIAGNOSTIC RADIOLOGY - INV ASIVE 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 - ELECTROMYOGRAPHY - 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 MANA GEME 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 - PEDIA TRIC 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</p>

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"), WHICH INCLUDES DOYLESTOWN HOSPITAL. THE ORGANIZATION'S FEDERAL FORM 990 WAS MADE AVAILABLE TO EACH VOTING MEMBER OF DOYLESTOWN HOSPITAL'S GOVERNING BODY, ITS BOARD OF DIRECTORS, FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. DOYLESTOWN HOSPITAL'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 EACH MEMBER OF DOYLESTOWN HOSPITAL'S GOVERNING BODY, ITS BOARD OF DIRECTORS.

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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	<p>THE ORGANIZATION IS AN AFFILIATE IN A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES DOYLESTOWN HOSPITAL. THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION. RATHER, CERTAIN PERSONNEL ARE EMPLOYED BY DOYLESTOWN HOSPITAL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE ALSO EITHER OFFICERS OR BOARD MEMBERS OF THIS ORGANIZATION. THE DOYLESTOWN HOSPITAL 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 AND CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.</p>

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

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

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XI, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES ("SYSTEM") WHICH INCLUDES DOYLESTOWN HOSPITAL A BIG FOUR INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED 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 WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM DOYLESTOWN HOSPITAL'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS 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

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 HEALTH FOUNDATION	Employer identification number 23-2368196
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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 HOSPITAL 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-1352174	HEALTHCARE	PA	501(C)(3)	HOSPITAL	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	SUPPORT	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) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
DOYLESTOWN SURGICAL CENTER LLC 595 WEST STATE STREET DOYLESTOWN, PA189012554 23-1352174	MEDICAL SVCS	PA						No			No
DOYLESTOWN RADIOLOGY GROUP LP 1240 OLD YORK ROAD WARMINSTER, PA18974 23-1352174	MEDICAL SVCS	PA						No			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, PA189012554 23-3022645	FITNESS CNTR	PA	DHF	C CORP	2,239,220	-6,174,284	100 000 %

Part V

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

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

Yes

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)		

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 23-2368196

Name: DOYLESTOWN HEALTH FOUNDATION

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN	C	220,873
(2)	DOYLESTOWN HOSPITAL	D	3,333,063
(3)	DOYLESTOWN HOSPITAL	C	250,000
(4)	DOYLESTOWN HOSPITAL	B	2,067,364
(5)	DOYLESTOWN HOSPITAL	R	2,104,785
(6)	DOYLESTOWN HOSPITAL	L	675,508
(7)	DOYLESTOWN HOSPITAL	C	570,628

Form

4797

Sales of Business Property

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

OMB No 1545-0184

2009

Attachment Sequence No 27

Department of the Treasury

Internal Revenue Service (99)

▶ Attach to your tax return.

▶ See separate instructions.

Name(s) shown on return

DOYLESTOWN HEALTH FOUNDATION

Identifying number

23-2368196

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

4

Section 1231 gain from installment sales from Form 6252, line 26 or 37

5

Section 1231 gain or (loss) from like-kind exchanges from Form 8824

6

Gain, if any, from line 32, from other than casualty or theft

7

Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows

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)

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)

3	
4	
5	
6	
7	
8	
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 ASSETS			12,915,849		12,688,161	

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	227,688
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	

Additional Data

Software ID:
Software Version:
EIN: 23-2368196
Name: DOYLESTOWN HEALTH FOUNDATION

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	3 0	X		X				0	0	0
DEE ANN WOODALL VICE CHAIR - DIRECTOR	3 0	X		X				0	0	0
JOYCE HANSON TREASURER - DIRECTOR	3 0	X		X				0	0	0
PHYLLIS GAGNER SECRETARY - DIRECTOR	3 0	X		X				0	0	0
RUTH DOYLE ASST SEC/ASST TREASURER - DIR	3 0	X		X				0	0	0
CHRISTOPHER ASPLUNDH DIRECTOR	3 0	X						0	0	0
MARIANNE CHABOT DIRECTOR	3 0	X						0	0	0
STEPHEN CHADWICK RADM DIRECTOR	3 0	X						0	0	0
MARY CORINI DIRECTOR	3 0	X						0	0	0
BRUCE M DERRICK MD DIRECTOR	3 0	X						125,771	0	0
LEON EPHROSS DIRECTOR	3 0	X						0	0	0
ROBERT HALE MD DIRECTOR	3 0	X						0	0	0
STEPHEN HIRT DIRECTOR	3 0	X						0	0	0
KATHRYN LAMBERT DIRECTOR	3 0	X						0	0	0
DOREEN PAYNTON DIRECTOR	3 0	X						0	0	0
LINDA A PLANK DIRECTOR - VP DEVELOPMENT	55 0	X		X				0	457,979	42,959
RICHARD A REIF DIRECTOR - PRESIDENT/CEO	55 0	X		X				0	607,842	71,289
ELIZABETH SIGETY DIRECTOR	3 0	X						0	0	0
MARY ELLEN STANTON DIRECTOR	3 0	X						0	0	0
DANIEL L UPTON DIRECTOR - CFO	3 0	X		X				0	308,812	138,212
DOUGLAS M BOYLE FORMER CHIEF FINANCIAL OFFICER	0 0						X	0	222,728	0

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
ALLOCATION OF PERSONNEL COSTS	757,451	511,428	65,048	180,975
ASSETS RELEASED FROM REST	180,091	180,091	0	0
PHYSICIAN RECRUITMENT	247,207	247,207	0	0
COMMUNITY RELATIONS	195,838	195,838	0	0
OTHER EXPENSES	19,752	19,752	0	0