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Form <b>990</b>   Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047
		<b>2010</b>
		<b>Open to Public Inspection</b>

<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>		
<b>B</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	<b>C</b> Name of organization DOYLESTOWN HEALTH FOUNDATION	<b>D</b> Employer identification number  23-2368196
	Doing Business As	<b>E</b> 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
	<b>G</b> Gross receipts \$ 10,287,158	
	City or town, state or country, and ZIP + 4 DOYLESTOWN, PA 18901	
	<b>F</b> Name and address of principal officer RICHARD A REIF 595 WEST STATE STREET DOYLESTOWN, PA 18901	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.DH.ORG		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1986
		<b>M</b> State of legal domicile PA

<b>Part I</b>	<b>Summary</b>
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<b>Activities &amp; Governance</b>	<b>1</b> 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		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	20	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	15	
<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	<b>5</b>	0	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 5,956,086	<b>Current Year</b> 2,397,183
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	21,451	16,839
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	1,258,115	1,354,798
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	15,397
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	7,235,652	3,784,217
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	5,389,879	1,902,515
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶195,611		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	1,750,944	1,259,031
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,140,823	3,161,546
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	94,829	622,671
	<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>
<b>20</b> Total assets (Part X, line 16) . . . . .		30,322,344	34,391,765
<b>21</b> Total liabilities (Part X, line 26) . . . . .		4,078,787	3,374,729
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .		26,243,557	31,017,036

<b>Part II</b>	<b>Signature Block</b>
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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.

<b>Sign Here</b>	***** Signature of officer	2012-05-09 Date		
	KATHRYN A LAMBERT DIRECTOR Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ WITHUM SMITH BROWN PC	Firm's EIN ▶		
	Firm's address ▶ 465 SOUTH STREET  MORRISTOWN, NJ 07960	Phone no ▶ (973) 898-9494		

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

Check if Schedule O contains a response to any question in this Part III . . . . .

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

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

If "Yes," describe these changes on Schedule O



















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

[illegible][illegible]

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 2,835,065</b>
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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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	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? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	Yes
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV.</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 ? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	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 ? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	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? <i>If "Yes," complete Schedule G, Part I (see instructions).</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? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	Yes
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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 lines 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	10
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	Yes
<b>2a</b>	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.	<b>2a</b>	0
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	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?	<b>7a</b>	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	Yes
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	No
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

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.  
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
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? . . . . .		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? . . . . .		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		No
6	Does the organization have members or stockholders? . . . . .	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
8a	The governing body? . . . . .	Yes	
8b	Each committee with authority to act on behalf of the governing body? . . . . .	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 . . . . .		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? . . . . .		No
10b	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? . . . . .		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	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? . . . . .		
15a	The organization's CEO, Executive Director, or top management official . . . . .	Yes	
15b	Other officers or key employees of the organization . . . . .	Yes	
	If "Yes" to line 15a or 15b, 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? . . . . .	Yes	
16b	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? . . . . .	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <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 LUPTON 595 WEST STATE STREET DOYLESTOWN, PA 18901 (215) 345-2242

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) CAROLYN DELLA RODOLFA CHAIR - DIRECTOR	3 0	X		X				0	0	0
(2) DEE ANN WOODALL VICE CHAIR - DIRECTOR	3 0	X		X				0	0	0
(3) JOYCE HANSON TREASURER - DIRECTOR	3 0	X		X				0	0	0
(4) PHYLLIS GAGNER SECRETARY - DIRECTOR	3 0	X		X				0	0	0
(5) RUTH DOYLE ASST. SEC./ASST. TREASURER - DIR.	3 0	X		X				0	0	0
(6) CHRISTOPHER ASPLUNDH DIRECTOR	3 0	X						0	0	0
(7) MARIANNE CHABOT DIRECTOR	3 0	X						0	0	0
(8) STEPHEN CHADWICK RADM DIRECTOR	3 0	X						0	0	0
(9) MARY CORINI DIRECTOR	3 0	X						0	0	0
(10) BRUCE M. DERRICK MD DIRECTOR	3 0	X						0	351,964	13,507
(11) LEON EPHROSS DIRECTOR	3 0	X						0	0	0
(12) ROBERT HALE MD DIRECTOR	3 0	X						0	0	0
(13) STEPHEN HIRT DIRECTOR	3 0	X						0	0	0
(14) KATHRYN LAMBERT DIRECTOR	3 0	X						0	0	0
(15) DOREEN PAYNTON DIRECTOR	3 0	X						0	0	0
(16) LINDA A. PLANK DIRECTOR - VP DEVELOPMENT	40 0	X		X				0	169,444	23,669



Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) RICHARD A REIF DIRECTOR - PRESIDENT/CEO	2 5	X		X				0	1,679,180	71,465
(18) ELIZABETH SIGETY DIRECTOR	3 0	X						0	0	0
(19) MARY ELLEN STANTON DIRECTOR	3 0	X						0	0	0
(20) DANIEL L UPTON DIRECTOR - CFO	3 0	X		X				0	287,147	175,598
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								0	2,487,735	284,239

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 0

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	98,705			
	d	Related organizations . . . . .	1d	1,072,785			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,225,693			
	g	Noncash contributions included in lines 1a-1f \$		1,256			
	h	Total. Add lines 1a-1f . . . . .		2,397,183			
Program Service Revenue			Business Code				
	2a	OTHER PROGRAM RELATED REVENUE	900099	16,839	16,839		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		16,839			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,125,826		1,125,826	
	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			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) . . . . .		228,972		228,972
	8a	Gross income from fundraising events (not including \$ 98,705 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a		48,673			
		b	Less direct expenses . . . . .	b	48,673		
	c	Net income or (loss) from fundraising events . . . . .		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a	36,800			
		b	Less direct expenses . . . . .	b	21,403		
		c	Net income or (loss) from gaming activities . . . . .		15,397		15,397
	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 . . . . .		3,784,217	16,839		1,370,195	

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	1,884,015	1,884,015		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	18,500	18,500		
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			
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			
a	Fees for services (non-employees)				
	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	2,400		2,400	
d	Lobbying . . . . .	0			
e	Professional fundraising services See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	60,626		60,626	
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	101,794	101,794		
13	Office expenses . . . . .	42,562	31,496	426	10,640
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 . . . . .	6,405	4,676		1,729
20	Interest . . . . .	1,856	1,856		
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	24,132	17,134	965	6,033
23	Insurance . . . . .	0			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	ALLOCATION OF PERSONNEL COSTS	738,372	494,710	66,453	177,209
b	COMMUNITY RELATIONS	181,835	181,835	0	0
c	OTHER EXPENSES	99,049	99,049	0	0
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	3,161,546	2,835,065	130,870	195,611
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	<b>1</b>	Cash—non-interest-bearing . . . . .			213,147	<b>1</b>	278,093
	<b>2</b>	Savings and temporary cash investments . . . . .				<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .			2,960,983	<b>3</b>	1,775,177
	<b>4</b>	Accounts receivable, net . . . . .				<b>4</b>	
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				<b>5</b>	
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .				<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .				<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			21,531	<b>9</b>	20,906
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	303,185			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	276,177	43,527	<b>10c</b>	27,008
	<b>11</b>	Investments—publicly traded securities . . . . .				<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .				<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .			26,949,401	<b>13</b>	32,170,312
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .			133,755	<b>15</b>	120,269
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			30,322,344	<b>16</b>	34,391,765
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			63,817	<b>17</b>	114,358
	<b>18</b>	Grants payable . . . . .				<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .				<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .				<b>20</b>	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				<b>21</b>	
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .			41,340	<b>23</b>	27,120
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .				<b>24</b>	
	<b>25</b>	Other liabilities. Complete Part X of Schedule D . . . . .			3,973,630	<b>25</b>	3,233,251
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			4,078,787	<b>26</b>	3,374,729
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets . . . . .			14,386,164	<b>27</b>	17,583,390
	<b>28</b>	Temporarily restricted net assets . . . . .			2,447,376	<b>28</b>	2,566,654
	<b>29</b>	Permanently restricted net assets . . . . .			9,410,017	<b>29</b>	10,866,992
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .			26,243,557	<b>33</b>	31,017,036
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .			30,322,344	<b>34</b>	34,391,765

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,784,217
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,161,546
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	622,671
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	26,243,557
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	4,150,808
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	31,017,036

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

		Yes	No
<b>1</b>	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		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant?	Yes	
<b>c</b>	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	
<b>d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	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>b</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

2010

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 described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☐

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

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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,048,014	6,968,356	2,481,366	5,956,086	1,565,318	21,019,140
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	4,048,014	6,968,356	2,481,366	5,956,086	1,565,318	21,019,140
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)						1,331,373
6 Public Support. Subtract line 5 from line 4						19,687,767

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,048,014	6,968,356	2,481,366	5,956,086	1,565,318	21,019,140
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,551,298	2,421,973	1,049,858	1,030,425	1,125,826	8,179,380
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support (Add lines 7 through 10)						29,198,520
12 Gross receipts from related activities, etc. (See instructions.)					12	198,669
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 2010 (line 6 column (f) divided by line 11 column (f))	14	67 427 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	65 831 %
16a 33 1/3% support test—2010. 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—2009. 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—2010. 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—2009. 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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13 Total support (Add lines 9, 10c, 11 and 12 )						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		



Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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

2010

Open to Public  
Inspection

**Name of the organization**  
DOYLESTOWN HEALTH FOUNDATION

**Employer identification number**  
23-2368196

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?	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	
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	
	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>	

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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

**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 . . . . .	9,410,017	9,481,668	11,960,062		
b Contributions . . . . .					
c Investment earnings or losses . . . . .	1,456,975	-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 . . . . .	10,866,992	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 . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
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	276,177	27,008
e Other . . . . .		0	0	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				27,008



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	13,784,217
2	Total expenses (Form 990, Part IX, column (A), line 25)	3,161,546
3	Excess or (deficit) for the year Subtract line 2 from line 1	622,671
4	Net unrealized gains (losses) on investments	2,693,833
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	1,456,975
9	Total adjustments (net) Add lines 4 - 8	4,150,808
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	4,773,479

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	16,532,890
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a2,693,833	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d70,076	
e	Add lines 2a through 2d . . . . .	2e2,763,909
3	Subtract line 2e from line 1 . . . . .	33,768,981
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) . . . . .4b15,236	
c	Add lines 4a and 4b . . . . .	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	53,784,217

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	12,245,972
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) . . . . .2d70,076	
e	Add lines 2a through 2d . . . . .	2e70,076
3	Subtract line 2e from line 1 . . . . .	32,175,896
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) . . . . .4b985,650	
c	Add lines 4a and 4b . . . . .	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	53,161,546

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	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, 2010 AND JUNE 30, 2011, RESPECTIVELY. THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S YEAR ENDED JUNE 30, 2011 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 CHANGE IN NET ASSETS TO AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 8	OTHER CHANGES IN NET ASSETS INCLUDE: - INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS, \$1,456,975.
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 - \$70,076.
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 - \$15,236.
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 - \$70,076.
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 - \$985,650.



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.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>CIRCLE OF LIFE</u> (event type)	<u>GOLF OUTING</u> (event type)	<u>0</u> (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	85,598	61,780	147,378
	2	Less Charitable contributions . . . .	70,123	28,582	98,705
	3	Gross income (line 1 minus line 2) . . . .	15,475	33,198	48,673
Direct Expenses	4	Cash prizes . . . .			
	5	Non-cash prizes . . . .			
	6	Rent/facility costs . . . .	10,856	18,698	29,554
	7	Food and beverages . . . .			
	8	Entertainment . . . .			
	9	Other direct expenses . . . .	4,619	14,500	19,119
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			48,673
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			

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 . . . . .		36,800	36,800
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . . .		21,403	21,403
	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 checked="" type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			21,403
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			15,397

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TablePA

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☒ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☒ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☒ Yes ☐ No

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?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	0 %
b	An outside facility	13b	100 000 %

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ COLLEEN SHEEHAN

Address ▶ 595 WEST STATE STREET  
DOYLESTOWN, PA 18901

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☒ No

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 ▶ LISA REPKO

Gaming manager compensation ▶ \$ 500

Description of services provided ▶ MANAGES DAY TO DAY ACTIVITY OF RAFFLE

☐ Director/officer ☒ Employee ☐ 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?

☐ Yes ☒ No

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 ▶ \$

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) DOYLESTOWN HOSPITAL595 W ST STREET DOYLESTOWN, PA 189012554	23-1352174	501(C)(3)	1,817,515				EQUIP/SUPPORT
(2) ANN SILVERMAN COMMUNITY HEALTH CLINIC595 W ST STREET DOYLESTOWN, PA 189012554	23-2892823	501(C)(3)	40,000				FREE CLINIC ASSIST
(3) BUCKS COUNTY HEALTH IMPROVEMENT PROJECT595 W ST STREET DOYLESTOWN, PA 189012554	23-2862339	501(C)(3)	16,500				CNTY WIDE HLTH NEEDS
(4) GILDA CLUB200 KIRK ROAD WARMINSTER, PA 18974	22-3617106	501(C)(3)	10,000				PROGRAM SUPPORT

2

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

▶ 4

3

Enter total number of other organizations . . . . .

▶ 0

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	10	18,500			

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

Identifier	Return Reference	Explanation
GRANT FUND MONITORING	SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS THE SCHOLARSHIP COORDINATING COMMITTEE AT DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501 (C)(3) TAX-EXEMPT ORGANIZATION, AWARDS SCHOLARSHIP OPPORTUNITIES APPLICANTS ARE INVITED TO APPLY FOR ANY SCHOLARSHIPS FOR WHICH THEY QUALIFY

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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 from the organization or a related organization?		No
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)?		

**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRUCE M DERRICK MD	(i)	0	0	0	0	0	0	0
	(ii)	346,964	5,000	0	0	13,507	365,471	0
(2) LINDA A PLANK	(i)	0	0	0	0	0	0	0
	(ii)	168,495	0	949	16,415	7,254	193,113	0
(3) RICHARD A REIF	(i)	0	0	0	0	0	0	0
	(ii)	564,055	0	1,115,125	55,691	15,774	1,750,645	1,088,786
(4) DANIEL L UPTON	(i)	0	0	0	0	0	0	0
	(ii)	285,905	0	1,242	158,262	17,336	462,745	0
( 5 )								
( 6 )								
( 7 )								
( 8 )								
( 9 )								
( 10 )								
( 11 )								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Part IIISupplemental 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 2010 FORMS W-2
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4B	THE AMOUNT REFLECTED IN COLUMN B(III) FOR THE FOLLOWING INDIVIDUAL INCLUDES VESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") WHICH ARE NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. THE AMOUNT OUTLINED HEREIN WAS INCLUDED IN THE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. RICHARD A. REIF, \$1,088,786. 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 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. DANIEL L. UPTON, \$123,000.
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 7	THE FOLLOWING INDIVIDUAL RECEIVED A BONUS DURING CALENDAR YEAR 2010 WHICH BONUS AMOUNT WAS INCLUDED IN COLUMN B(II) HEREIN AND IN THE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. BRUCE DERRICK, M.D., \$5,000.
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 2010 BECAUSE IT WAS NO LONGER SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE, AND WAS REPORTED AS AN ACCRUED BENEFIT ON PRIOR FORMS 990 OF THE ORGANIZATION. THIS AMOUNT WAS TREATED AS TAXABLE INCOME AND REPORTED ON THE INDIVIDUAL'S 2010 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. RICHARD A. REIF, \$1,088,786.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization

DOYLESTOWN HEALTH FOUNDATION

Employer identification number

23-2368196

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>V I A HEALTH SYSTEM BACKGROUND ===== THE VILLAGE IMPROVEMENT AS SOCIATION ("V I A ") WAS FOUNDED IN 1895 WITH THE HEALTH AND BEAUTY OF THE COMMUNITY OF DO YLESTOWN AS ITS PRIMARY CONCERNS IN RESPONSE TO COMMUNITY NEEDS, THE VISITING NURSE SERVI CE WAS ESTABLISHED IN 1916, AND IN 1923 DOYLESTOWN HOSPITAL WAS OPENED, MAKING THE V I A THE ONLY WOMEN'S CLUB IN THE COUNTRY TO OWN AND OPERATE A COMMUNITY HOSPITAL IN 1986, A C ORPORATE RESTRUCTURING CREATED THE V I A HEALTH SYSTEM, THE DOYLESTOWN HEALTH FOUNDATION AND THE V I A AFFILIATES RESTRUCTURING ENABLED THE V I A AND DOYLESTOWN HOSPITAL TO OPE RATE MORE EFFICIENTLY AND WITH GREATER DIVERSIFICATION IN ITS 116TH YEAR, THE V I A OVER SEES THE OPERATIONS OF THE SYSTEM OF AFFILIATED HEALTH CORPORATIONS THE PURPOSES OF THE V I A HAVE BEEN CONSISTENT THROUGHOUT ITS HISTORY - TO ENCOURAGE AND PROMOTE PUBLIC HEALT H WORK IN GENERAL - TO IMPROVE THE HEALTH AND WELFARE OF THE RESIDENTS OF DOYLESTOWN AND G REATER CENTRAL BUCKS COUNTY - TO PROVIDE FOOD, CLOTHING, SHELTER, MEDICAL AND SURGICAL CAR E AND NURSING TO THE INDIGENT OF THE COMMUNITY WITHOUT CHARGE, INSOFAR AS HOSPITAL RESOURC ES WILL PERMIT - TO OWN, MANAGE, SUPPORT, AND MAINTAIN A VISITING NURSE SERVICE AND COMMUN ITY HOSPITAL FOR THE BENEFIT OF ALL PERSONS - TO RAISE FUNDS FOR AND TO RECEIVE AND HOLD A LL PROPERTY THAT MAY BE GIVEN TO THE ASSOCIATION TO ACCOMPLISH ITS MISSION FOR THE FISCAL YEAR ENDING 6/30/11 THE V I A HEALTH SYSTEM ACCOUNTS FOR THREE TAX-EXEMPT AFFILIATES IN THIS NARRATIVE DOYLESTOWN HEALTH FOUNDATION, DOYLESTOWN HOSPITAL, AND THE V I A AFFILIAT ES DESCRIBED BELOW ARE THE CHARITABLE MISSIONS OF THESE ENTITIES V I A HEALTH SYSTEM MISSIONS</p> <p>===== DOYLESTOWN HEALTH FOUNDATION ----- THE MISSION OF THE FOUNDATION HAS FOUR MAIN POINTS ASSESSMENT OF COMMUNITY NEEDS, CO MMUNICATION OF THOSE NEEDS AND THE SYSTEM'S RESPONSE TO THEM, SOLICITATION OF FUNDS TO SUP PORT THE RESPONSE, AND THE ACCOUNTABILITY TO THE COMMUNITY FOR BOTH THE MANAGEMENT OF THE FUNDS AND THE RESPONSE TO THE NEEDS DOYLESTOWN HOSPITAL -----</p> <p>----- DOYLESTOWN HO SPITAL'S MISSION IS TO "PROVIDE A RESPONSIVE, HEALING ENVIRONMENT FOR OUR PATIENTS AND THE IR FAMILIES AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY " THESE CO MMUNITY MEMBERS INCLUDE THE VULNERABLE, THE DISENFRANCHISED, THOSE IN NEED OF HEALTH EDUCA TION, AND THOSE UNINSURED OR UNDERINSURED PERSONS WHO DEPEND ON US FOR CARE DOYLESTOWN HO SPITAL IS A 247-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN DOYLESTOWN, BUCKS COUN TY, 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 CHARITABL E PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIV IDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIG IN, RELIGION OR ABILITY TO PAY MOREOVER, DOYLESTOWN HOSPITAL OPERATES CONSISTENTLY WITH T HE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 IT PROVIDES MEDICALLY NECE SSARY 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 MA INTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHY SICIANS, 4 C ONTROL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF THE SY STEM BOTH BOAR DS 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 RENOVAT E FACILITIES AND ADVANCE MEDICAL CARE PROGRAMS AND ACTIVITIES AS A VALUES-BASED ORGANIZA TION, DOYLESTOWN HOSPITAL HAS MADE A PUBLIC COMMITMENT TO FIVE CORE VALUES SERVICE, ENTHU SIASM, 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 HOSPI TAL'S RESPONSE TO COMMUNITY NEEDS 1 SERVICE - ANTICIPATE THE HEALTHCARE NEEDS OF THE COM MUNITY, 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 T HESE 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 STRIV ES TO SUSTAIN WITHIN ITS STAFF THE INSPIRATION THAT FIRST COMPELLED THEM TO HEALTHCARE-REL ATED WORK AND A COMMITMENT TO THE JOB OF SERVING OUR PATIENTS 3 RESPECT - DOYLESTOWN HOS PITAL WELCOMES AND PROVIDES CARE TO ALL MEMBERS OF THE COMMUNITY, WITHOUT REGARD FOR RACE, RELIGION, SEX, SEXUAL ORIENTATION, COLOR, NATIONA</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>L ORIGIN, OR ABILITY TO PAY ALL THE MEDICAL, SURGICAL, AND PROGRAM SERVICES LISTED ON THE ADDENDUM ARE PROVIDED TO EVERY ONE 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 6/30/11, 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 ASSURES 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 HEALTHCARE 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, A N 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 CAREGIVERS 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>V I A 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 ME ET THE NEEDS OF COMMUNITY MEMBERS, THE V I A AFFILIATES HAS BEEN INVOLVED WITH A NUMBER O F INITIATIVES V I A AFFILIATES EXISTS TO SUPPORT THE SERVICE CORE VALUE OF DOYLESTOWN HO SPITAL 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 NATIONAL STUDY PLACES DOYLESTOWN HOSPITAL'S CARDIAC SERVCIES BEST IN BUCKS COUNTY - ----- DOYLESTOWN HOSPITAL IS THE TOP RATED HOSPITAL IN BUCKS COUNTY FOR OVE RALL CARDIAC CARE, ACCORDING TO A COMPREHENSIVE ANNUAL STUDY RELEASED TODAY BY HEALTHGRADE S, THE LEADING INDEPENDENT HEALTHCARE RATINGS ORGANIZATION THE HEALTHGRADES STUDY ANALYZE S TENS OF MILLIONS OF PATIENTS' OUTCOMES - SPECIFICALLY, MORTALITY AND COMPLICATION RATES - AT THE NATION'S 5,000 HOSPITALS PATIENTS HIGHLY VALUE INDEPENDENT INFORMATION ON HOSPIT AL QUALITY AND PERFORMANCE IN LIGHT OF RECENT HEALTH REFORM MEASURES, DEMAND FOR THIS INF ORMATION IS ONLY LIKELY TO INCREASE IN A RECENT SURVEY OF VISITORS TO HEALTHGRADES COM RE LATED TO HOSPITAL QUALITY, 94% RANKED QUALITY OUTCOMES AND RATINGS AS VERY IMPORTANT COMPA RED TO REPUTATION (89%), VOLUME (78%), AND LOCATION (58%) DOYLESTOWN HOSPITAL STANDS COMM ITTED TO A CULTURE OF QUALITY AND TRANSPARENCY AND IS PROUD OF THE RESULTS THAT ITS CARDIA C PROGRAM HAS ACHIEVED DOYLESTOWN HOSPITAL RECEIVED HEALTHGRADES HIGHEST RATING, 5-STAR S, FOR BOTH CORONARY INTERVENTIONAL PROCEDURES AS WELL AS TREATMENT OF HEART ATTACKS THIS IS NOT THE FIRST YEAR THE HOSPITAL SCORED HIGH, IN FACT IT HAS SUSTAINED THE TOP RATINGS FO R FOUR CONSECUTIVE YEARS IN THIS YEAR'S HEALTHGRADES STUDY, NO OTHER HOSPITAL IN BUCKS CO UNTY RECEIVED THE 5-STAR RATING FOR TREATMENT OF HEART ATTACKS "OUR GOAL IS TO PROVIDE CA RE OF THE HIGHEST QUALITY WITH THE BEST POSSIBLE OUTCOMES FOR OUR PATIENTS," SAYS CHIEF ME DICAL OFFICER SCOTT LEVY, MD "ACKNOWLEDGEMENT OF OUR ACHIEVEMENTS BY HEALTHGRADES CERTAIN LY HELPS VALIDATE THE WORK WE DO " ACCORDING TO THE THIRTEENTH ANNUAL HEALTHGRADES HOSPITA L QUALITY IN AMERICA STUDY TOP-RATED HOSPITALS HAD A 53% LOWER MORTALITY RATE THAN THE U S NATIONAL AVERAGE FOR 17 PROCEDURES AND DIAGNOSES RANGING FROM BYPASS SURGERY TO TREATMEN T FOR HEART ATTACK WHEN THE TOP-RATED HOSPITALS WERE COMPARED TO THE POOREST PERFORMERS, THERE WAS AN EVEN GREATER QUALITY GAP A 72% LOWER RISK OF MORTALITY DOYLESTOWN HOSPITAL IS AN ACCREDITED CHEST PAIN CENTER WITH PROTOCOLS IN PLACE TO OFFER THE HIGHEST LEVEL OF C ARE FOR CARDIAC SYMPTOMS THE HEART INSTITUTE OF DOYLESTOWN HOSPITAL IS A LEADER IN PRIMAR Y (EMERGENCY) ANGIOPLASTY, THE TREATMENT OF CHOICE TO OPEN BLOCKED CORONARY ARTERIES DURIN G A HEART ATTACK AT 62 5 MINUTES, DOYLESTOWN HOSPITAL'S DOOR-TO-BALLOON TIME (THE TIME FR OM PATIENT ARRIVAL TO WHEN THE ARTERY IS OPENED) IS CONSISTENTLY SUPERIOR TO NATIONAL AVER AGES, AND WELL BELOW THE SUGGESTED BENCHMARK OF 90 MINUTES "THE KEY TO OUR SUCCESS IS A MULTIDISCIPLINARY APPROACH TO THE TREATMENT OF HEART ATTACK," SAYS EXECUTIVE DIRECTOR OF CA RDIOVASCULAR SERVICES JOHN MITCHELL "THIS INVOLVES CLOSE COLLABORATION BETWEEN THE EMERGE NCY DEPARTMENT, CATH LAB, PHYSICIANS AND NURSES EVERY MEMBER OF THE TEAM HAS THE SAME GOA L OF PROVIDING SUCCESSFUL, PATIENT-CENTERED CARE" THE 2011 HEALTHGRADES HOSPITAL RATINGS ARE POSTED AND ARE FREE TO THE PUBLIC AT WWW HEALTHGRADES COM HEALTHGRADES HOSPITAL QUALI TY RATINGS HEALTHGRADES' HOSPITAL RATINGS AND AWARDS REFLECT THE TRACK RECORD OF PATIENT O UTCOMES AT HOSPITALS IN THE FORM OF MORTALITY AND COMPLICATION RATES HEALTHGRADES RATES H OSPITALS INDEPENDENTLY BASED ON DATA THAT HOSPITALS SUBMIT TO THE FEDERAL GOVERNMENT NO H OSPITAL CAN OPT IN OR OUT OF BEING RATED, AND NO HOSPITAL PAYS TO BE RATED FOR 26 PROCEDU RES AND TREATMENTS, HEALTHGRADES ISSUES STAR RATINGS THAT REFLECT THE MORTALITY AND COMPLI CATION RATES FOR EACH CATEGORY OF CARE HOSPITALS RECEIVING A 5-STAR RATING HAVE MORTALITY OR COMPLICATION RATES THAT ARE BETTER THAN ANTICIPATED, TO A STATISTICALLY SIGNIFICANT DE GREE A 3-STAR RATING MEANS THE HOSPITAL PERFORMS AS EXPECTED ONE-STAR RATINGS INDICATE T HE HOSPITAL'S MORTALITY OR COMPLICATION RATES IN THAT PROCEDURE OR TREATMENT ARE STATISTIC ALLY HIGHER THAN AVERAGE BECAUSE THE RISK PROFILES OF PATIENT POPULATIONS AT HOSPITALS AR E NOT ALIKE, HEALTHGRADES RISK-ADJUSTS THE DATA TO ALLOW FOR EQUAL COMPARISONS DOYLESTOWN HOSPITAL AWARDED CERTIFICATIONS FROM JOINT COMMISSION ----- SEVERAL OF DOYLESTOWN HOSPITAL'S MEDICAL PROGRAMS HAVE EARNE D THE GOLD SEAL OF APPROVAL FOR HEALTHCARE QUALITY</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>THE JOINT COMMISSION HAS AWARDED DOYLESTOWN HOSPITAL DISEASE-SPECIFIC CARE CERTIFICATION S FOR TOTAL KNEE REPLACEMENT AND TOTAL HIP REPLACEMENT DOYLESTOWN HAS ALSO EARNED THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CENTERS IN ADDITION, DOYLESTOWN HAS RECEIVED ADVANCED CERTIFICATION IN HEART FAILURE, A CERTIFICATE OF DISTINCTION THAT RECOGNIZES EXCEPTIONAL EFFORTS TO FOSTER BETTER OUTCOMES FOR HEART FAILURE PATIENTS "DOYLESTOWN HOSPITAL VOLUNTARILY PURSUED THIS COMPREHENSIVE, INDEPENDENT EVALUATION TO ENHANCE THE SAFETY AND QUALITY OF CARE WE PROVIDE," SAYS DOYLESTOWN HOSPITAL PRESIDENT RICHARD REIF "WE'RE PROUD TO ACHIEVE THIS DISTINCTION" "THIS CERTIFICATION MEANS DOYLESTOWN HOSPITAL DOES THE RIGHT THINGS AND DOES THEM WELL FOR THEIR PATIENTS," SAYS JEAN E. RANGE, M.S., R.N., C.P.H.Q., EXECUTIVE DIRECTOR, DISEASE-SPECIFIC CARE CERTIFICATION, JOINT COMMISSION</p> <p>"DOYLESTOWN HAS DEMONSTRATED THAT ITS STROKE CARE PROGRAM FOLLOWS NATIONAL STANDARDS AND GUIDELINES THAT CAN SIGNIFICANTLY IMPROVE OUTCOMES FOR STROKE PATIENTS" THE JOINT COMMISSION'S PRIMARY STROKE CENTER CERTIFICATION IS BASED ON THE RECOMMENDATIONS FOR PRIMARY STROKE CENTERS PUBLISHED BY THE BRAIN ATTACK COALITION AND THE AMERICAN STROKE ASSOCIATION'S STATEMENTS/GUIDELINES FOR STROKE CARE THE JOINT COMMISSION LAUNCHED THE PROGRAM- THE NATION'S FIRST- IN 2003 WHEN A SUSPECTED STROKE PATIENT ARRIVES AT DOYLESTOWN HOSPITAL, THE HOSPITAL'S ACUTE STROKE TEAM IS PUT ON ALERT OUR TEAM OF EXPERTS WORKS EFFECTIVELY TOWARDS ENSURING THE BEST POSSIBLE OUTCOME FOR STROKE PATIENTS THE JOINT COMMISSION LAUNCHED ITS DISEASE-SPECIFIC CARE CERTIFICATION PROGRAM IN 2002 IT IS THE FIRST PROGRAM OF ITS KIND IN THE COUNTRY TO CERTIFY DISEASE MANAGEMENT PROGRAMS AT DOYLESTOWN HOSPITAL, JOINT REPLACEMENT PATIENTS RECEIVE THE HIGHEST LEVEL OF CARE THROUGHOUT THEIR ENTIRE TREATMENT, INCLUDING EDUCATION BEFORE THE PROCEDURE, PAIN MANAGEMENT AND REHABILITATION FOR THE JOINT COMMISSION'S ADVANCED LEVEL OF CERTIFICATION, PROGRAMS MUST MEET THE REQUIREMENTS FOR DISEASE-SPECIFIC CARE CERTIFICATION PLUS ADDITIONAL, CLINICALLY-SPECIFIC REQUIREMENTS AND EXPECTATIONS DOYLESTOWN HAS A CONGESTIVE HEART FAILURE COORDINATOR AND A TEAM OF EXPERTS THAT WORK HARD TO IMPROVE THE QUALITY OF LIFE FOR THESE PATIENTS. FOUNDED IN 1951, THE JOINT COMMISSION SEEKS TO CONTINUOUSLY IMPROVE HEALTHCARE FOR THE PUBLIC, IN COLLABORATION WITH OTHER STAKEHOLDERS, BY EVALUATING HEALTHCARE ORGANIZATIONS AND INSPIRING THEM TO EXCEL IN PROVIDING SAFE AND EFFECTIVE CARE OF THE HIGHEST QUALITY AND VALUE THE JOINT COMMISSION EVALUATES AND ACCREDITS MORE THAN 18,000 HEALTHCARE ORGANIZATIONS AND PROGRAMS IN THE UNITED STATES, INCLUDING MORE THAN 9,500 HOSPITALS AND HOME CARE ORGANIZATIONS, AND MORE THAN 6,300 OTHER HEALTHCARE ORGANIZATIONS THAT PROVIDE LONG TERM CARE, BEHAVIORAL HEALTHCARE, LABORATORY AND AMBULATORY CARE SERVICES IN ADDITION, THE JOINT COMMISSION ALSO PROVIDES CERTIFICATION OF MORE THAN 1,000 DISEASE-SPECIFIC CARE PROGRAMS, PRIMARY STROKE CENTERS, AND HEALTHCARE STAFFING SERVICES AN INDEPENDENT, NOT-FOR-PROFIT ORGANIZATION, THE JOINT COMMISSION IS THE NATION'S OLDEST AND LARGEST STANDARDS-SETTING AND ACCREDITING BODY IN HEALTHCARE</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>DOYLESTOWN HOSPITAL EARNS PRESTIGIOUS BREAST CANCER ACCREDITATION - SIGNALS THE HIGHEST QUALITY OF CARE FOR PATIENTS -----</p> <p>-- THE CANCER INSTITUTE OF DOYLESTOWN HOSPITAL BECAME THE FIRST BUCKS COUNTY-BASED FACILITY TO EARN THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) ACCREDITATION AT THE END OF OCTOBER, APPROPRIATELY DURING BREAST CANCER AWARENESS MONTH. NAPBC-ACCREDITATION IS GRANTED ONLY TO THOSE CENTERS THAT HAVE VOLUNTARILY COMMITTED TO PROVIDE THE BEST IN BREAST CANCER DIAGNOSIS AND TREATMENT AND IS ABLE TO COMPLY WITH ESTABLISHED NAPBC STANDARDS. EACH CENTER MUST UNDERGO A RIGOROUS EVALUATION AND REVIEW OF ITS PERFORMANCE AND COMPLIANCE WITH THE NAPBC STANDARDS TO MAINTAIN ACCREDITATION, CENTERS MUST UNDERGO AN ON-SITE REVIEW EVERY THREE YEARS.</p> <p>"DOYLESTOWN HOSPITAL CANCER INSTITUTE'S BREAST ACCREDITATION HIGHLIGHTS OUR COMMITMENT TO OUR PATIENTS TO PROVIDE EXCEPTIONAL HIGH QUALITY, TIMELY, EFFICIENT, COMPASSIONATE CARE FROM DIAGNOSIS AND TREATMENT TO FOLLOW-UP AND SURVIVORSHIP," SAID DIRECTOR OF CANCER SERVICE KAREN QUINLAN, RN, MSN, OCN. EACH CENTER WITH NAPBC ACCREDITATION HAS UNDERGONE A RIGOROUS APPLICATION PROCESS AND ONSITE SURVEY TO ENSURE THAT IT MEETS THE CRITERIA FOR 27 STANDARDS IN SUCH CATEGORIES AS LEADERSHIP, CLINICAL MANAGEMENT, RESEARCH, COMMUNITY OUTREACH, PROFESSIONAL EDUCATION, AND QUALITY IMPROVEMENT. IN ADDITION, THE NAPBC ACCREDITED CENTERS HAVE DOCUMENTED THAT THEY PROVIDE 17 KEY COMPONENTS THAT CONTRIBUTE TO HIGH-QUALITY PATIENT CARE. NAPBC IS ADMINISTERED BY THE AMERICAN COLLEGE OF SURGEONS. "I THINK OUR PATIENTS CAN TAKE COMFORT IN CHOOSING DOYLESTOWN HOSPITAL FOR THEIR CANCER CARE," SAID QUINLAN.</p> <p>"CERTIFICATION BY THE NAPBC DEMONSTRATES OUR COMMITMENT TO EXCEPTIONAL QUALITY CARE, POSITIVE OUTCOMES AND COMPASSIONATE CARE AND SUPPORT THROUGHOUT THE PROCESS." NAPBC ACCREDITED CENTERS ENCOMPASS THE ENTIRE SPECTRUM OF BREAST CARE, PROVIDING WOMEN WITH ACCESS TO A RANGE OF BOARD-CERTIFIED SPECIALISTS, INCLUDING BREAST SURGEONS, BREAST RADIOLOGISTS, MEDICAL ONCOLOGISTS, RADIATION ONCOLOGISTS, BREAST PATHOLOGISTS, PLASTIC RECONSTRUCTIVE SURGEONS, GENETIC COUNSELORS, AND PSYCHOSOCIAL SUPPORT PROFESSIONALS. ACCREDITED CENTERS ALSO OFFER BREAST NURSE NAVIGATORS, PATIENT EDUCATION AND SUPPORT, PALLIATIVE CARE PROGRAMS, SURVIVORSHIP PROGRAMS, AND HIGH-RISK CLINICS. TO BE ACCREDITED, A BREAST CENTER MUST PROVIDE ALL OF THESE SERVICES IN ONE SETTING OR PROVIDE MOST OF THE SERVICES ONSITE AND HAVE REFERRAL PROCESSES IN PLACE FOR OTHER SERVICES.</p> <p>KATHERINE NELLETT, RN, OCN, CBCN IS DOYLESTOWN HOSPITAL'S BREAST CARE COORDINATOR/GENETICS NURSE. HER FIRST MEETING WITH THE WOMEN USUALLY OCCURS IN THE WOMEN'S DIAGNOSTIC CENTER WHEN THEY ARRIVE FOR A BREAST BIOPSY. IN ADDITION TO ACCOMPANYING THE PATIENT DURING THE BIOPSY, NELLETT CAN MEET WITH THE PATIENT TO HELP COORDINATE ALL ASPECTS OF HER CARE AS WELL AS REFERRALS FOR SECOND OPINIONS, IF REQUESTED. DOYLESTOWN HOSPITAL IS A MEMBER FOR THE UNIVERSITY OF PENNSYLVANIA CANCER NETWORK, WHICH ALLOWS ACCESS TO NATIONALLY RECOGNIZED CANCER EXPERTS. NELLETT HELPS PATIENTS HANDLE THE EMOTIONAL SIDE OF DEALING WITH CANCER THROUGH REFERRALS TO A BREAST CANCER SUPPORT GROUP OR SOCIAL WORKER, IF NEEDED. THE CANCER INSTITUTE OF DOYLESTOWN HOSPITAL PROVIDES A NUMBER OF AMERICAN CANCER SOCIETY-SPONSORED SUPPORT GROUPS AND SERVICES, EACH DESIGNED TO HELP PATIENTS AND FAMILIES COPE WITH THE DISEASE. THESE INCLUDE "LOOK GOOD, FEEL BETTER" AND REACH TO RECOVERY. DOYLESTOWN HOSPITAL SPONSORS THE YOUNG WOMEN'S CANCER SURVIVAL COALITION THAT MEETS MONTHLY AT GILDA'S CLUB IN WARMINSTER AS WELL AS A BREAST CANCER SUPPORT GROUP THAT MEETS MONTHLY AT DOYLESTOWN HOSPITAL. A SATELLITE LOCATION FOR GILDA'S CLUB WILL BE OPENING SOON ON THE FIRST FLOOR OF DOYLESTOWN HOSPITAL. DH ALSO HOLDS A COMMENDATION AS A COMMUNITY HOSPITAL CANCER PROGRAM FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER. DOYLESTOWN HOSPITAL HAS BEEN DESIGNATED AS A BLUE DISTINCTION CENTER FOR KNEE AND HIP REPLACEMENT -----</p> <p>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." DOYLESTOWN HOSPITAL</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OFFERS COMPREHENSIVE KNEE AND HIP REPLACEMENT SERVICES, INCLUDING TOTAL JOINT REPLACEMENT AND GENDER-SPECIFIC KNEE REPLACEMENT. ALTHOUGH KNEE AND HIP REPLACEMENT ARE THE MOST COMMON, JOINT REPLACEMENT CAN ALSO BE PERFORMED ON SHOULDERS, ELBOWS, WRISTS, FINGERS AND ANKLES. OUR SPECIALISTS ARE SKILLED IN RECONSTRUCTIVE AND ARTHROSCOPIC SURGERY, SPORTS MEDICINE AND GENERAL ORTHOPEDIC CARE, AND OUTPATIENT SERVICES INCLUDE EVERYTHING FROM SOPHISTICATED SPORTS MEDICINE AND REHABILITATION ALL THE WAY TO DELICATE HAND SURGERY AND OSTEOPOROSIS TREATMENT. "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 <a href="http://WWW.BCBS.COM">WWW.BCBS.COM</a> - 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.</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>DOYLESTOWN HOSPITAL RECEIVED TWO PRESTIGIOUS TECHNOLOGY AWARDS ----- ----- DOYLESTOWN RECOGNIZED FOR INNOVATIVE USE OF TECHNOLOG Y FOR SAFER PATIENT CARE. DOYLESTOWN HOSPITAL HAS RECEIVED TWO PRESTIGIOUS AWARDS FOR ITS USE OF TECHNOLOGY. DOYLESTOWN IS AMONG AN ELITE GROUP OF 85 HOSPITALS ACROSS THE NATION TO BE RECOGNIZED WITH THE HEALTHCARE INFORMATION AND MANAGEMENT SYSTEMS SOCIETY (HIMSS) EMR STAGE 6 AWARD. DOYLESTOWN HOSPITAL IS THE ONLY PHILADELPHIA-AREA HOSPITAL TO RECEIVE THIS AWARD. EMR STAGE 6 MARKS SIGNIFICANT PROGRESS TOWARD ACHIEVING A FULL EMR (ELECTRONIC MEDI CAL RECORD. AS A STAGE 6 HOSPITAL, DOYLESTOWN DOES FULL ELECTRONIC MEDICATION MANAGEMENT, IS WELL ON ITS WAY WITH CPOE (COMPUTERIZED PHY SICI AN ORDER ENTRY ) WITH ABOUT 32% OF INPATI ENT ORDERS ARE CURRENTLY GENERATED THROUGH CPOE, HAS FULL PACS (DIGITAL RADIOLOGY IMAGES) AND ONLINE CLINICAL DECISION SUPPORT. THE NEXT, AND HIGHEST, STAGE ACCORDING IS HIMSS EMR STAGE 7, DOYLESTOWN IS EXPECTED TO REACH THIS LEVEL IN ABOUT A YEAR OR SO. DOYLESTOWN HOSP ITAL HAS ALSO RECEIVED A MICROSOFT HEALTH USERS GROUP (MS-HUG) INNOVATION AWARD IN THE ARE A OF HIE (HEALTH INFORMATION EXCHANGE) AND INTEROPERABILITY FOR ITS WORK ON THE DOYLESTOWN CLINICAL NETWORK. THIS NETWORK TIES TOGETHER THE EMR SYSTEMS OF THE HOSPITAL AND COMMUNIT Y PHYSICIANS. THE HOSPITAL HAS 185 PHY SICI ANS ON THE NEXTGEN NETWORK, WHICH AUTOMATICALLY TRANSFERS A PATIENT'S EMR TO SPECIALISTS AND THE HOSPITAL. OF THOSE, MORE THAN 50 ARE ACTI VE EMR USERS. THERE ARE ABOUT 400,000 PATIENTS IN OUR COMMUNITY ENROLLED IN THIS NETWORK. THE ULTIMATE GOAL IS TO SAFELY AND EFFICIENTLY SHARE A PATIENT'S HEALTH INFORMATION THROU G HOUT THE HEALTHCARE CONTINUUM. DOYLESTOWN HOSPITAL IS AMONG THE TOP 5% IN THE NATIONAL FOR PATIENT SAFETY FOR THE THIRD CONSECUTIVE YEAR ----- ----- FOR THE THIRD YEAR IN A ROW, DOYLESTOWN HOSPITAL HAS RECEIVED T HE HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD, INDICATING THAT ITS PATIENT SAFETY RATING S ARE IN THE TOP 5% OF U S HOSPITALS. DOYLESTOWN IS ONE OF ONLY SEVEN HOSPITALS IN PENNSY LVANIA TO BE A THREE-TIME RECIPIENT OF HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD (2009 - 2011). THIS ALSO MAKES DOYLESTOWN HOSPITAL ONE OF ONLY 99 HOSPITALS NATIONWIDE TO RECEIV E HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD THREE YEARS IN A ROW (2009 - 2011). DOYLEST OWN HOSPITAL HAS ALSO RECEIVED THE HEALTHGRADES OUTSTANDING PATIENT EXPERIENCE AWARD THREE YEARS IN A ROW. DOYLESTOWN IS ONE OF ONLY 19 HOSPITALS IN THE U S - AND THE ONLY HOSPITA L IN PENNSYLVANIA - TO BE A THREE-TIME RECIPIENT OF BOTH THE PATIENT SAFETY EXCELLENCE AWA RD (2009-2011) AND OUTSTANDING PATIENT EXPERIENCE AWARD (2009-2010/11). THIS YEAR'S STUDY FINDS THAT MEDICARE PATIENTS AT PATIENT SAFETY EXCELLENCE AWARD HOSPITALS WERE 46.26% LESS LIKELY TO EXPERIENCE A PATIENT SAFETY EVENT DURING THE TIME PERIOD STUDIED. THE EIGHTH AN NUAL HEALTHGRADES PATIENT SAFETY IN AMERICAN HOSPITALS STUDY ANALYZED NEARLY 40 MILLION HO SPITALIZATION RECORDS FROM APPROXIMATELY 5,000 HOSPITALS NATIONWIDE THAT PARTICIPATE IN TH E MEDICARE PROGRAM. PARTICIPATION IN THE HEALTHGRADES STUDY IS NOT VOLUNTARY, AND HOSPITAL S CANNOT CHOOSE TO OPT OUT OF THE ANALYSIS. "TO BE CONSISTENTLY RECOGNIZED FOR PATIENT SAF ETY HELPS VALIDATE OUR EFFORTS TO ENSURE THE HIGHEST QUALITY CARE," SAID DOYLESTOWN HOSPIT AL PRESIDENT RICHARD REIF. "PATIENT SAFETY AND PATIENT QUALITY ARE AT THE CORE OF OUR BEIN G - IT IS WHY WE EXIST. IT TOUCHES EVERYTHING WE DO. THE TRUST WE STRIVE FOR WITH OUR PATI ENTS AND THEIR FAMILIES IS BUILT ON PATIENT SAFETY AND THE WAY WE DELIVER THAT CARE. WHEN WE ENTER THE LIVES OF OUR PATIENTS AND THEIR FAMILIES, THEY EXPECT US TO KEEP THEIR SAFETY AS OUR NUMBER ONE PRIORITY. OUR TEAM OF PHY SICI ANS, NURSES, CLINICAL STAFF AND VOLUNTEERS ARE VIGILANT IN MEETING THAT EXPECTATION." "ENSURING THE HIGHEST LEVEL OF PATIENT SAFETY IS AT THE HEART OF WHAT WE DO," SAID DOYLESTOWN HOSPITAL PRESIDENT RICHARD REIF. "OUR PATI ENTS AND THEIR FAMILIES EXPECT THE BEST CARE DELIVERED IN A COMPASSIONATE MANNER, AND WE E XPECT TO MEET THAT EXPECTATION. IN TURN, WE EXPECT OUR TALENTED TEAM OF PHY SICI ANS, NURSES, CLINICAL STAFF AND VOLUNTEERS TO BE ATTENTIVE TO THOSE DETAILS THAT MATTER MOST TO PATIE NTS. WE CONSTANTLY LOOK AT PATIENT SAFETY AND THE PROCESSES THAT GO INTO CREATING A SAFE P ATIENT EXPERIENCE HERE AT DOYLESTOWN HOSPITAL." "ON BEHALF OF HEALTHGRADES I'D LIKE TO CON GRATULATE 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 S TUDY. "HOSPITALS LIKE DOYLESTOWN HOSPITAL ARE SETTING BENCHMARKS OF SUPERIOR PERFORMANCE T HAT 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 O F HEALTH AND HUMAN SERVICES' AGENCY FOR HEALTHCARE.</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>RESEARCH AND QUALITY TO IDENTIFY THE INCIDENCE RATES OF 15 PATIENT SAFETY INDICATORS AMON G MEDICARE PATIENTS AT VIRTUALLY ALL OF THE NATION'S NEARLY 5,000 NONFEDERAL HOSPITALS. AD TIONALLY, HEALTHGRADES APPLIED ITS METHODOLOGY USING 12 PATIENT SAFETY INDICATORS TO IDE NTIFY THE BEST-PERFORMING HOSPITALS, OR PATIENT SAFETY EXCELLENCE AWARD HOSPITALS, WHICH R EPRESENT THE TOP 5% OF ALL U S HOSPITALS. HEALTHGRADES DEVELOPED THIS AWARD TO GIVE PATIE NTS MORE INFORMATION ABOUT CHOOSING A HOSPITAL. IN THE HEALTHGRADES ANALY SIS, THE FOLLOWIN G 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 (COLLAP SED LUNG) - SELECTED INFECTIONS DUE TO MEDICAL CARE - POST-OPERATIVE HIP FRACTURE - POST-O PERATIVE HEMORRHAGE OR HEMATOMA - POST-OPERATIVE PHY SIOLOGIC AND METABOLIC DERANGEMENTS - POST-OPERATIVE RESPIRATORY FAILURE - POST-OPERATIVE PULMONARY EMBOLISM OR DEEP VEIN THROMB OSIS - POST-OPERATIVE SEPSIS - POST-OPERATIVE ABDOMINAL WOUND DEHISCENCE - ACCIDENTAL PUNC TURE OR LACERATION - TRANSFUSION REACTION. DOYLESTOWN HOSPITAL IS AMONG THE TOP 5% IN THE N ATION FOR PATIENT EXPERIENCE FOR THE FOURTH CONSECUTIVE YEAR -----</p> <p>----- HEALTHGRADES, THE NATION'S MOST TRUSTED SOURCE FO R RESEARCHING AND SELECTING DOCTORS AND HOSPITALS, NAMED DOYLESTOWN HOSPITAL A RECIPIENT O F THE 2011 OUTSTANDING PATIENT EXPERIENCE AWARD. THIS DISTINCTION RANKS DOYLESTOWN HOSPITA L AMONG THE TOP 5% OF HOSPITALS NATIONWIDE BASED ON AN ANALY SIS OF PATIENT SATISFACTION DA TA FOR 3,797 U S HOSPITALS. THIS YEAR'S STUDY MARKS THE FOURTH CONSECUTIVE YEAR DOYLESTOW N HOSPITAL'S PATIENT EXPERIENCE HAS BEEN RECOGNIZED, SOMETHING ONLY 120 HOSPITALS IN THE N ATION HAVE ACHIEVED. ACCORDING TO HEALTHGRADES, 80% OF PATIENTS TREATED AT THE NATION'S BE ST-PERFORMING HOSPITALS WOULD DEFINITELY RECOMMEND THE HOSPITAL COMPARED TO ONLY 55% OF PA TIENTS WHO RECEIVED CARE FROM THE POOREST-PERFORMING HOSPITALS. DOYLESTOWN HOSPITAL ALSO R ECENTLY RECEIVED THE 2011 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD MARKING THE THIRD C ONSECUTIVE YEAR IN A ROW FOR THIS DISTINCTION. DOYLESTOWN IS ONE OF ONLY 18 HOSPITALS IN T HE U S - AND THE ONLY HOSPITAL IN PENNSYLVANIA - TO BE A FOUR-TIME RECIPIENT OF THE OUTST ANDING PATIENT EXPERIENCE AWARD AND THREE-TIME RECIPIENT OF THE PATIENT SAFETY EXCELLENCE AWARD. "A HOSPITAL EXPERIENCE INCLUDES FAR MORE THAN SIMPLY THE QUALITY OF THE MEDICAL CAR E," SAID DOYLESTOWN HOSPITAL PRESIDENT RICHARD REIF. "IT INCLUDES THE INTERACTIONS BETWEEN A PATIENT AND ALL THE PEOPLE WHO MAKE UP THE 'HOSPITAL'- THE DOCTORS, NURSES, NON-CLINICA L STAFF AND VOLUNTEERS. PATIENTS PLACE THEIR TRUST IN US TO PROVIDE THE BEST MEDICAL CARE IN AN ENVIRONMENT THAT MAKES THEM FEEL SAFE AND RESPECTED. WHEN PATIENTS LEAVE OUR HOSPITA L, THEY NOT ONLY REMEMBER THE MEDICAL TREATMENT THEY'VE RECEIVED, BUT THE PEOPLE WHO TREAT ED THEM AND THE WAY THOSE PEOPLE AFFECTED THEIR LIVES DURING THEIR STAY ." HEALTHGRADES ANA LYZED HCAHPS (HOSPITAL CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS) HOSPITAL S URVEY DATA OBTAINED FROM THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS), FROM APRIL 2009 TO MARCH 2010. HEALTHGRADES IDENTIFIED THOSE HOSPITALS PERFORMING IN THE TOP 10% IN T HE NATION FOR PATIENT SATISFACTION, BASED ON SURVEY RESPONSES FROM PATIENTS TREATED AT THO SE FACILITIES. THESE 339 HOSPITALS WERE DESIGNATED AS 2011 OUTSTANDING PATIENT EXPERIENCE AWARD RECIPIENTS. HOSPITALS HAD TO MEET BED SIZE, SURVEY-RESPONSE SIZE, AND CLINICAL-QUALI TY THRESHOLDS IN ORDER TO BE ELIGIBLE FOR THE AWARD. INFORMATION ON AWARD RECIPIENTS AND T HE RATINGS METHODOLOGY IS AVAILABLE, FREE TO THE PUBLIC, AT <a href="http://WWW.HEALTHGRADES.COM">WWW.HEALTHGRADES.COM</a></p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	"IT'S CLEAR THAT PATIENTS ARE DRIVING HIGHER QUALITY IN OUR NATION'S HOSPITALS," SAID DR RICK MAY , HEALTHGRADES VICE PRESIDENT OF CLINICAL QUALITY PROGRAMS "HOSPITALS LIKE DOYLES TOWN HOSPITAL TAKE HCAHPS SURVEY RESULTS VERY SERIOUSLY AND INVEST TIME AND RESOURCES TO E NSURE EACH PATIENT'S EXPERIENCE IS THE BEST POSSIBLE. THIS IS YET ANOTHER EXAMPLE OF HOW T RANSPARENCY IN HEALTHCARE DRIVES QUALITY " WHEN COMPARED TO HOSPITALS PERFORMING IN THE BO TTOM 10% FOR PATIENT SATISFACTION, HEALTHGRADES OUTSTANDING PATIENT EXPERIENCE AWARD RECIP IENT HOSPITALS ARE ATTRIBUTED WITH THE FOLLOWING - 45% MORE PATIENTS GAVE THE HOSPITAL AN OVERALL RATING OF A 9 OR A 10 (10 BEING THE HIGHEST POSSIBLE) - 34% MORE PATIENTS RESPOND ED THAT THEY ALWAYS RECEIVED HELP FROM STAFF QUICKLY - 24% MORE PATIENTS REPORTED THAT THE STAFF ALWAYS EXPLAINED THEIR MEDICATIONS TO THEM PRIOR TO ADMINISTERING THEM - 19% MORE P ATIENTS FELT THEIR PAIN WAS ALWAYS WELL CONTROLLED - 45% MORE PATIENTS REPORTED THAT THEY WOULD DEFINITELY RECOMMEND THE HOSPITAL TO THEIR FAMILY OR FRIENDS GILDA'S CLUB OPENS IN DOYLESTOWN HOSPITAL ----- LOCAL RESIDENTS LIVING WITH CANCER AND THEIR FAMILIES CAN FIND STRENGTH AND SUPPORT AT THE NEW GILDA'S CLUB AT DOYLEST OWN HOSPITAL THE RED RIBBON WAS CUT ON DECEMBER 15, 2010 FOR THE NEWEST GILDA'S CLUB LOCA TION, OFFERING CONVENIENT SERVICES AND SPECIAL PROGRAMS FOR ANYONE TOUCHED BY CANCER "IT MEANS A LOT THAT IT'S HERE," SAID LENA MARDER, PROGRAM DIRECTOR OF GILDA'S CLUB DELAWARE V ALLEY "MEMBERS OF THE COMMUNITY HAVE THE ABILITY TO BE HERE AT THE HOSPITAL FOR TREATMENT AND THEN COME HERE FOR SOCIAL AND EMOTIONAL SUPPORT, OR EVEN JUST GET A CUP OF COFFEE " G ILDA'S CLUB IS A NETWORK OF AFFILIATE CLUBHOUSES WHERE MEN, WOMEN AND CHILDREN LIVING WITH CANCER, AS WELL AS THEIR FRIENDS AND FAMILIES, MEET TO LEARN HOW TO LIVE WITH CANCER, WHA TEVER THE OUTCOME GILDA'S CLUB IS NAMED IN MEMORY OF COMEDIAN GILDA RADNER, WHO DIED FROM OVARIAN CANCER IN 1989 THE NEW LOCATION AT DOYLESTOWN HOSPITAL FEATURES A KITCHEN AREA, AN ART STUDIO, A RESOURCE LIBRARY AND SPACE FOR YOGA, MEDITATION AND PILATES CLASSES IT IS LOCATED ON THE MAIN FLOOR OF DOYLESTOWN HOSPITAL, ACROSS FROM THE FORMER ER AND IS EASIL Y ACCESSIBLE FROM THE MAIN LOBBY IN ADDITION TO SPEAKERS AND EDUCATIONAL WORKSHOPS, THE F OCUS WILL BE ON HEALING AND CREATIVE ARTS AND THE MIND/BODY CONNECTION KAREN QUINLAN, DIR ECTOR OF CANCER SERVICES AT DOYLESTOWN HOSPITAL, SAID IT WILL BE EASY FOR PATIENTS FROM TH E CANCER INSTITUTE OF DOYLESTOWN HOSPITAL TO GET TO THE NEW GILDA'S CLUB "IT'S SO WONDERF UL TO HAVE SUPPORT SERVICES ON SITE," SHE SAID "AND IT'S A WONDERFUL SOURCE OF SUPPORT " MARION SANDS OF HATBORO BENEFITED FROM THAT SUPPORT AT THE GILDA'S CLUB MAIN LOCATION IN W ARMINSTER, WHICH OPENED IN 2003 HER HUSBAND, BOB, DIED OF CANCER IN 2005 "IT'S SOMETHING SPECIAL WHEN YOU OPEN THAT RED DOOR AND COME IN," SHE SAID "THERE IS HAPPINESS AND SUPPO RT, YOU CAN TALK FREELY AND OPENLY IT'S JUST A FRIENDLY , LOVING PLACE TO BE " CHRISTINE F IGUEROA OF BUCKINGHAM WAS ONE OF THE DONORS WHO MADE THE NEW SATELLITE LOCATION POSSIBLE WITH FAMILY AND FRIENDS WHO HAVE EXPERIENCED CANCER, CHRISTINE CONSIDERED IT A "WONDERFUL CAUSE." "GILDA'S CLUB HAS DONE SO MUCH FOR THIS COMMUNITY," SHE ADDED OTHER FUNDS WERE DO NATED BY MRS MARIE-LOUISE JACKSON, WHOSE SUPPORT HAS ENABLED SATELLITE LOCATIONS TO OPEN (OR SOON OPEN) AT TWO OTHER AREA HOSPITALS SHERI PUTNAM IS EXECUTIVE DIRECTOR OF THE BUCK S COUNTY PH YSICIAN HOSPITAL ALLIANCE SHE IS ALSO CHAIRMAN OF THE BOARD OF GILDA'S DELAWAR E VALLEY SHE CALLED IT A "BEAUTIFUL PARTNERSHIP' BETWEEN GILDA'S CLUB AND DOYLESTOWN HOSP ITAL ALL OF GILDA'S CLUB WORKSHOPS AND PROGRAMS ARE FREE AND AVAILABLE TO MEN, WOMEN AND CHILDREN THE OPENING OF THE GILDA'S CLUB IS PART OF THE OVERALL VISION TO OFFER COMPREHEN SIVE CANCER SERVICES IN ONE LOCATION AT DOYLESTOWN HOSPITAL THE CANCER INSTITUTE OF DOYLE STOWN HOSPITAL IS SET TO OPEN IN A NEW FACILITY WITH EXPANDED SERVICES IN APRIL SO THAT EV ERY ONE LIVING WITH CANCER-FROM NEWLY DIAGNOSED PATIENTS UNDERGOING TREATMENT TO LONG-TERM SURVIVORS RECEIVING FOLLOW-UP CARE-CAN HAVE ALL THEIR NEEDS MET IN ONE PLACE GILDA'S CLUB IS JUST ONE OUTLET OF THE SUPPORT SERVICES OFFERED BY THE CANCER INSTITUTE OF DOYLESTOWN HOSPITAL, WHICH ALSO OFFERS A NUMBER OF AMERICAN CANCER SOCIETY PROGRAMS AND SUPPORT GROUP S GILDA'S CLUB AT DOYLESTOWN HOSPITAL WILL HAVE REGULAR HOURS WEDNESDAYS AND THURSDAYS FR OM 10 A M TO 2 P M , AND WILL BE OPEN FOR OTHER EVENTS AND MEETINGS AS SCHEDULED WOMEN'S DIAGNOSTIC CENTER A BREAST IMAGING CENTER OF EXCELLENCE ----- DOYLESTOWN HOSPITAL'S WOMEN'S DIAGNOSTIC CENTER HAS BEEN DESIGNATED A BREAST IMAGING CENTER OF EXCELLENCE BY THE AMERICAN COLLEGE OF RADIOLOGY (AC R) BY AWARDING FACILITIES THE STATUS OF A BREAST IMAGING CENTER OF EXCELLENCE, THE ACR RE COGNIZES BREAST IMAGING CENTERS THAT HAVE EARNED A

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>CCREDITATION IN ALL OF THE COLLEGE'S VOLUNTARY , BREAST-IMAGING ACCREDITATION PROGRAMS AND MODULES, IN ADDITION TO THE MANDATORY MAMMOGRAPHY ACCREDITATION PROGRAM THE BREAST IMAGING SERVICES AT THIS CENTER ARE FULLY ACCREDITED IN MAMMOGRAPHY , STEREOTACTIC BREAST BIOPSY , BREAST ULTRASOUND AND ULTRASOUND-GUIDED BREAST BIOPSY PEER-REVIEW EVALUATIONS, CONDUCTED IN EACH BREAST IMAGING MODALITY BY BOARD-CERTIFIED PHYSICIANS AND MEDICAL PHYSICISTS WHO ARE EXPERTS IN THE FIELD, HAVE DETERMINED THAT THIS FACILITY HAS ACHIEVED HIGH PRACTICE STANDARDS IN IMAGE QUALITY , PERSONNEL QUALIFICATIONS, FACILITY EQUIPMENT, QUALITY CONTROL PROCEDURES, AND QUALITY ASSURANCE PROGRAMS LAST YEAR, DOYLESTOWN HOSPITAL EARNED ANOTHER PRESTIGIOUS ACCREDITATION THAT SIGNALS THE HIGHEST QUALITY OF BREAST CANCER TREATMENT AND SERVICES THE HOSPITAL WAS THE FIRST IN BUCKS COUNTY TO EARN THE NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS (NAPBC) ACCREDITATION DOYLESTOWN HOSPITAL ALSO HOLDS A COMMENDATION AS A COMMUNITY HOSPITAL CANCER PROGRAM FROM THE AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER THE ACR, HEADQUARTERED IN RESTON, VA , IS A NATIONAL ORGANIZATION SERVING MORE THAN 32,000 DIAGNOSTIC/INTERVENTIONAL RADIOLOGISTS, RADIATION ONCOLOGISTS, NUCLEAR MEDICINE PHYSICIANS, AND MEDICAL PHYSICISTS WITH PROGRAMS FOR FOCUSING ON THE PRACTICE OF MEDICAL IMAGING AND RADIATION ONCOLOGY , AS WELL AS THE DELIVERY OF COMPREHENSIVE HEALTHCARE SERVICES VIA HEALTH SYSTEM COMMUNITY BENEFIT ACTIVITIES</p> <p>===== 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 &amp; BENEFIT ACTIVITIES -</p> <p>----- 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 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 FY2011 FOR A TOTAL OF \$17,534 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 A TOTAL OF \$6,697 WAS WRITTEN OFF FOR THESE SUBSIDIES</p>



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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 FY 10-11 THERE WERE 1,944 VISITS TO THE MEDICAL PROGRAM FOR 829 INDIVIDUAL ADULTS AND CHILDREN. THERE WERE 964 TREATMENT VISITS FOR THE DENTAL PROGRAM FOR 249 ADULTS AND CHILDREN. COMMUNITY RESPONSE AND WELFARE THE VILLAGE IMPROVEMENT ASSOCIATION COMMUNITY RESPONSE AND WELFARE COMMITTEES CONTRIBUTE DOLLARS FOR THE FOLLOWING PROGRAMS: FISH - FRIENDS IN SERVICE TO HUMANITY (\$13,523), ANNUAL GIFTS PROGRAM FOR FAMILIES IN NEED (\$24,500). IN ADDITION, THE WELFARE COMMITTEE PROVIDES SUPPORT FOR PATIENTS OF DOYLESTOWN HOSPITAL NEEDING MEDICATION (\$2,592). COMMUNITY EDUCATION CALENDAR DOYLESTOWN HOSPITAL PUBLISHED A QUARTERLY CALENDAR WHICH IS DISTRIBUTED TO 187,500 HOUSEHOLDS. THIS CALENDAR LISTS COMMUNICATIONS RELATED TO HEALTH EDUCATION PROGRAMS AND CLASSES. THE APPROXIMATE COST OF THIS PUBLICATION IS \$195,140. ADVERTISEMENTS ARE IN LOCAL NEWSPAPERS WHICH INFORM THE COMMUNITY MEMBERS ABOUT UPCOMING HEALTH EDUCATION CLASSES, PHYSICIAN LECTURES, SUPPORT GROUPS AND OTHER HEALTH EDUCATION ACTIVITIES. IN ADDITION, DOYLESTOWN HOSPITAL PUBLISHES THREE DISEASE SPECIFIC NEWSLETTERS WHICH OFFER WELLNESS AND PREVENTION INFORMATION TO PATIENTS WHO HAVE BEEN DIAGNOSED WITH OR ARE CONCERNED ABOUT HEART DISEASE (CARDIAC CONNECTION), OSTEOPOROSIS, BREAST CANCER, MENOPAUSE AND OTHER WOMEN'S HEALTH ISSUES (HER HEALTH) AND CANCER (CONCIERGE). MORE THAN 175,000 PEOPLE RECEIVE THIS INFORMATION THROUGH A MAILING TO THEIR HOMES. AN ADDITIONAL 2,500 E-NEWSLETTERS ARE ALSO SENT. THE COST TO PRODUCE AND DISTRIBUTE THESE NEWSLETTERS WAS \$160,480. MEDICAID APPLICATION PREPARATION FOR ALL UNINSURED PATIENTS DOYLESTOWN HOSPITAL OFFERS ALL UNINSURED PATIENTS THE OPTION OF FILING A MEDICAID APPLICATION. HRSI IS THE HOSPITAL'S VENDOR AND THEY HELP OUR PATIENTS THROUGH THE PROCESS. THE HOSPITAL IS CHARGED \$475/APPLICATION, IF THE APPLICANT OBTAINS ELIGIBILITY. HRSI HAS SUCCESSFULLY OBTAINED ELIGIBILITY FOR 145 UNINSURED PATIENTS. FOR THIS PROCESS, THE HOSPITAL PAID HRSI \$142,608, STAFF TIME COST INCURRED OF \$31,150. LENAPE VALLEY HEALTH FOUNDATION THIS ORGANIZATION PROVIDES PSYCHIATRIC COVERAGE AND CLINICAL SUPERVISION FOR UNIT PATIENTS AND PSYCHIATRIC CONSULTATION SERVICES IN THE HOSPITAL'S EMERGENCY DEPARTMENT. THIS IS A COST TO THE HOSPITAL OF \$41,400. MARCH OF DIMES DOYLESTOWN HOSPITAL IS A MAJOR SPONSOR OF THE BUCKS COUNTY MARCH OF DIMES SALUTE TO WOMEN OF ACHIEVEMENT BREAKFAST HONORING LOCAL WOMEN WHO HAVE MADE A SIGNIFICANT CONTRIBUTION TO BUCKS COUNTY IN THE AREAS OF HEALTH, COMMUNITY SERVICE, BUSINESS, VOLUNTEERISM AND EDUCATION. SPONSORSHIP SUPPORT TOTALED \$3,000. FOUNDATION FUND RAISING PROGRAM THE FOUNDATION'S FUND RAISING PROGRAM REQUESTED UNRESTRICTED GIFTS FOR THIS FISCAL YEAR THAT WOULD ENABLE DOYLESTOWN HOSPITAL TO CONTINUE ITS MISSION OF A RESPONSIVE, HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES. GIFTS BENEFITED MANY DEPARTMENTS OF THE HOSPITAL, ESPECIALLY THE HEART INSTITUTE, HOSPICE AND THE CANCER CENTER. SPECIAL EVENTS INCLUDED A SILENT AUCTION TO BENEFIT THE CANCER AND HOSPICE PROGRAMS, A HEART BRUNCH, AND A GOLF OUTING. THE PLANNED GIVING PROGRAM WAS SUCCESSFUL, INCLUDING THE GROWTH OF THE CHARITABLE GIFT ANNUITY PROGRAM. HOSPICE PROGRAM SUPPORT THE HOSPICE PROGRAM PROVIDED CAREGIVERS FOR RESpite CARE IN THE HOMES OF TERMINALLY ILL PATIENTS, AND CONTACTED BEREAVED PEOPLE OVER THE PHONE THROUGHOUT THE YEAR AFTER THE DEATH OF A LOVED ONE. THIS PROGRAM IS 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 TO MEET THE NEEDS OF ALL TYPES OF LOSSES. THESE PROGRAMS ARE OFFERED ALL YEAR ROUND AND HAVE 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 INFORMATION, REGISTRATION AND REFERRAL. HOSPITAL STAFF SCREENED APPLICANTS AND REFERRED PATIENTS WITH PRIMARY CARE AND SPECIALIST PHYSICIANS. THEY ALSO REFERRED ELIGIBLE PATIENTS TO THE FREE CLINIC OF DOYLESTOWN. ESTIMATED STAFF TIME WAS 1,040 HOURS (20 HOURS/WEEK FOR 2 OPERATORS) VALUED AT \$20,280. DOYLESTOWN CLINICAL NETWORK (DCN) THE DCN FACILITATES SEAMLESS TRANSFER OF CLINICAL INFORMATION PROVIDER-TO-PROVIDER TO IMPROVE THE QUALITY OF CARE FOR MEMB</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>ERS OF THE DOYLESTOWN COMMUNITY THERE ARE AN ESTIMATED 12,372 HOURS OF PAID ASSOCIATE TIME AN ESTIMATED COST OF \$230,000 FOR PHONE LINES, MAINTENANCE, DEPRECIATION, ETC AND AN ESTIMATED COST OF \$19,200 FOR ADMINISTRATION A ESTIMATE OF DIRECT OFFSETTING REVENUE OF \$5 0,000 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 10 SCHOLARSHIPS ARE SUPPORTED BY THE FOUNDATION THROUGH RESTRICTED GIFTS THESE SCHOLARSHIPS, TOTALING \$18,500 ARE AWARDED TO MEN AND WOMEN PURSUING NURSING, ALLIED HEALTH, PARAMEDIC, AND OTHER TRAINING SEVENTEEN (17) SCHOLARSHIPS ARE SUPPORTED BY THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN THESE SCHOLARSHIPS, TOTALING \$15,847 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 1,500 COPIES AT A VALUE OF \$215 STAFF TIME OF 12 HOURS/ISSUE VALUED AT A TOTAL OF \$278, 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, HEALTHY 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 \$35,800 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 &amp; 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 \$3,189 PLUS REFRESHMENTS AND HANDOUTS AT A COST OF \$60 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 THIS LIBRARY IS OPERATED AT A COST TO THE HOSPITAL OF \$78,100</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>HEALTHY E-COOKING SHOW THE HOSPITAL HAS AN ONGOING PROGRAM THAT HAS AN ONLINE DATABASE OF OVER 600 HEALTHY RECIPES AND NUTRITIONAL INFORMATION ALONG WITH VIDEOS THESE ARE ACCESSIB LE THROUGH DOYLESTOWN HOSPITAL'S WEBSITE. THIS ACCESS TO THE COMMUNITY HELPS WITH INFORMAT ION ON OBESITY, DIABETES, CARDIOV ASCULAR DISEASE AND ALL DIETARY LINKS. THIS INFORMATION I S AVAILABLE TO HELP PROMOTE HEALTHY EATING HABITS AT A COST TO THE HOSPITAL OF 48 PAID PRO FESSIO NAL HOURS AT A COST OF \$2,074 AND AN ANNUAL LICENSE FEE OF \$14,400. ADAM HEALTH ENCY CLOPEDIA HEALTH INFORMATION IS THE 3RD MOST POPULAR SEARCH ON THE INTERNET. THE HOSPITAL H AS AN EXTENSIVE HEALTH LIBRARY ON ITS WEBSITE WITH OVER 4,000 HEALTH AND WELLNESS ARTICLES AND COVERS OVER 1,500 MEDICAL TOPICS. THE SITE HAS REFERENCE INDEX AND INTERACTIVE TOOLS AT A COST TO THE HOSPITAL OF 20 PAID PROFESSIONAL HOURS AT A COST OF \$864 AND AN ANNUAL LI CENSE FEE OF \$17,500. EDUCATIONAL PROGRAMS ----- CANCER SURVIVOR DAY THIS E VENT 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 150 PEOPLE ATTENDED THE EVE NT. VOLUNTEER HOURS INCLUDED PHY SICIANS, NURSING, CLERICAL STAFF ATTENDING FOR A TOTAL OF \$1,223. LIFESTYLE LECTURES THIS WAS A SERIES OF INFORMAL EDUCATIONAL LECTURES OFFERED TO T HE COMMUNITY BY MEMBERS OF THE MEDICAL STAFF. THE HOSPITAL COORDINATED THE PROGRAM, WHICH HELPED 304 COMMUNITY MEMBERS. \$2,400 IN PHY SICIAN TIME WAS DONATED. DRIVER SAFETY PROGRAM THIS WAS A COOPERATIVE PROGRAM WITH AARP THAT FOLLOWS THEIR RULES FOR PARTICIPATION. WE PR OVIDE ROOM FOR 276 PARTICIPANTS AND 13 CLASSES, WHICH AMOUNTED TO \$1,780 IN HOSPITAL DONAT ED COSTS. COMMUNITY LECTURES THE HOSPITAL PROVIDED SPEAKERS FOR VARIOUS COMMUNITY GROUPS A ND ORGANIZATIONS. PRESENTERS FOR EVENTS UTILIZED BOTH STAFF AND PHY SICIANS. THE DONATED ST AFF TIME WAS \$1,216 AND THE SESSION HELPED 378 INDIVIDUALS IN THE COMMUNITY. THESE PROGRAM S IMPROVED THE COMMUNITY'S HEALTH AND QUALITY OF LIFE THROUGH EDUCATION. ANNUAL BREAST CAN CER CELEBRATION AND EDUCATION PROGRAM THIS PROGRAM PROVIDED SUPPORT AND EDUCATION FOR 150 PEOPLE. VOLUNTEER NURSING AND CLERICAL STAFF HOSTED THE EVENT FOR A TOTAL OF \$24,066. UNDE RSTANDING COMMUNITY &amp; HOSPITAL ACQUIRED INFECTIONS A ONE HOUR PRESENTATION WAS GIVEN BY TH E HOSPITAL'S INFECTION CONTROL NURSE. THE PRESENTATION TALKED ABOUT COMMUNITY ACQUIRED INF ECTIONS, SUCH AS MRSA AND HOSPITAL ACQUIRED INFECTIONS, SUCH AS VTIS. THERE WAS ALSO A DIS CUSSION ABOUT THE TRANSMISSION OF CERTAIN OTHER DISEASES. THE DONATED NURSES' TIME WAS \$163 AND THE SESSION HELPED 40 INDIVIDUALS. BREAST CANCER SUPPORT GROUP PROVIDED OPPORTUNITIE S FOR EDUCATIONAL AND EMOTIONAL SUPPORT FOR BREAST CANCER SURVIVORS AND THEIR FAMILIES. TH E HOSPITAL PROVIDED EDUCATION TO 25 PERSONS PER MONTH AT A COST OF \$1,275. ADDITIONAL PROG RAMS SPONSORED BY THE HOSPITAL FOR CANCER SUPPORT WERE FOUR CANCER EDUCATIONAL PROGRAMS (P SYCHOLOGICAL SUPPORT PROGRAM, BREAST CANCER AND EMOTIONAL SUPPORT PROGRAM, NUTRITION PROGR AM AND THE BENEFITS OF REIKI) AND "BASKET BINGO". COSTS INCURRED FOR THESE EVENTS WERE \$2, 664. MAN TO MAN PROSTATE CANCER SUPPORT GROUP EDUCATION THIS MONTHLY PROGRAM ADDRESSES ISS UES AND THE STRUGGLES THAT FACE PROSTATE CANCER SURVIVORS AND THEIR FAMILIES. VOLUNTEER TI ME WAS 15 HOURS VALUED AT \$1,543. COACHES VERSES CANCER PROGRAM THE HOSPITAL MET WITH CENT RAL BUCKS SOUTH HIGH SCHOOL EDUCATORS, PRINCIPAL AND COACHES, WHO DESCRIBED A NEED FOR STU DENT CANCER PREVENTION ACTIVITIES. STUDENTS CAME TO THE HOSPITAL AND MADE A VIDEO OF INTER VIEWS WITH PHYSICIANS, NURSES AND CANCER PATIENTS. THE VIDEO WAS THEN SHOWN DURING CB SOUT H HIGH SCHOOL BASKETBALL GAMES. THE PROGRAM SERVED OVER 1000 STUDENTS AND PARENTS/TEACHERS AND WAS VALUED AT \$2,700 FOR STAFF TIME AND MATERIALS. LOOK GOOD, FEEL BETTER THIS PROGRA M PROVIDED SUPPORT AND RESOURCES FOR CANCER PATIENTS UNDERGOING CHEMOTHERAPY. 36 INDIVIDUA LS ATTENDED AND \$766 WAS THE VALUE OF STAFF AND VOLUNTEER TIME AND RESOURCES. NUTRITION PR ESENTATIONS PROGRAMS WERE HELD THROUGHOUT THE YEAR TO PROVIDE EDUCATION ON NUTRITION TO PR OMOTE OPTIMAL HEALTH. LOCATIONS INCLUDED SEVERAL CHURCHES, SENIOR COMMUNITIES, TWO CB HIG H SCHOOLS AND VARIOUS WOMEN'S AND MEN'S GROUPS, MENU EVALUATION FOR YORKTOWN MANOR, HEALTH FAIR DISPLAYS FOR YMCA AND MANY LOCAL ELEMENTARY SCHOOLS. OVER 2,820 WERE EDUCATED WITH T HESE PROGRAMS. 180 HOURS OF STAFF TIME SPENT AT A COST OF \$7,267 TO THE HOSPITAL. DONATED SUPPLIES AND AIDE TO HAITI, AFRICA AND GUATEMALA AND BREAST/CERVICAL CANCER SCREENING IN K ENYA. THESE SUPPLIES AND DONATED HOURS DIRECTLY HELPED IN PATIENT CARE. 110 WOMEN WERE SCRE ENED FOR BREAST AND CERVICAL CANCER. HOSPITAL STAFF AND SUPPLIES ARE VALUED AT \$38,319. ST U DENT INTERNSHIP SUMMER PROGRAM THIS PROGRAM IS WITH STUDENTS OF THE GWYNEDD MERCY CARDIOV ASCULAR TECHNOLOGY PROGRAM. THE STUDENTS SPEND 2 W</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>EEKS OBSERVING PROCEDURES IN CARDIAC SERVICES, ECHO AND THE CATH LAB TO HELP THEM DECIDE W HERE THEY WOULD LIKE TO FOCUS THEIR EDUCATIONAL/CAREER AND EDUCATION THE VALUE OF THIS PR OGRAM IS \$81,474 FOR SUPPORT STAFF, PHY SICIANS AND PROFESSIONAL STAFF TIME STUDENT INTERN SHIP RADIOLOGY PROGRAM SIX STUDENTS FROM ABINGTON MEMORIAL HOSPITAL SCHOOL OF RADIOLOGIC T ECHNOLOGY ATTEND THE HOSPITAL'S DEPARTMENT OF RADIOLOGY ON A ROTATION BASIS STUDENTS LEAR N CLINICAL SKILLS THAT ARE IMPORTANT TO THEIR EDUCATIONAL PROCESS RADIOGRAPHERS AT THE HO SPITAL SERVE AS CLINICAL INSTRUCTORS FOR THE STUDENTS ON A ONE TO ON RATIO DOYLESTOWN HOS PITAL DOES NOT RECEIVE A FINANCIAL REWARD FOR THIS AGREEMENT THE COST OF THIS PROGRAM TO THE HOSPITAL IS \$136,648 THERE IS ALSO AN INTERN PROGRAM FOR ONE STUDENT WITH THE ULTRASO UND DEPARTMENT THE COST OF THIS PROGRAM IS \$22,525 ALLIED HEALTH FCIS COLLEGE INTERN PRO GRAM STUDENTS WORK WITH A DOYLESTOWN HOSPITAL CARDIAC REHAB ASSOCIATE, DEVELOPING THEIR SK ILLS SUCH AS READING PHY SICIAN REPORTS, COLLECTING INFORMATION FOR FIRST VISIT PATIENTS, A SSESSING SKILLS, DOCUMENTING MEDS, EXERCISE EVALUATIONS, EVALUATING OUTCOMES AND DISCHARGI NG PATIENTS FOR THE STUDENTS COLLEGE TRAINING, THIS IS A MANDATORY CLINICAL EXPERIENCE PR OGRAM THE COST OF THIS PROGRAM TO THE HOSPITAL IS \$239,626 SMOKING CESSATION PROGRAM PRO GRAMS WERE HELD USING CDC RESOURCES "CLEANING THE AIR" 44 INDIVIDUALS WERE GIVEN HELP IN QUITTING THE HABIT OF SMOKING THE HOSPITAL'S OVERALL CONTRIBUTION IS VALUED AT \$1,000 AL ZHEIMER'S ASSOCIATION FOR FAMILY CAREGIVER TRAINING A PROGRAM WAS HELD AT PINE RUN FOR THE COMMUNITY , AT A VALUE OF \$259 FOR TIME AND REFRESHMENTS A MEMORY WALK FOR THE ALZHEIMER' S ASSOCIATION WAS ALSO PRESENTED STAFF, T-SHIRT AND HANDOUT MATERIALS WERE VALUED AT \$1,7 54 MATERNITY AND PARENTING ACTIVITIES -----</p> <p>BABY WELL THIS P ROGRAM EDUCATED 320 PARENTS ON HOW TO CARE FOR THEIR NEWBORN \$2,176 IN STAFF TIME WAS DEV OTED TOWARDS 23 COMMUNITY PROGRAMS HEALTHY BEGINNINGS PROGRAM THIS IS A PROGRAM TO BRING PRENATAL HEALTH TO THE UNDERSERVED IN THE COMMUNITY THIS IS MOSTLY THE INDIVIDUALS WITHOU T THE ABILITY TO PAY OR THOSE WHO HAVE NOT YET ENROLLED OR WHO ARE ENROLLED IN MEDICAID M UCH OF OUR PROGRAM DEALS WITH HIGH RISK PATIENTS AND THOSE WITH SUBSTANCE ABUSE PROBLEMS THERE IS A PHY SICIAN, A SOCIAL WORKER AND A DIETICIAN, AS WELL AS TWO NURSES WHO RUN THE P ROGRAM THE COST OF THIS PROGRAM WAS \$269,331 BREASTFEEDING EDUCATION THIS PROGRAM PROVID ES AN INCREASED UNDERSTANDING OF THE BENEFITS OF BREASTFEEDING, WHICH LEADS TO IMPROVED NU TRITION/HEALTH OF INFANTS 132 INDIVIDUALS ATTENDED THE 24 LECTURES THAT WERE HELD THROUGH OUT THE YEAR THE COST TO THE HOSPITAL IS ABOUT \$750 CHILDBIRTH CLASSES A PROGRAM TEACHIN G THE HOW-TOS OF CHILDBIRTH SERVED 594 PEOPLE AT A COST OF \$15,972 TO THE HOSPITAL THROUGH 25 COURSES SERIES EVERY DAY OF THE WEEK EXCEPT FRIDAY TOURS OF THE BIRTHING CENTER WERE ALSO GIVEN AT A COST TO THE HOSPITAL OF \$400 TEEN PARENTING EDUCATION THIS IS A COOPERATI VE PROGRAM WITH CHILD, HOME AND COMMUNITY, INC THE HOSPITAL PROVIDED ROOM FOR THE EDUCATI ONAL COURSE 40 INDIVIDUALS WERE GIVEN FREE CHILDBIRTH INSTRUCTION \$4,600 IS THE VALUE OF THE MEETING SPACE CHILD DEVELOPMENT THIS PROGRAM WAS IN COOPERATION WITH THE CENTRAL BUC KS SCHOOL DISTRICT HIGH SCHOOL STUDENTS TOURED THE LDRP UNIT THEY VIEWED AND DISCUSSED F AMILY'S ADMISSION FROM BIRTHING ROOM TO POSTPARTUM ROOM TO THE NURSERY DISCUSSIONS WERE H ELD ON NEWBORNS AND BASIC DEVELOPMENT, INCLUDING ICN &amp; TYPES OF INFANTS ADMITTED AT DOYLES TOWN HOSPITAL THE PROGRAM WAS PRESENTED ON TWO DATES, WITH 40 PARTICIPANTS, INCLUDING 1 T EACHER AT A VALUE OF \$1,108</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>GRANDPARENTING CLASSES THIS PROGRAM PREPARED GRANDPARENTS-TO-BE ON HOW TO BE SUPPORT THEIR CHILDREN AS THEY START THEIR OWN FAMILY 45 INDIVIDUALS ATTENDED THE COURSE, WITH A COST TO THE HOSPITAL OF \$750 FOR THE 6 CLASSES PRENATAL REFRESHER CLASSES THIS PROGRAM REFRESH ED NEARLY 34 PARENTS-TO-BE, WHO ALREADY HAVE DELIVERED OTHER CHILDREN, ON THE CHILDBIRTH E XPERIENCE \$680 IN STAFF TIME WAS DEVOTED TO THIS FOR 6 CLASSES DURING THE YEAR SIBLING E DUCATION CLASSES A PROGRAM DESIGNED TO LESSEN A CHILD'S FEELINGS OF ANXIETY AND JEALOUSY THERE WERE 41 PARTICIPANTS IN 9 CLASSES DURING THE YEAR AT A COST TO THE HOSPITAL OF \$505 SCHOOL AGE ACTIVITIES -----</p> <p>----- PARENTING AND BABY SITTING EDUCATION THIS IS A COOPERATIVE PROGRAM WITH CHILD, HOME AND COMMUNITY , INC THE HOSPITAL PROVIDED ROOM FOR T HE EDUCATIONAL COURSE 105 INDIVIDUALS WERE GIVEN BABY SITTING INSTRUCTION AT A COST OF \$30 0 TO THE HOSPITAL SERVICE LEARNING &amp; CAREER ACADEMY THE SERVICE LEARNING CAREER ACADEMY I S A JOINT PROJECT BETWEEN THE V I A HEALTH SYSTEM AND THE THREE HIGH SCHOOLS IN THE CENTR AL BUCKS SCHOOL DISTRICT IN COLLABORATION WITH THE CONSUMER AND FAMILY SCIENCES COURSE, T HE HOSPITAL'S DAY CARE CENTER PROVIDES STUDENTS WITH HANDS-ON EXPERIENCE TO ENHANCE LEARNI NG OF CHILD DEVELOPMENT THEORY IN ADDITION, HOSPITAL PROFESSIONAL STAFF AND CB FACULTY JO INTLY DESIGNED A CURRICULUM FOR ADVANCED PLACEMENT BIOLOGY STUDENTS, ADVANCED HEALTH STUDE NTS AND ANATOMY PHYSIOLOGY STUDENTS, WHO SPEND CLASS TIME ON-SITE AT THE HOSPITAL TO OBTAI N THE PRACTICAL APPLICATION OF CLASS CONTENT OVER 200 STUDENTS PARTICIPATED IN THIS PROGR AM WHERE \$22,000 IN HOSPITAL STAFF TIME AND OTHER COSTS TEDDY BEAR CLINICS CHILDREN IN TH E COMMUNITY WERE EXPOSED TO THE EMERGENCY DEPARTMENT AND AMBULANCE IN A FUN ENVIRONMENT T HE EXPERIENCE TAUGHT THEM TO NOT BE FRIGHTENED IN THE EVENT THEY MAY NEED EMERGENCY SERVIC ES OVER 200 CHILDREN CAME THROUGH THE TEDDY BEAR CLINIC AT THE HOSPITAL DONATED MATERIAL S AND STAFF TIME IS VALUED AT \$2,840 GIRL SCOUTS THE HOSPITAL PROVIDED MEETING SPACE FOR 2 GIRL SCOUT TROOPS MEETING SPACE WAS VALUED AT \$5,400 BUCKS COUNTY DOWN'S SYNDROME SPAC E WAS PROVIDED FOR MONTHLY MEETINGS AT CHILDREN'S VILLAGE FOR THE BUCKS COUNTY DOWNS SYNDR OME GROUP MEETING SPACE WAS VALUED AT \$750 FOCUS ON MOTHERHOOD FAMILY HOME AND COMMUNITY CHILDBIRTH CLASSES FOR TEEN PARENTS MEET AT CHILDREN'S VILLAGE EVERY MONDAY EVENING TO PR EPARE FOR CHILDBIRTH INSTRUCTION IS ALSO PROVIDED FOR INFANT CARE, HEALTH &amp; NUTRITIONAL A ND LIFE SKILLS MEETING SPACE IS VALUED AT \$2,400 ANNUALLY BEREAVEMENT GROUP MEETINGS SPA CE IS PROVIDED MONTHLY FOR THESE MEETINGS AT CHILDREN'S VILLAGE AND IS VALUED AT \$5,400 L EADERSHIP ACTIVITIES ----- THE HOSPITAL PRESIDENT/CEO DEVOTED \$20,522 WORT H OF HIS TIME TO COMMUNITY BENEFIT ACTIVITIES INCLUDING, BUT NOT LIMITED TO, THE BUCKS COU NTY HEALTH IMPROVEMENT PARTNERSHIP, ANN SILVERMAN COMMUNITY HEALTH CLINIC, HEALTH QUALITY PARTNERS, DELAWARE VALLEY HEALTHCARE COUNCIL AND GILDA'S CLUB THE VICE- PRESIDENT OF DEVEL OPMENT WAS ALSO INVOLVED IN CONTRIBUTING TIME TO ACTIVITIES THAT BENEFIT THE COMMUNITY INC LUDING ANN SILVERMAN COMMUNITY HEALTH CLINIC, CB CARES, THE AMERICAN RED CROSS, THE CENTR AL BUCKS CHAMBER OF COMMERCE AND THE DOYLESTOWN BUSINESS AND COMMUNITY ALLIANCE DOYLESTOW N HOSPITAL'S MANAGERS ALSO CONTRIBUTE THEIR LEADERSHIP AND EXPERTISE TO A VARIETY OF COMMU NITY BOARDS, AGENCIES, AND PROJECTS DURING 2010-2011, A VALUE OF \$95,000 IN MANAGER'S TIM E WAS GIVEN, OFTEN DURING WORK TIME, TO HELP SOME OF THE FOLLOWING COMMUNITY ORGANIZATIONS ADVOCACY SPEECHES AMERICAN CANCER SOCIETY AMERICAN HERITAGE FCU AMERICAN RED CROSS BLOOD DRIVE BUCKS CO HOSPITAL DECON TASK FORCE BUCKS CO QUALITY CHILD CARE COALITION BUCKS CO MH/MR ADVISORY BOARD BOYS SCOUTS OF AMERICA BUCKS COUNTY HOUSING GROUP BUCKS CO HEALTH IMPROVEMENT PARTNERSHIP CB CHAMBER OF COMMERCE CENTRAL BUCKS MINISTERIUM CB CHRISTIAN WOMEN'S CLUB CHILD, HOME AND COMMUNITY , INC CENTRAL BUCKS FAMILY YMCA CB CARES COMMUNITY OUTRE ACH CENTER DELAWARE VALLEY COLLEGE SENIOR EDUCATION DOYLESTOWN ATHLETIC ASSOCIATION DOYLES TOWN BUSINESS &amp; COMMUNITY ALLIANCE DVHC BOARD AND COMMITTEES FAMILY CAREGIVERS OF SENIORS ANN SILVERMAN COMMUNITY HEALTH CLINIC FRIENDS OF PEACE VALLEY NATURE CENTER GILDA'S CLUB GWYNEDD MERCY ADVISORY COMMITTEE HEALTH AND HOUSING TASK FORCE HERITAGE CONSERVANCY LENAPE VALLEY SHRINER'S CLUB LITERACY ACADEMY OF BC IU MARCH OF DIMES MIDDLE BUCKS INSTITUTE OF T ECH ADVISORY PROFESSIONALS WORKING WITH SENIORS SPRINGFIELD TOWNSHIP (SUPERVISOR/PLANNING ) TEACHING PROGRAMS ----- DOYLESTOWN HOSPITAL SUPPORTS MEDICAL, NURSING, ALLIED HEALTH, AND HOSPITAL MANAGEMENT PROGRAMS THE FOLLOWING IS A LIST OF SCHOOLS THAT SENT S TUDENTS TO THE HOSPITAL FOR PRACTICUMS, CLINICAL ROTATIONS, AND/OR PRECEPTORSHIPS ABINGTO N HOSPITAL SCHOOL OF RADIOLOGY ALBANY COLLEGE ARCADIA UNIVERSITY BUCKS COUNTY COMMUNITY CO LLEGE DREXEL UNIVERSITY/HAHNEMANN COLLEGE EASTERN</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>UNIVERSITY GWYNEDD MERCY COLLEGE INDIANA UNIVERSITY OF PENNSYLVANIA ITHACA COLLEGE LASALLE UNIVERSITY MONTGOMERY COUNTY COMMUNITY COLLEGE NAZARETH HOSPITAL PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE SALUS UNIVERSITY SANFORD BROWN INSTITUTE SHIPPENSBURG UNIVERSITY STAR R TECHNICAL INSTITUTE TEMPLE UNIVERSITY THOMAS JEFFERSON UNIVERSITY UNIVERSITY OF PENNSYLVANIA UNIVERSITY OF THE SCIENCES OF PHILADELPHIA UPPER BUCKS TECHNICAL INSTITUTE DOYLESTOWN HOSPITAL SERVED AS A CLINICAL ROTATION SITE FOR MEDICINE, PHYSICIAN ASSISTANT, ENTRY AND ADVANCED NURSING LEVELS, PHARMACY, RADIOLOGIC TECHNOLOGY, CARDIAC SERVICES AND EXERCISE PHYSIOLOGY ALL PATIENT CARE AREAS WERE UTILIZED IN THE EDUCATION OF THESE STUDENTS THE COSTS OF TEACHING THE 467 STUDENTS WERE AT LEAST \$373,600 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 ----- THE HOSPITAL PROVIDES FREE SPACE FOR MEETINGS TO THE FOLLOWING OUTSIDE GROUPS WITH A CHARITABLE MISSION THERE WERE 190 INDIVIDUALS BENEFITTED AT A COST OF \$2,850 AMERICAN RED CROSS ANN SILVERMAN FAMILY HEALTH COMMUNITY CLINIC BUCKS COUNTY MEDICAL SOCIETY NATIONAL ALLIANCE FOR THE MENTALLY ILL HEALTH SCREENINGS &amp; IMMUNIZATIONS -----</p> <p>----- THE HOSPITAL CONDUCTS HEALTH SCREENS AND SUPPORTED IMMUNIZATIONS FOR VARIOUS COMMUNITY MEMBERS HEALTH SCREENINGS DURING THE YEAR, 442 INDIVIDUALS BENEFITED FROM HEALTH SCREENS STAFF TIME DONATED TO THIS EFFORT IS ESTIMATED AT \$5,646 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 108 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING \$2,859 PROSTATE CANCER SCREENINGS THIS PROGRAM SCREENED 36 PATIENTS WITH VOLUNTEER MEDICAL, NURSING AND CLERICAL STAFF TOTALING \$1,787 INFLUENZA IMMUNIZATIONS DOYLESTOWN HOSPITAL PROVIDED A COMMUNITY FLU SHOT CLINIC IN THE FALL OF 2010 THE VALUE OF THIS TIME TO SERVE 298 INDIVIDUALS WAS \$1,000 VACCINES WERE PROVIDED BY THE BUCKS COUNTY HEALTH DEPARTMENT - 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 - BLINDNESS - DIABETES</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>SUPPORT GROUP &amp; SELF-HELP PROGRAMS ----- SUPPORT GROUPS ARE OFFERED AT NO CHARGE TO THE COMMUNITY, AND A MEMBER OF THE HOSPITAL STAFF LEADS MANY 584 CONFERENCE ROOM HOURS AND 162 PROFESSIONAL HOURS OF SUPPORT WERE PROVIDED TO MORE THAN 3,2 00 COMMUNITY MEMBERS THIS AMOUNTED TO \$33,630 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 - BLINDNESS - DIABETES VOLUNTEER PROGRAMS -----</p> <p>- 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, 864 VOLUNTEERS CONTRIBUTED 124,930 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 &amp; DELIVERY) AND OUR "NO ONE DIES ALONE" PROGRAM IN TOTAL, \$101,140 WORTH OF MEALS WAS GIVEN TO OUR VOLUNTEERS FREE OF CHARGE BECAUSE THE HOSPITAL WANTS TO PROVIDE EXCEPTIONAL OPPORTUNITIES FOR COMMUNITY MEMBERS TO OFFER TIME AND TALENT TO SUPPORT THE VHA'S MISSION TO EXCELLENT LOCAL HEALTHCARE, \$228,430 IN SALARIES WAS BUDGETED FOR RECRUITMENT, ORIENTATION, MANAGEMENT, RETENTION AND RECOGNITION OF VOLUNTEERS IN PATIENT TRANSPORT, THE GIFT SHOP, 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 COUNTESS COMMUNITY MEMBERS WHO COULD NOT PAY FOR THE CARE THEMSELVES THE 2010-2011 FISCAL YEAR'S TOTAL FOR UNCOMPENSATED CARE AMOUNTED TO \$4,503,638 SUMMARY OF TOTAL COMMUNITY BENEFIT CONTRIBUTION ----- COMMUNITY OUTREACH AND BENEFIT ACTIVITIES \$ 885,446 EDUCATIONAL PROGRAMS \$ 568,538 MATERNITY AND PARENTING ACTIVITIES \$ 280,300 SCHOOL AGE ACTIVITIES \$ 39,090 LEADERSHIP ACTIVITIES \$ 115,522 TEACHING PROGRAMS \$ 422,306 OUTSIDE GROUP ROOM USAGE \$ 2,850 HEALTH SCREENINGS AND IMMUNIZATIONS \$ 4,646 SUPPORT AND SELF-HELP PROGRAMS \$ 33,630 VOLUNTEER PROGRAMS \$ 101,140 UNCOMPENSATED HEALTHCARE TO COMMUNITY MEMBERS \$ 4,503,638 COMMUNITY SUPPORT \$6,380,139 - 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 \$576,967 - PROGRAMS AND SERVICES THAT WERE COORDINATED AND SPONSORED BY EITHER THE HOSPITAL AND/OR FOUNDATION BUT DID NOT INCUR ADDITIONAL EXPENSES TO THE HOSPITAL AND/OR FOUNDATION TOTAL \$6,957,106 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 ADDENDUM A DOYLESTOWN HOSPITAL STATEMENT OF PROGRAM AND SERVICES FISCAL YEAR 2010-2011</p> <p>===== - ASSOCIATE HEALTH SERVICES - BEHAVIORAL HEALTH SERVICE - EAP - CRISIS SERVICES - CARDIAC AND NEUROLOGICAL SERVICES - DIAGNOSTIC CARDIAC CATHETERIZATION - NON-INVASIVE DIAGNOSTIC TESTING SERVICES - INTERVENTIONAL CARDIOLOGY PROCEDURES - EPS STUDIES (PACE MAKERS, DEVICE IMPLANTATION, ABLATION) - CARDIOVASCULAR SURGERY - CABG - VALVE REPLACEMENT S/REPAIRS - CRITICAL CARE UNITS - MED/SURG CRITICAL CARE - CARDIOVASCULAR CRITICAL CARE - DIABETES EDUCATION (INPATIENT AND OUTPATIENT) - NU</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	TRITION EDUCATION AND COUNSELING - EMERGENCY SERVICES - CRISIS INTERVENTION - OBSERVATION/ HOLDING UNIT - SANE (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM - DOMESTIC VIOLENCE - ENDOSCOPY - GASTROENTEROLOGY - PULMONOLOGY - ENTEROSTOMAL THERAPY (INPATIENT AND OUTPATIENT) - NUR SING HOME CONSULTATION - WOUND MANAGEMENT - CONTINENCE CARE - FOOD AND NUTRITION SERVICES - WEIGHT MANAGEMENT CLASSES (ADULTS AND CHILDREN) - NUTRITIONAL ASSESSMENT AND COUNSELING - PATIENT MEAL SERVICES - GENERAL MEDICINE - ALLERGIC DISEASES - CARDIOLOGY - DERMATOLOGY - ENDOCRINOLOGY - FAMILY MEDICINE - GASTROENTEROLOGY - INFECTIOUS DISEASE - INTERNAL MEDICINE - HEMATOLOGY - OBSTETRICS & GYNECOLOGY - NEPHROLOGY - NEUROLOGY - ONCOLOGY - PATHOLOGY - PEDIATRICS - PHYSICAL MEDICINE/REHABILITATION - PSYCHIATRY - PULMONARY - RHEUMATOLOGY - HEMODIALYSIS - INFECTION CONTROL - IV THERAPY - PICC (PERIPHERALLY INSERTED CENTRAL CATHETER) - LABORATORY SERVICES - AUTODONATION - BLOOD BANK - CHEMISTRY - CYTOLOGY - HEMATOLOGY - HISTOLOGY/PATHOLOGY - MICROBIOLOGY - URINALYSIS - MAGNETIC RESONANCE IMAGING (MRI) - MATERNITY SERVICES - ANTENATAL TESTING - BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) - LABOR AND DELIVERY - MATERNAL/CHILD CARE - NEONATOLOGY - PRENATAL TESTING - POST-PARTUM CARE - PREPARED CHILDBIRTH EDUCATION - SPECIAL CARE NURSERY (LEVEL II) - WELL BABY NURSERY - MEDICAL RESEARCH - CLINICAL TRIALS - ONCOLOGY (INPATIENT AND OUTPATIENT) - OUTPATIENT INFUSION SERVICES - PASTORAL CARE SERVICES - LAY CHAPLAIN - PHARMACY - RADIOLOGY SERVICES - CT SCANNER - PET/CT SCANNER - DIAGNOSTIC RADIOLOGY - INVASIVE AND SPECIAL PROCEDURES - NUCLEAR MEDICINE - ULTRASOUND - REHABILITATION SERVICES (INPATIENT AND OUTPATIENT) - BRAIN INJURY - CARDIAC REHABILITATION - COGNITIVE REMEDIATION - ELECTROMYOGRAPHY - LYMPHEDEMA THERAPY - HAND THERAPY - NERVE CONDUCTION STUDIES - OCCUPATIONAL THERAPY - PHYSICAL THERAPY - PSYCHOLOGY - SPEECH THERAPY - SWALLOWING TEST - RESPIRATORY SERVICES - PULMONARY FUNCTION TESTING - PULMONARY REHAB - CASE MANAGEMENT/SOCIAL SERVICES - PSYCHOSOCIAL ASSESSMENTS - COUNSELING - COMPLEX DISCHARGE PLANNING - CRISIS INTERVENTION - FINANCIAL COUNSELING - ADOPTION OPTIONS COUNSELING - PATIENT AND FAMILY EDUCATION - INFORMATION AND REFERRAL - SURGICAL SERVICES (INPATIENT AND OUTPATIENT) - ACUPUNCTURE - COSMETIC - DENTISTRY - GENERAL - NERVE BLOCKS - SURGICAL SERVICES CONTINUED - OB/GYN - OPHTHALMOLOGY - ORAL/MAXILLOFACIAL - ORTHOPEDICS - OTOLARYNGOLOGY - PEDIATRIC DENTISTRY - PLASTIC SURGERY - POST-ANESTHESIA CARE UNIT - PRE-ADMISSION TESTING - SAME DAY SURGERY (NERVE BLOCKS) - UROLOGY - VASCULAR - TELEMEDICINE / PROGRESSIVE CARE - VISITING NURSE/ HOME CARE - ADULT AND INFANTS (UP TO 1 YEAR) SKILLED HOME HEALTH SERVICES - NURSING - PHYSICAL THERAPY - OCCUPATIONAL THERAPY - SPEECH THERAPY - SOCIAL SERVICES - HOME HEALTH AIDES - BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) - COMPREHENSIVE HOSPICE PROGRAM - WOMEN'S DIAGNOSTIC CENTER - BONE DENSITOMETRY - MAMMOGRAPHY - STEREOTACTIC BREAST BIOPSY



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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 11B	<p>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.</p>

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
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - UNREALIZED GAINS ON INVESTMENTS, \$2,693,833 AND - INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST, \$1,456,975

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 AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2011 AND JUNE 30, 2010, 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
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CAROLYN DELLA RODOLFA TITLE CHAIR - DIRECTOR HOURS 16

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DEE ANN WOODALL TITLE VICE CHAIR - DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOY CE HANSON TITLE TREASURER - DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PHYLLIS GAGNER TITLE SECRETARY - DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RUTH DOYLE TITLE ASST SEC/ASST TREASURER - DIR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHRISTOPHER ASPLUNDH TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARIANNE CHABOT TITLE DIRECTOR HOURS 6

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN CHADWICK RADM TITLE DIRECTOR HOURS



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARY CORINI TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRUCE M DERRICK MD TITLE DIRECTOR HOURS 52

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LEON EPHROSS TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ROBERT HALE MD TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN HIRT TITLE DIRECTOR HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KATHRYN LAMBERT TITLE DIRECTOR HOURS 26

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOREEN PAYNTON TITLE DIRECTOR HOURS

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LINDA A PLANK TITLE DIRECTOR - VP DEVELOPMENT HOURS 15



Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.RICHARD A REIF TITLE.DIRECTOR - PRESIDENT/CEO HOURS 53

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ELIZABETH SIGETY TITLE DIRECTOR HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARY ELLEN STANTON TITLE DIRECTOR HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DANIEL L UPTON TITLE DIRECTOR - CFO HOURS 52

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

2010

Open to Public Inspection

Name of the organization  
DOYLESTOWN HEALTH FOUNDATION

Employer identification number  
23-2368196

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) DOYLESTOWN HOSPITAL  595 WEST STATE STREET  DOYLESTOWN, PA 18901 23-1352174	HEALTHCARE	PA	501(c)(3)	HOSPITAL	VIAD		
(2) VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN  595 WEST STATE STREET  DOYLESTOWN, PA 18901 23-2368200	HEALTHCARE	PA	501(c)(3)	509(A)(1)	N/A		
(3) 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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DOYLESTOWN SURGICAL CENTER LLC  595 WEST STATE STREET DOYLESTOWN, PA189012554 23-1352174	MEDICAL SVCS	PA						No			No	
(2) 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
(1) DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR 595 WEST STATE STREET DOYLESTOWN, PA189012554 23-3022645	FITNESS CNTR	PA	DHF	C CORP	530,552	0	100 000 %

Part V

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

Yes

Yes

Yes

No

No

No

No

No

No

No

Yes

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	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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]



**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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