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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

TO SUPPORT THE CHARITABLE TAX-EXEMPT PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 2,700,949 including grants of \$ 1,749,082 ) (Revenue \$ 17,415 )

EXPENSES INCURRED IN SUPPORT OF THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, WHICH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b

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

4c

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

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 2,700,949

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		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? If "Yes," complete Schedule C, Part II.		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? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.		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? If "Yes," complete Schedule D, Part VIII.	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? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	Yes	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . . .	1a8	1cYes	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the aggregate amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	14b		

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	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete 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 the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	DANIEL L UPTON 595 WEST STATE STREET DOYLESTOWN, PA 18901 (215) 345-2242

Part VII

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	20 0	X		X				0	0	0
(2) JEAN LEISTER VICE CHAIR - DIRECTOR	1 0	X		X				0	0	0
(3) PHYLLIS GAGNER SECRETARY - DIRECTOR	1 0	X		X				0	0	0
(4) JOYCE HANSON TREASURER - DIRECTOR	1 0	X		X				0	0	0
(5) KAREN SIMON ASST SEC/ASST TREASURER - DIR	1 0	X		X				0	0	0
(6) MARIANNE CHABOT DIRECTOR	20 0	X						0	0	0
(7) PATRICK COUNIHAN DIRECTOR	1 0	X						0	0	0
(8) LOUIS DELLA PENNA DIRECTOR	1 0	X						0	0	0
(9) ROBERT HALE MD DIRECTOR	1 0	X						0	0	0
(10) STEPHEN HIRT DIRECTOR	1 0	X						0	0	0
(11) KATHRYN LAMBERT DIRECTOR	1 0	X						0	0	0
(12) LINDA MCILHINNEY DIRECTOR	10 0	X						0	0	0
(13) LINDA A PLANK DIRECTOR - VP DEVELOPMENT	55 0	X		X				0	184,193	13,184
(14) RICHARD A REIF DIRECTOR - PRESIDENT/CEO	55 0	X		X				0	627,420	22,629
(15) FRED SCHEA CPA CMA DIRECTOR	1 0	X						0	0	0
(16) ELIZABETH SIGETY DIRECTOR	1 0	X						0	0	0
(17) DL SMITH MD DIRECTOR	1 0	X						0	0	0



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	0	1,123,483	229,916

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

		Yes	No
<b>3</b>	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> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
DAVID HENRY AGENCY 10 PROSPECT STREET 2ND FLOOR WESTFIELD, NJ 07090	ADVERTISING	232,289

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶1

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . . .	1b					
	c	Fundraising events . . . . .	1c	56,379				
	d	Related organizations . . . .	1d	697,832				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,224,591				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		2,978,802				
Program Service Revenue			Business Code					
	2a	OTHER PROGRAM RELATED REVENUE	900099	17,415	17,415			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f . . . . .		17,415				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		1,060,706			1,060,706	
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	5	Royalties . . . . .		0				
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		229,350						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss) 229,350						
	d	Net gain or (loss) . . . . .		229,350			229,350	
	8a	Gross income from fundraising events (not including \$ 56,379 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	a			100,356				
	b	Less direct expenses . . . . .		100,356				
	c	Net income or (loss) from fundraising events . . .		0				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .						
a			36,600					
b	Less direct expenses . . . . .		31,800					
c	Net income or (loss) from gaming activities . . .		4,800			4,800		
10a	Gross sales of inventory, less returns and allowances . . . . .							
a								
b	Less cost of goods sold . . . . .							
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 . . . . .		4,291,073	17,415	0	1,294,856		

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,729,832	1,729,832		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	19,250	19,250		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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			
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	2,400		2,400	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	291,257	291,257		
13	Office expenses	64,648	47,840	646	16,162
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	6,566	4,793		1,773
20	Interest	1,042	1,042		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	22,896	16,256	916	5,724
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	763,408	511,483	68,707	183,218
b	OTHER EXPENSES	79,195	79,195		
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,980,494	2,700,948	72,669	206,877
26	Joint costs. Check here <input 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	1	Cash—non-interest-bearing . . . . .			278,093	1	1,076,539
	2	Savings and temporary cash investments . . . . .			0	2	0
	3	Pledges and grants receivable, net . . . . .			1,775,177	3	992,943
	4	Accounts receivable, net . . . . .			0	4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .			0	6	0
	7	Notes and loans receivable, net . . . . .			0	7	0
	8	Inventories for sale or use . . . . .			0	8	0
	9	Prepaid expenses and deferred charges . . . . .			20,906	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	303,185			
	b	Less accumulated depreciation . . . . .	10b	291,545	27,008	10c	11,640
	11	Investments—publicly traded securities . . . . .			0	11	0
	12	Investments—other securities See Part IV, line 11 . . . . .			0	12	0
	13	Investments—program-related See Part IV, line 11 . . . . .			32,170,312	13	32,442,134
	14	Intangible assets . . . . .			0	14	0
	15	Other assets See Part IV, line 11 . . . . .			120,269	15	211,393
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			34,391,765	16	34,734,649
Liabilities	17	Accounts payable and accrued expenses . . . . .			114,358	17	129,716
	18	Grants payable . . . . .			0	18	0
	19	Deferred revenue . . . . .			0	19	0
	20	Tax-exempt bond liabilities . . . . .			0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			27,120	23	13,294
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .			3,233,251	25	3,363,212
	26	Total liabilities. Add lines 17 through 25 . . . . .			3,374,729	26	3,506,222
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			17,583,390	27	17,492,197
	28	Temporarily restricted net assets . . . . .			2,566,654	28	3,512,835
	29	Permanently restricted net assets . . . . .			10,866,992	29	10,223,395
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			31,017,036	33	31,228,427
	34	Total liabilities and net assets/fund balances . . . . .			34,391,765	34	34,734,649

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,291,073
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,980,494
3	Revenue less expenses Subtract line 2 from line 1	3	1,310,579
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,017,036
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,099,188
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	31,228,427

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization DOYLESTOWN HEALTH FOUNDATION	Employer identification number 23-2368196
--	--

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,968,356	2,481,366	5,956,086	1,565,318	2,978,802	19,949,928
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	6,968,356	2,481,366	5,956,086	1,565,318	2,978,802	19,949,928
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)						587,718
6 Public Support. Subtract line 5 from line 4						19,362,210

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,968,356	2,481,366	5,956,086	1,565,318	2,978,802	19,949,928
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,421,973	1,049,858	1,030,425	1,125,826	1,060,706	6,688,788
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						26,638,716
12 Gross receipts from related activities, etc (See instructions )					12	439,405
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 2011 (line 6 column (f) divided by line 11 column (f))	14	72.684 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	67.427 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b  
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

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 <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 <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) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
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 . . . . .	10,866,992	9,410,017	9,481,668	11,960,062
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .	-643,597	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 . . . . .	10,223,395	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

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

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .		303,185	291,545	11,640
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				11,640



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)	14,291,073
2	Total expenses (Form 990, Part IX, column (A), line 25)	2,980,494
3	Excess or (deficit) for the year Subtract line 2 from line 1	1,310,579
4	Net unrealized gains (losses) on investments	-455,591
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	-643,597
9	Total adjustments (net) Add lines 4 - 8	-1,099,188
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	211,391

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements . . . . .	13,384,947
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments . . . . .2a-455,591	
b	Donated services and use of facilities . . . . .2b	
c	Recoveries of prior year grants . . . . .2c	
d	Other (Describe in Part XIV) . . . . .2d132,156	
e	Add lines 2a through 2d . . . . .	2e-323,435
3	Subtract line 2e from line 1 . . . . .	33,708,382
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) . . . . .4b582,691	
c	Add lines 4a and 4b . . . . .	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	54,291,073

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements . . . . .	12,550,121
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) . . . . .2d132,156	
e	Add lines 2a through 2d . . . . .	2e132,156
3	Subtract line 2e from line 1 . . . . .	32,417,965
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) . . . . .4b562,529	
c	Add lines 4a and 4b . . . . .	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	52,980,494

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 FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE YEARS ENDED JUNE 30, 2011 AND JUNE 30, 2012, RESPECTIVELY THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S YEAR ENDED JUNE 30, 2012 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 A TAX POSITION IS RECOGNIZED OR DERECOGNIZED BY THE CORPORATION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE CORPORATION DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE MATERIAL UNCERTAIN TAX POSITIONS
RECONCILIATION OF CHANGE IN NET ASSETS TO AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 8	OTHER CHANGES IN NET ASSETS INCLUDE - INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUSTS, (\$643,597)
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 - \$132,156
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 - \$3,182 AND - NET ASSETS RELEASED FROM RESTRICTIONS FOR OPERATIONS - \$579,109
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 - \$132,156
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 - \$562,529

OMB No 1545-0047

# 2011

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

Employer identification number

23-2368196

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and e-mail solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☐ Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

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

Part II Fundraising Events.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>CIRCLE OF LIFE</u>	<u>GOLF OUTING</u>	<u>0</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . .	97,535	59,200	0	156,735	
	2	Less Charitable contributions . . . .	5,179	51,200	0	56,379	
3	Gross income (line 1 minus line 2) . . . .	92,356	8,000	0	100,356		
Direct Expenses	4	Cash prizes . . . .					
	5	Non-cash prizes . . . .					
	6	Rent/facility costs . . . .	10,424	8,000		18,424	
	7	Food and beverages . . . .					
	8	Entertainment . . . .					
	9	Other direct expenses . . . .	81,932		0	81,932	
	10	Direct expense summary Add lines 4 through 9 in column (d). . . . . ▶					( 100,356 )
	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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .			36,600	36,600
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .			27,000	27,000
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .			4,800	4,800
	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) . . . . . ▶				( 31,800 )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶				4,800

9 Enter the state(s) in which the organization operates gaming activities PA

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	
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

WILLIAM KRAUSE

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
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DLN: 93493135016223

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization  
DOYLESTOWN HEALTH FOUNDATION

Employer identification number  
23-2368196

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DOYLESTOWN HOSPITAL595 W ST STREET DOYLESTOWN,PA 18901	23-1352174	501(C)(3)	1,284,559				PROGRAM 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)	20,000				CNTY WIDE HLTH NEEDS
(4) GILDA CLUB200 KIRK ROAD WARMINSTER,PA 18974	22-3617106	501(C)(3)	15,000				PROGRAM SUPPORT
(5) DOYLESTOWN HOSPITAL595 w state street doylestown,PA 18901	23-1352174	501(c)(3)	169,848				program support
(6) DOYLESTOWN HOSPITAL595 W STATE STREET DOYLESTOWN,PA 18901	23-1352174	501(c)(3)	200,425				PROGRAM SUPPORT

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

4

3

Enter total number of other organizations listed in the line 1 table

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EDUCATIONAL SCHOLARSHIPS	19	19,250			

Part IV

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

Identifier	Return Reference	Explanation
GRANT FUND MONITORING	SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST 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

2011

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		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
1b 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		
<input checked="" type="checkbox"/> Compensation committee		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		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)?		

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual.

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM EACH INDIVIDUAL'S 2011 FORMS W-2
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2011 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES. DANIEL L. UPTON, \$152,548

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

2011

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, WELFARE AND BEAUTY OF THE COMMUN ITY OF DOYLESTOWN AS ITS PRIMARY CONCERNS In response to community needs, the V I A esta blished the Visting Nurse service in 1916, it continues to operate today The original 14 -bed hospital facility, designed for emergency and maternity cases, was dedicated in 1923 To reflect a broadening community constituency, a new 25-bed hospital facility was dedica ted in 1939 and was subsequently expanded three times to reach a capacity of 129 beds The Hospital outgrew its original locations and, in 1975, moved to its present location at th e intersection of Routes 202 and 611 in Doylestow n, Bucks County, Pennsylvania, approximat ely 39 miles north of the center of Philadelphia After several expansions of the Hospital 's facilities, the most recent of w hich was in 2010, the Hospital currently occupies appro ximately 62 acres of land, 611,000 square feet of building space, has 1,889 parking spaces and is licensed for 238 beds In 2001, the Health &amp; Wellness Center of Doylestow n Hospita l was opened in Warrington, about five miles south of the Hospital, offering outpatient la boratory and testing services, same-day surgery and access to community physician practice s In 1986, a corporate restructuring created the V I A Health System, the Doylestow n Hea lth Foundation and the V I A Affiliates Restructuring enabled the V I A and Doylestow n Hospital to operate more efficiently and with greater diversification Throughout its hist ory, the VIA continued to be forward looking, while maintaining the original goals of the Association w hich are to promote "every proper means of improving and beautifying Bucks Co unty improving the health and welfare of the residents," and "supporting a community ho spital and other healthcare facilities for the benefit of all persons " IN ITS 117TH YEAR, THE V I A OVERSEES 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 PROM OTE PUBLIC HEALTH WORK IN GENERAL - TO IMPROVE THE HEALTH AND WELFARE OF THE RESIDENTS OF DOYLESTOWN AND GREATER CENTRAL BUCKS COUNTY - TO PROVIDE FOOD, CLOTHING, SHELTER, MEDICAL AND SURGICAL CARE AND NURSING TO THE INDIGENT OF THE COMMUNITY WITHOUT CHARGE, INSOFAR AS HOSPITAL RESOURCES WILL PERMIT - TO OWN, MANAGE, SUPPORT, AND MAINTAIN A VISITING NURSE SE RVICE AND COMMUNITY HOSPITAL FOR THE BENEFIT OF ALL PERSONS - TO RAISE FUNDS FOR AND TO RE CEIVE AND HOLD ALL PROPERTY THAT MAY BE GIVEN TO THE ASSOCIATION TO ACCOMPLISH ITS MISSION FOR THE FISCAL YEAR ENDING 6/30/12 THE V I A HEALTH SYSTEM ACCOUNTS FOR THREE TAX-EXEMP T AFFILIATES IN THIS NARRATIVE DOYLESTOWN HEALTH FOUNDATION, DOYLESTOWN HOSPITAL, AND THE V I A AFFILIATES DESCRIBED BELOW ARE THE CHARITABLE MISSIONS OF THESE ENTITIES V I A HEALTH SYSTEM MISSIONS ===== DOYLESTOWN HEALTH FOUNDATION ----- --</p> <p>----- The mission of the Foundation has four main points assessment of community needs, communication of those needs and the System's response to them, solicitation of funds to support the response, and the accountability to the community for both the ma nagement of the funds and the response to the needs DOYLESTOWN HOSPITAL ----- -- Doylestow n Hospital is a comprehensive 238-bed medical center serving families througho ut Bucks and Montgomery Counties and Western New Jersey The Medical Staff includes more t han 420 physicians in more than 40 specialty areas Doylestow n Hospital is one of the 100 best hospitals in the U S , according to the Thomson Reuters 100 Top Hospitals study relea sed in 2012 The Heart Institute of Doylestow n Hospital is a regional center of excellence for cardiology and cardiac surgery and was named one of the 50 Top Cardiovascular Hospita ls in the nation (Thomson Reuters 2012) Areas of clinical emphasis also include emergency medicine, oncology, maternal-child health, orthopedics, interventional radiology, gastroe nterology, urology, general surgery and robotic surgery Doylestow n Hospital's mission is to "provide a responsive, healing environment for our patients and their families and to i mprove the quality of life for all members of our community " These community members incl ude the vulnerable, the disenfranchised, those in need of health education, and those unin sured or underinsured persons w ho depend on us for care DOYLESTOWN HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NEC ESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, DOYLESTOW N HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWIN</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>G CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 IT OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF THE SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES As a values-based organization, Doylestown Hospital has made a public commitment to five core values Service, Enthusiasm, Respect, Value and Excellence The hospital holds Board members, Medical Staff, and paid and unpaid staff accountable for incorporating these values into policies, behaviors, clinical practices and management decisions The five core values guide Doylestown Hospital's response to community needs 1 SERVICE - ANTICIPATE THE HEALTHCARE NEEDS OF THE COMMUNITY, EITHER BY ADDING PROGRAMS OR SERVICES, OR OFFER OPPORTUNITIES FOR HEALTH EDUCATION OR SCREENING, AND ASSURE THAT THE HOSPITAL RESPONDS TO THOSE NEEDS IN A TIMELY FASHION THESE NEEDS ARE DETERMINED THROUGH THE HOSPITAL'S STRATEGIC PLANNING EFFORTS, WHICH ARE IN TURN GUIDED BY THE HOSPITAL'S MISSION STATEMENT 2 ENTHUSIASM - DOYLESTOWN HOSPITAL STRIVES TO SUSTAIN WITHIN ITS STAFF THE INSPIRATION THAT FIRST COMPELLED THEM TO HEALTHCARE-RELATED WORK AND A COMMITMENT TO THE JOB OF SERVING OUR PATIENTS 3 RESPECT - DOYLESTOWN HOSPITAL WELCOMES AND PROVIDES CARE TO ALL MEMBERS OF THE COMMUNITY, WITHOUT REGARD FOR RACE, RELIGION, SEX, SEXUAL ORIENTATION, COLOR, NATIONAL ORIGIN, OR ABILITY TO PAY ALL THE MEDICAL, SURGICAL, AND PROGRAM SERVICES LISTED ON ADDENDUM A ARE PROVIDED TO EVERYONE WHO COMES TO DOYLESTOWN HOSPITAL FOR CARE, INCLUDING THOSE UNABLE TO PAY FOR THESE SERVICES 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 6/30/12, 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</p> <p>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 Pine Run operates as a division of Doylestown Hospital with the following mission "Pine Run Community is committed to and passionate about seniors, and we are dedicated to being an exceptional retirement community By focusing on a spectrum of wellness for everyone in our continuum, we will enhance the quality of life throughout the region " Pine Run serves the surrounding community as a non-profit continuing care retirement community by offering a continuum of services at its facilities which include 300 apartments (the Village), a 167-bed health care building providing 2 floors of nursing care and 1 floor of personal care Alzheimer's and related care (the Health Center), and a 107-bed personal care facility which includes a 13-bed dementia care unit (Lakeview)</p>



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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>PINE RUN STRIVES TO BE A PROGRESSIVE, RESIDENT-FOCUSED COMMUNITY, FULL OF VITALITY AND ENT HUSIASM, PROMOTING INDEPENDENCE AND WELLNESS THROUGH A CULTURE OF WELLNESS, PINE RUN IS D EDICATED TO THE PROMOTION OF HOLISTIC CARE AND SERVICES FOR VILLAGERS AND RESIDENTS THE V ILLAGE, LOCATED APPROXIMATELY 3 MILES FROM THE HOSPITAL, CONSISTS OF GARDEN COTTAGES SET I N CLUSTERS AND A MULTI-UNIT APARTMENT BUILDING, AS WELL AS A COMMUNITY CENTER, DINING ROOM , STORE, LIBRARY, AND OTHER AMENITIES MAINTENANCE, SECURITY, HOUSEKEEPING, UTILITIES, DIN ING, RECREATIONAL, CULTURAL, TRANSPORTATION AND FITNESS SERVICES ARE PROVIDED FOR THE VILL AGERS 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 C OMPREHENSIVE THERAPY PROGRAMS, A PERSONAL CARE ALZHEIMER'S/DEMENTIA PROGRAM FOR THOSE WITH IMPAIRED MEMORY , LONG-TERM CARE FOR RESIDENTS REQUIRING ON-GOING CUSTODIAL CARE, SHORT-TE RM RESPITE CARE TO ALLOW HOME-BASED CARE GIVERS TO TAKE A VACATION OR TRIP, AND HOSPICE CA RE FOR END OF LIFE CARE LAKEVIEW, A PERSONAL CARE FACILITY, WAS PURCHASED BY DOYLESTOWN H OSPITAL IN 1998 AND ADDED TO THE PINE RUN FAMILY OF FACILITIES IT OFFERS PERSONAL CARE AC COMMODATIONS IN PRIVATE SUITES AND COMPANION SUITES, WITH SUPPORTIVE SERVICES AND ENHANCED PROGRAMMING FOR THOSE WITH MEMORY IMPAIRMENT THIS PERSONAL CARE RESIDENCE IS 3 5 MILES F ROM PINE RUN VILLAGE, AND TWO BLOCKS FROM THE HOSPITAL V I A AFFILIATES ----- The V I A Affiliates grew significantly in recent years in an effort to more closely in tegrate care, especially for the inpatient population The physician practices of the V I A Affiliates include Hospitalists - Nine physicians certified in internal medicine are s upported by three nurse practitioners/physician assistants Together they manage the day-t o-day care of most Hospital inpatients General Surgeons - Tw o physician practices, combin ing a total of seven board-certified surgeons, are among the V I A Affiliates and perform a wide array of surgical services, including laparoscopic and robotic procedures Cardiot horacic Surgeons - The surgeons of VIAA Cardiothoracic Surgery work exclusively in the Ric hard A Reif Heart Institute's closed Cardiovascular Intensive Care Unit with a dedicated nursing staff, cardiovascular anesthesiologists and 24/7 coverage by cardiovascular physic ian assistants Neurology - A neurologist, supported by a nurse practitioner, works with c ommunity neurologists to manage stroke care in the Hospital setting The goal of the V I A Affiliates is to bring community-based services to the residents of the Central Bucks co mmunity that might not otherw ise be available or included in the mission of other system e ntities V I A Affiliates exists to support the SERVE core value of Doylestown Hospital HIGH QUALITY, LOW COST -----</p> <p>----- The Hospital has positioned itself as the high-quality, low-cost provider for medical services providing convenient and responsive acc ess to all community members The hospital has maintained a strong focus on clinical integ ration, beginning with the creation of the Bucks County Physician Hospital Association (BC PHA) The BCPHA was formed by the Hospital and Doylestown Independent Practice Association in 1989 to help coordinate medical management and risk contracting activities The BCPHA is now engaged in a federal Bundled Payment initiative to improve the quality and efficien cy of care for Medicare patients Partnerships with several academic healthcare institutio ns have enabled the Hospital to offer certain state-of-the-art services in the Doylestown community as it continues to solidify its position as a quality, cost and access leader in the marketplace The Hospital has an established and robust program of continuous perform ance improvement, incorporating concurrent statistical measurement, process redesign and s tandardization The quality of the results is evident in data publically reported by the C enters for Medicare and Medicaid Services (CMS) CMS identified Doylestown Hospital as num ber two in the nation for lowest mortality rate for heart attack patients in 2011 The Hos pital was named one of the 50 Top Cardiovascular Hospitals and among the 100 Top Hospitals in the U S by Thomson Reuters in 2012 Early in 2013, the Hospital was named among Becke r's Hospital New s "100 Hospitals with a Great Heart Program" The Hospital continues to ma ke significant investments in information technology The Hospital was among the first to convert to Meditech Client/Server and was named among the "Most Wired Hospitals" of 2010 The Hospital achieved 100 percent adoption of computerized provider order entry (CPOE) in June 2012, creating a fully electronic medical record The Hospital has already received \$ 2 5 million in federal "meaningful use" funds for its IT investment, and meets criteria to receive additional funds in the future A paralle</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Effort to create a community health information exchange was taking place at the same time the inpatient electronic medical record was in development. Community physicians currently share critical patient information such as allergies, lab results, problem lists and medications via the Doylestown Clinical Network with the hospital and other practices. Community physicians also have a portal to access their patients' hospital record, including images. The transition to an electronic medical record subsequently provides real-time data to further enhance quality improvement activities at Doylestown Hospital. The Hospital continues to seek opportunities to improve clinical integration and the patient experience. A major addition to the Hospital completed in 2010 expanded the Emergency Department from 17 to 49 beds. A second floor atop the addition provides 40 private patient rooms. An expanded and accredited Cancer Institute at Doylestown Hospital opened in 2011 and offers radiation therapy on the campus for the first time. The Hospital is accredited by The Joint Commission in for care of Stroke, Heart Failure and Joint Replacements. There is an accredited Chest Pain Center on campus. The Hospital has also received "Blue Distinction" status from Blue Cross/Blue Shield for joint replacements.</p> <p>PATIENT SAFETY AND SATISFACTION ----- PRESS GANEY AWARD FOR PATIENT SATISFACTION Doylestown Hospital earned a 2012 Summit Award for Patient Satisfaction - Emergency Department by Press Ganey Associates, Inc. The Summit Award recognizes top-performing facilities that sustain the highest levels of patient satisfaction performance for three consecutive years. The Press Ganey Summit Award is one of the healthcare industry's most coveted symbols of achievement. Doylestown Hospital is one of only 100 organizations to receive this prestigious honor for patient satisfaction in 2012, and one of only 24 Emergency Departments be recognized. Press Ganey partners with more than 10,000 healthcare facilities, including more than half of all U.S. hospitals, to measure and improve the patient experience. Doylestown Hospital's new, 55,756-square foot Emergency Department (ED) opened with 41 beds in April 2010. A collaborative team of physicians, nurses, hospital administrators and patients, aided by experts in emergency department design, designed an ED that focuses on how care should be delivered, not how it is traditionally delivered. Various efficiencies promote faster movement through the system, reducing the time that patients spend in the ED. In working to improve systems, the main area of focus was the impact of wait time on patient care and satisfaction. Several protocols were initiated to move the Emergency Department visitor out of the "waiting room" as soon as possible and into a treatment room. These included instituting standing order sets for the treatment of most common ED complaints to expedite the delivery of care, and empowering nursing staff to initiate the order sets within their scope of practice before the patient is seen by a physician. Finally, all physicians in the ED adopted the same standards for patient communication and visibility. Electronic medical records consolidate and coordinate charting. A "tracker board" is plainly visible to staff to monitor who is next to be seen, the amount of wait time and the acuity of the patient. To improve communication, staff members carry cell phones with speed-dial connectivity.</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>"Our model of care is completely patient-centered," said Lawrence Brilliant, MD, Medical Director, Emergency Department "With support from the staff, physicians and Administration , we have been able to create an environment from the ground up that focuses on patient experience and the way care should be delivered to ensure the best and safest possible experience for each patient " "We are proud to partner with Doylestown Hospital," said Patrick T. Ryan, CEO of Press Ganey "Achieving this level of excellence in patient satisfaction reflects the organization's commitment to delivering outstanding service and quality Doylestown Hospital's efforts benefit patients in the community and will lead to improved patient experience " WOMEN'S CHOICE AWARD AS ONE OF THE 2012 AMERICA'S BEST HOSPITALS FOR PATIENT EXPERIENCE ----- The award is based on robust criteria that consider female patient satisfaction and what women say they want from a hospital including quality physician communications, responsiveness of nurses and support staff, cleanliness and trusted referrals from other women The award is presented by WomenCertified, representing the collective voice of female consumers It is a trusted referral source for top businesses and brands identified as meeting the needs and preference of women "We are honored to receive the Women's Choice Award recognizing Doylestown Hospital as one of the Top 100 hospitals for Patient Experience," says Doylestown Hospital President &amp; CEO Richard A. Reif "We especially appreciate the fact that our female patients have selected us for this award Doylestown Hospital has the unique distinction of being founded and still run by a women's civic organization, the Village Improvement Association Being selected for this award by women affirms our commitment to providing the best experience possible as they rely on us for quality health services for themselves and their families " Women make or influence more than 90 percent of healthcare decisions for themselves and their families, according to a study published by the American Academy of Family Physicians The Women's Choice Award signals that a hospital meets high standards regarding a woman's preferences, and the distinction allows women to make an informed decision about where to go for care for themselves or their family "Doylestown Hospital's selection by WomenCertified as one of America's Best 100 Hospitals for Patient Experience differentiates it from other choices in the area," explains Delia Passi, CEO and founder of WomenCertified, and former publisher of Working Woman and Working Mother magazines " Women have many choices when it comes to healthcare and they set the standard for customer service Women's Choice Award recipients have demonstrated extraordinary service in meeting the needs of women and their families, and represent the smart choice for women " Hospitals qualify for this highly selective annual list based on an in-depth proprietary scoring process The scoring incorporates a national, standardized survey of patients' perspectives of hospital care reported by the U.S. Department of Health and Human Services (Hospital Consumer Assessment of Healthcare Providers and Systems) and an analysis that weighs criteria identified as the most important to women for patient satisfaction Additionally, the scoring incorporates WomenCertified's in-depth research on customer satisfaction among women, including a joint study on customer satisfaction by gender conducted with the Wharton School of the University of Pennsylvania The 100 best scores in four hospital size categories determine the Award winners WomenCertified accepts absolutely no payment in exchange for placement on the list "Recognizing the best hospitals nationwide that are women-friendly and align with women's identified preferences is important to our mission at WomenCertified, where women help other women with tough, consumer decisions," Passi concludes " Most importantly, when a woman sees the Women's Choice Award at her local hospital, she'll know the hospital values her experience as a critical component of her and her loved one's care " RECENT ACHIEVEMENTS DOYLESTOWN HOSPITAL IS 2ND IN THE NATION AND BEST IN PENNSYLVANIA FOR HEART ATTACK SURVIVAL ----- The 30-day mortality rate for heart attack patients is 10.4% at Doylestown Hospital, the national average is 15.5%, according to CMS The mortality rate takes into account not only the life-saving care provided before and during emergency angioplasty, but also the superior care a patient receives after the event and even after they return home This ranking affirms the hospital's designation as a 50 Top Cardiovascular Hospital for 2012 by Thomson Reuters That study examined the performance of more than 1,000 hospitals by analyzing outcomes for patients with heart failure</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>re and heart attacks and for those who received coronary bypass surgery and percutaneous coronary interventions such as angioplasties "Doylestown Hospital has a team approach to the care of heart attack patients," says Steven Guidera, MD, cardiologist with The Heart Institute of Doylestown Hospital "Our team consists of physicians, nurses, cardiovascular specialists, therapists and administrators Each member of the team has a clearly defined role and makes meaningful contributions to the care of our heart attack patients We constantly evaluate our processes and make refinements with the goal of continuous quality improvement This recognition acknowledges the hard work of men and women from throughout our hospital family " DOYLESTOWN HOSPITAL RECEIVES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD - -----</p> <p>Doylestown Hospital received the Get With The Guidelines - Stroke Gold Plus Quality Achievement Award from the American Heart Association in 2012 The award recognizes Doylestown Hospital's commitment and success in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally accepted guidelines Get With The Guidelines - Stroke helps Doylestown Hospital's staff develop and implement acute and secondary prevention guideline processes to improve patient care and outcomes The program provides hospitals with a web-based patient management tool, best practice discharge protocols and standing orders, along with a robust registry and real-time benchmarking capabilities to track performance The quick and efficient use of guideline procedures can improve the quality of care for stroke patients and may reduce disability and save lives Doylestown Hospital is a certified Primary Stroke Center that offers the highest quality care to its stroke patients Doylestown Hospital has developed a comprehensive system for rapid diagnosis and treatment of stroke patients admitted to the emergency department This includes always being equipped to provide brain imaging scans, having neurologists available to conduct patient evaluations and using clot-busting medications when appropriate "This achievement represents a tremendous amount of teamwork that begins as soon as a stroke alert is issued," said Doylestown Hospital neurologist Abraham Ashkenazi, MD "The quality of the care spans the continuum from the assessment of the doctors and nurses in the ER all the way to the clinicians in rehab Our goal is to provide the best diagnosis, treatment and follow-up care to ensure the stroke patient has the best quality of life possible " "Recent studies show that patients treated in hospitals participating in the American Heart Association's Get With The Guidelines-Stroke program receive a higher quality of care and may experience better outcomes," said Lee H Schwamm, MD, chair of the Get With The Guidelines National Steering Committee and director of the TeleStroke and Acute Stroke Services at Massachusetts General Hospital in Boston, Mass "The Doylestown Hospital team is to be commended for their commitment to improving the care of their patients " Following Get With The Guidelines - Stroke treatment guidelines, patients are started on aggressive risk-reduction therapies including the use of medications such as tPA, antithrombotics and anticoagulation therapy , along with cholesterol-reducing drugs and smoking cessation counseling These are all aimed at reducing death and disability and improving the lives of stroke patients Hospitals must adhere to these measures at a set level for a designated period of time to be eligible for the achievement awards</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>"Doylestown Hospital is dedicated to making our care for stroke patients among the best in the country. The American Heart Association's Get With The Guidelines - Stroke program helps us to accomplish this goal," said Doylestown Hospital's Stroke Program Coordinator, Brooke Kearns, CRNP. "This recognition demonstrates that we are on the right track and we're very proud of our team." According to the American Heart Association/American Stroke Association, stroke is one of the leading causes of death and serious, long-term disability in the United States. On average, someone suffers a stroke every 40 seconds, someone dies of a stroke every four minutes, and 795,000 people suffer a new or recurrent stroke each year.</p> <p><b>SERVICE ENHANCEMENTS DOYLESTOWN RANKED AMONG 100 TOP HOSPITALS ---</b></p> <p>----- Doylestown Hospital is one of the best 100 hospitals in the U.S. according to the Thomson Reuters 100 Top Hospitals study released April 16. The annual study evaluates hospitals based on their overall organizational performance. "The Thomson Reuters 100 Top Hospital rating is a wonderful affirmation of the quality of care we consistently deliver and the culture of patient safety that we all have worked so hard to achieve," said Richard A. Reif, President and CEO of the hospital. "I could not be more proud of, or excited for, every Associate, member of our Medical Staff and hospital Volunteer." To conduct the 100 Top Hospitals study, Thomson Reuters researchers evaluated 2,886 short-term, acute-care, non-federal hospitals. They used public information - Medicare cost reports, Medicare Provider Analysis and Review (MedPAR) data, and core measures and patient satisfaction data from the Centers for Medicare and Medicaid Services (CMS) HospitalCompare website. Hospitals do not apply, and winners do not pay to market this honor. There are 10 areas of study - Mortality - Medical complications - Patient safety - Average patient stay - Expenses - Profitability - Patient satisfaction - Adherence to clinical standards of care - Post-discharge mortality - Readmission rates for heart attack, heart failure and pneumonia. In November 2011, Thomson Reuters named Doylestown Hospital among the Top 50 Cardiovascular Hospitals in the U.S. for 2012. That recognition came on the heels of another national honor - DH's 30-day mortality rate for heart attack was tied for fourth best in the nation according to data on the CMS HospitalCompare website (August 2011).</p> <p><b>VIA MATERNITY CENTER RENOVATIONS</b> ----- The birth experience at Doylestown Hospital is family-centered, and our caring staff makes every "birthday" as special as possible. Our state-of-the-art facilities and neonatal affiliation with Children's Hospital of Philadelphia place the very finest maternity and pediatric care right in the heart of our community. Approximately 1,300 babies are born every year at Doylestown Hospital, rated among the best in the region for maternity care by HealthGrades(tm). We provide services from pregnancy through birth for mothers and newborns, for the most common deliveries to neonatal intensive care services. We are equipped and ready to care for families with higher than normal risk related to multiple births, maternal age and medical risk factors. Doylestown Hospital is pleased to meet the needs of new moms by offering all private rooms in our Maternity Center. The VIA Maternity Center features a 32-bed maternity unit that includes 10 Labor, Delivery &amp; Recovery rooms, 22 private post-partum rooms (with private bathrooms), and a Jacuzzi room for mothers in labor. Our maternity team will work with you to personalize your birth experience and provide the finest care for you and your baby.</p> <p><b>NATIONAL STUDY PLACES DOYLESTOWN HOSPITAL'S CARDIAC SERVICES BEST IN BUCKS COUNTY</b> -----</p> <p>----- Doylestown Hospital is the top rated hospital in Bucks County for overall cardiac care, according to a comprehensive annual study released today by HealthGrades, the leading independent healthcare ratings organization. The HealthGrades study analyzes tens of millions of patients' outcomes - specifically, mortality and complication rates - at the nation's 5,000 hospitals. Patients highly value independent information on hospital quality performance. And in light of recent health reform measures, demand for this information is only likely to increase. In a recent survey of visitors to HealthGrades.com related to hospital quality, 94% ranked quality outcomes and ratings as very important compared to reputation (89%), volume (78%), and location (58%). Doylestown Hospital stands committed to a culture of quality and transparency and is proud of the results that its cardiac program has achieved. Doylestown Hospital received HealthGrades highest rating - 5-stars - for both coronary interventional procedures as well as treatment of heart attacks. This is not the first</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>t year the hospital scored high, in fact it has sustained the top ratings for four consecutive years. In this year's HealthGrades study, no other hospital in Bucks County received the 5-star rating for treatment of heart attacks. "Our goal is to provide care of the highest quality with the best possible outcomes for our patients," says Chief Medical Officer Scott Levy, MD. "Acknowledgement of our achievements by HealthGrades certainly helps validate the work we do." According to the Thirteenth Annual HealthGrades Hospital 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 treatment 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 care for cardiac symptoms. The Heart Institute of Doylestown Hospital is a leader in primary (emergency) angioplasty, the treatment of choice to open blocked coronary arteries during a heart attack. At 62.5 minutes, Doylestown Hospital's Door-to-Balloon time (the time from patient arrival to when the artery is opened) is consistently superior to national averages, 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 Cardiovascular Services John Mitchell. "This involves close collaboration between the Emergency Department, Cath Lab, physicians and nurses. Every member of the team has the same goal of providing successful, patient-centered care." HealthGrades' hospital ratings and awards reflect the track record of patient outcomes at hospitals in the form of mortality and complication rates. HealthGrades rates hospitals independently based on data that hospitals submit to the federal government. No hospital can opt in or out of being rated, and no hospital pays to be rated. For 26 procedures and treatments, HealthGrades issues star ratings that reflect the mortality and complication 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 degree. A 3-star rating means the hospital performs as expected. One-star ratings indicate the hospital's mortality or complication rates in that procedure or treatment are statistically higher than average. Because the risk profiles of patient populations at hospitals are not alike, HealthGrades risk-adjusts the data to allow for equal comparisons.</p> <p>DOYLESTOWN RECOGNIZED FOR INNOVATIVE USE OF TECHNOLOGY 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 Medical Record). As a Stage 6 hospital, Doylestown does full electronic medication management, is well on its way with CPOE (Computerized Physician Order Entry) with about 32% of inpatient orders are currently generated through CPOE, has full PACS (digital radiology images) and online clinical decision support.</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>The next, and highest, stage according is HIMSS EMR Stage 7, Doylestown is expected to reach this level in the near future Doylestown Hospital has also received a Microsoft Health Users Group (MS-HUG) Innovation Award in the area of HIE (Health Information Exchange) and Interoperability for its work on the Doylestown Clinical Network This network ties together the EMR systems of the hospital and community physicians The hospital has 185 physicians on the NextGen network, which automatically transfers a patient's EMR to specialists and the hospital Of those, more than 50 are active EMR users There are about 400,000 patients in our community enrolled in this network The ultimate goal is to safely and efficiently share a patient's health information throughout the healthcare continuum</p> <p>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</p> <p>COMMUNITY OUTREACH &amp; BENEFIT ACTIVITIES -----</p> <p>AMERICAN RED CROSS DONATION The Hospital provides space on a weekly basis for a blood donation program conducted by the American Red Cross that benefits patients and the community Hospital space is valued at \$15,000</p> <p>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 \$20,000 to a common fund, from which these projects were supported</p> <p>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 FY2012 for a total of \$20,098</p> <p>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 \$8,141 was written off for this</p> <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, under insured 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 FY11-12 there were 2,189 visits to the medical program for 813 individual adults and children There were 826 treatment visits for the dental program for 249 adults and children There were 87 visits provided through the Social Service Program including 453 eligibility appointments and 159 medical insurance applications There were 418 prescriptions filled from donated samples and 390 applications completed or Prescription Assistance Programs</p> <p>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</p> <p>MEDICAID APPLICATION PREPARATION FOR ALL UNINSURED PA RESIDENTS Doylestown Hospital offers all uninsured PA residents the option of filing a Medicaid application HRSI is the Hospital's vendor and they help our patients through the process The Hospital</p>

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Clinics were held at the Center Square Towers, Yorktowne Manor and Buckingham Springs, which are all senior living complexes. 45 hours were donated at a cost of \$4,615.</p> <p>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. 50 paid hours and 10 donated hours at a cost of \$4,441 plus refreshments and handouts at a cost of \$75.</p> <p>LIBRARY SERVICES AT DOYLESTOWN HOSPITAL The Hospital has an extensive library that is open to users from the community, other than Medical Staff, Associates and Volunteers of the Hospital. Physicians that have privileges at the Hospital as well as Honorary/Emeritus Medical Staff make up the largest group of users. At a cost to the Hospital of \$83,274.</p> <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 accessible through Doylestown Hospital's website. This access to the community helps with information on obesity, diabetes, cardiovascular disease and all dietary links. This information is available to help promote healthy eating habits. At a cost to the Hospital of 48 paid professional hours at a cost of \$2,074 and an annual license fee of \$14,400.</p> <p>ADAM HEALTH ENCYCLOPEDIA Health information is the 3rd most popular search on the internet. The Hospital has 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 license fee of \$17,500.</p> <p>FOOD SHELTER DONATION Doylestown Hospital donated 50 cartons of food to New Britain Baptist Church to be distributed to local families in need. The cost to the Hospital was \$24,000.</p> <p>EDUCATIONAL PROGRAMS -----</p> <p>CANCER SURVIVOR DAY This event was held by Doylestown Hospital for all cancer survivors and their family and friends. It was intended to provide psychological support and a networking experience with other survivors and connect survivors with community resources. Over 100 people attended the event. Volunteer hours included physicians, nursing, clerical staff attending for a total of \$1,223.</p> <p>LIFESTYLE LECTURES This was a series of informal educational lectures offered to the community by members of the medical staff. The hospital coordinated the program, which helped 354 community members. \$2,500 in physician time was donated.</p> <p>DRIVER SAFETY PROGRAM This was a cooperative program with AARP that follows their rules for participation. We provide room for 214 participants and 11 classes, which amounted to \$1,250 in hospital donated costs.</p> <p>COMMUNITY LECTURES The Hospital provided speakers for various community groups and organizations. Presenters for events utilized both staff and physicians. The donated staff time was \$500 and the session helped 155 community individuals. These programs improved the community's health and quality of life through education.</p> <p>BREAST CANCER SUPPORT GROUP Provided opportunities for educational and emotional support for breast cancer survivors and their families. The Hospital provided education to 25 persons per month at a cost of \$1,497. Additional programs sponsored by the Hospital for cancer support were four cancer educational programs (Psychological Support Program, Breast Cancer and Emotional Support Program, Nutrition Program and "Basket Bingo"). Costs incurred for these events were \$5,162.</p> <p>MAN TO MAN PROSTATE CANCER SUPPORT GROUP EDUCATION This monthly program addresses issues and the struggles that face prostate cancer survivors and their families. Volunteer time was 27 hours valued at \$2,133.</p> <p>LOOK GOOD, FEEL BETTER This program provided support and resources for cancer patients undergoing chemotherapy. 26 individuals attended and \$388 was the value of staff and volunteer time and resources.</p> <p>NUTRITION PRESENTATIONS Programs were held throughout the year to provide education on nutrition to promote optimal</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>MATERNITY AND PARENTING ACTIVITIES ----- BABY WELL This progr am educated 232 parents on how to care for their new born \$5,648 in staff time w as devoted tow ards 23 community programs</p> <p>HEALTHY BEGINNINGS PROGRAM This is a program to bring pren atal health to the underserved in the Community This is mostly the ones without the abili ty to pay or those w ho have not yet enrolled or w ho are enrolled in Medicaid Much of our program deals with high risk patients and those w th substance abuse problems There is a Physician, a social w orker and a dietician, as w ell as two nurses w ho run the program The cost of this program was \$454,017</p> <p>BREASTFEEDING EDUCATION This program provides an incre ased understanding of the benefits of breastfeeding, which leads to improved nutrition/hea lth of infants 154 individuals attended the 24 lectures that w ere held throughout the yea r The cost to the hospital is about \$6,130</p> <p>CHILDBIRTH CLASSES A program teaching the how -to's of childbirth served 600 people at a cost of \$46,468 to the hospital through 25 cour ses series every day of the week except Friday Tours of the Birthing Center w ere also giv en at a cost to the hospital of \$1,102</p> <p>TEEN PARENTING EDUCATION This is a cooperative pro gram w ith Child, Home and Community, Inc The hospital provided room for the educational c ourse 52 individuals w ere given free Childbirth instruction and 52 attended a support gro up called Building the Family \$4,600 is the value of the meeting space</p> <p>CHILD DEVELOPMENT This program w as in cooperation w ith the Central Bucks School District High school stude nts toured the LDRP Unit They view ed and discussed famly's admssion from birthing room to postpartum room to the nursery Discussions w ere held on new borns and basic development , including ICN &amp; types of infants admitted at Doylestow n Hospital The program w as presen ted on tw o dates, w ith 105 participants, including 1 teacher at a value of \$1,080</p> <p>Grand p arenting Classes This program prepared grandparents-to-be on how to be support their child ren as they start their ow n family 99 individuals attended the course, w ith a cost to the Hospital of \$2,859 for the 6 classes</p> <p>Prenatal Refresher Classes This program refreshed n early 16 parents-to-be, w ho already have delivered other children, on the childbirth exper ience \$2,369 in staff time w as devoted to this for 6 classes during the year</p> <p>SIBLING EDU CATION CLASSES A program designed to lessen a child's feelings of anxiety and jealousy Th ere w ere 34 participants in 9 classes during the year at a cost to the Hospital of \$2,006</p> <p>SCHOOL AGE ACTIVITIES ----- PARENTING AND BABY SITTING EDUCATION This is a cooperative program w ith Child, Home and Community, Inc The hospital provided room for t he educational course 92 individuals w ere given babysitting instruction at a cost of \$300 to the Hospital</p> <p>SERVICE LEARNING &amp; CAREER ACADEMY The Service Learning Career Academy is a joint project betw een the VIA Health System and the three High Schools in the Central B ucks School District In collaboration w ith the Consumer and Family Sciences course, the h ospital's day care center provides students w ith hands-on experience to enhance learning o f child development theory In addition, hospital professional staff and CB faculty jointl y designed a curriculum for Advanced Placement Biology Students, Advanced Health Students and Anatomy Physiology Students, w ho spend class time on-site at the hospital to obtain th e practical application of class content Over 200 students participated in this program w here \$22,000 in hospital staffs time and other costs</p> <p>TEDDY BEAR CLINICS Children in the c ommunity w ere exposed to the Emergency Department and ambulance in a fun environment The experience taught them to not be frightened in the event they may need emergency services Over 200 children came through the Teddy Bear Clinic at the hospital Donated materials a nd staff time is valued at \$2,840</p> <p>GIRL SCOUTS The hospital provided meeting space for 2 G irl Scout Troops Meeting space w as valued at \$5,400</p> <p>BUCKS COUNTY DOWNS SYNDROME Space w as provided for monthly meetings at Children's Village for the Bucks County Dow ns Syndrome group Meeting space w as valued at \$750</p> <p>FOCUS ON MOTHERHOOD Family Home and Community Ch ildbirth classes for Teen Parents meet at C V every Monday evening to prepare for childbi rth Instruction is also provided for infant care, health &amp; nutritional and life skills Meeting space is valued at \$2,400 annually</p> <p>BEREAVEMENT GROUP MEETINGS Space is provided mo nthly for these meetings at C V and is valued at \$5,400</p> <p>LEADERSHIP ACTIVITIES ----- The Hospital President/CEO devoted \$21,000 worth of his time to community bene fit activities including, but not limited to, the Bucks County Health Improvement Partners hip, Ann Silverman Community Health Clinic, Health Quality Partners, Delaware Valley Healt hcare Council and Gilda's Club The Vice-President</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>OUTSIDE GROUP ROOM USAGE ----- The hospital provides free space for mee tings to the follow ing outside groups with a charitable mission There were 137 individual s benefitted at a cost of \$5,000 Ann Silverman Family Health Community Clinic Bucks Count y Autism Support Coalition Bucks County Intermediate Unit Bucks County Health Improvement Partnership Bucks County Medical Society Lenape Valley Foundation National Alliance for th e Mentally Ill HEALTH SCREENINGS &amp; IMMUNIZATIONS - ----- THE HOS PITAL CONDUCTS HEALTH SCREENS AND SUPPORTED IMMUNIZATIONS FOR VARIOUS COMMUNITY MEMBERS H EALTH SCREENINGS During the year, 176 individuals benefited from health screens Staff tim e donated to this effort is estimated at \$6,819 Activity improves the health of the commu nity in general, specific groups of people, helps contain healthcare costs and/or improves the quality of life for all members of our community The follow ing is a list of health s creening and immunization activities SKIN CANCER SCREENING This program screened 111 Pati ents with volunteer medical, nursing and clerical staff totaling \$3,191 PROSTATE CANCER S CREENINGS This program screened 36 patients wth volunteer medical, nursing and clerical s taff totaling \$3,628 INFLUENZA IMMUNIZATIONS Doylestow n Hospital provided a community flu shot clinic in the fall of 2011 The value of this time to serve 232 individuals was \$1,0 00 Vaccines were provided by the Bucks County Health Department SUPPORT GROUT &amp; SELF-HEL P PROGRAMS ----- --- Support groups are offered at no charge to th e community, and a member of the hospital staff leads many 833 conference room hours and 162 professional hours of support were provided to more than 3,200 community members This amounted to \$41,650 donated in space and professional staff time and hospital materials The follow ing is a list of the groups that held regular meetings at the hospital - Alcoho lics Anonymous - Alateen - Better Breathers Club - CADUCEUS - EATING DISORDERS ANONY MOUS - FIBROMY ALGIA - AUTISM - INSULIN PUMP - LY MPHEDEMA - NURSING MOTHERS - PARKINSON'S DISEASE - PROSTATE CANCER - STROKE - PULMONARY HYPERTENSION - ALZHEIMER'S DISEASE - AUGUSTINE FEL LOWSHIP - BREAST CANCER - DOWN'S SYNDROME INTEREST - BUILDING THE FAMILY - LOW VISION - GA MBLERS ANONY MOUS - ICD (IMPLANTABLE DEFIBRILLATOR) - LY ME DISEASE - MULTIPLE SCLEROSIS - O VEREATERS ANONY MOUS - PREGNANCY LOSS - SCLERODERMA - BLINDNESS - DIABETES VOLUNTEER PROGRA MS ----- Doylestow n Hospital enjoys the generous contribution of time and tal ent 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 allow s so me members of the community to help others, not through their dollars but through their do nated time In addition, the hospital is a place for community members to reach out to hel p friends and neighbors or to fulfill court-mandated community service obligations as volu nteers Throughout the year, 904 volunteers contributed 125,664 hours of service to their community through opportunities in every hospital department Volunteers significantly enh ance patient and family support in the follow ing service categories Addressing, Collating , Book cart, Dietary Menu, Emergency Department, Gift Shop/Cart, Hospitality Cart, Informa tion Desks, Mail or Messenger, PRN/Floaters, Pastoral Care, Animal Assisted Therapy, Snack Bar, Surgery Waiting area, Patient Transport, Service Learning, LDRP (Labor &amp; Delivery) a nd our "No One Dies Alone" program In total, \$121,260 worth of meals was given to our vol unteers free of charge Because the hospital wants to provide exceptional opportunities fo r community members to offer time and talent to support the V I A 's mission to excellent local healthcare, \$245,288 in salaries was budgeted for recruitment, orientation, manageme nt, retention and recognition of volunteers in patient transport, the gift ship, and throu ghout the patient services areas CHARITY CARE TO COMMUNITY MEMBERS ===== Doylestow n Hospital and The Pnc Run Community provides free medical care to patients who meet certain criteria under its charity care policy wthout charge or at amou nts less than its established rates Unreimbursed charges from Medical Assistance programs on behalf of patients that meet the hospital's charity care criteria are also considered charity care The Fiscal Year 2012 total for charity care is \$7,917,588 SUMMARY OF TOTAL COMMUNITY BENEFIT CONTRIBUTION ----- COMMUNITY O UTREACH AND BENEFIT ACTIVITIES \$ 1,266,108 EDUCATIONAL PROGRAMS \$ 705,111 MATERNITY AND PA RENTING ACTIVITIES \$ 526,279 SCHOOL AGE ACTIVITIES \$ 39,090 LEADERSHIP ACTIVITIES \$ 126,00 0 TEACHING PROGRAMS \$ 366,206 OUTSIDE GROUP ROOM U</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	SAGE \$ 5,000 HEALTH SCREENINGS AND IMMUNIZATIONS \$ 14,638 SUPPORT AND SELF-HELP PROGRAMS \$ 41,650 VOLUNTEER PROGRAMS \$ 366,548 CHARITY CARE TO COMMUNITY MEMBERS \$ 7,917,588 COMMUNITY SUPPORT \$10,908,042 - PROGRAMS AND SERVICES THAT WERE COORDINATED AND SPONSORED BY EIT HER THE HOSPITAL AND/OR FOUNDATION AND WERE DIRECTLY PAID FOR OR CAME AT A COST TO THE EIT HER HOSPITAL AND/OR FOUNDATION \$446,176 - 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 \$11,374,218

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ADDENDUM A DOYLESTOWN HOSPITAL STATEMENT OF PROGRAM AND SERVICES FISCAL YEAR 2011-2012 ===== - ASSOCIATE HEALTH SERVICES - BEHAVIORAL HEALTH SERVICES - EAP - CRISIS SERVICES - CARDIAC AND NEUROLOGICAL SERVICES - DIAGNOSTIC CARDIAC CATHETERIZATION - NON-INVASIVE DIAGNOSTIC TESTING SERVICES - INTERVENTIONAL CARDIOLOGY PROCEDURES - EPS STUDIES (PACEMAKERS, DEVICE IMPLANTATION, ABLATION) - CARDIOVASCULAR SURGERY - CABG - VALVE REPLACEMENTS/REPAIRS - CRITICAL CARE UNITS - MED/SURG CRITICAL CARE - CARDIOVASCULAR CRITICAL CARE - DIABETES EDUCATION (INPATIENT AND OUTPATIENT) - NUTRITION 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) - NURSING HOME CONSULTATION - WOUND MANAGEMENT - CONTINENCE CARE - FOOD AND NUTRITION SERVICES - WEIGHT MANAGEMENT CLASSES (ADULTS AND CHILDREN) - NUTRITIONAL ASSESSMENT AND COUNSELING - PATIENT MEAL SERVICES - GENERAL MEDICINE - ALLERGIC DISEASES - CARDIOLOGY - DERMATOLOGY - ENDOCRINOLOGY - FAMILY MEDICINE - GASTROENTEROLOGY - INFECTIOUS DISEASE - INTERNAL MEDICINE - HEMATOLOGY - OBSTETRICS & GYNECOLOGY - NEPHROLOGY - NEUROLOGY - ONCOLOGY - PATHOLOGY - PEDIATRICS - PHYSICAL MEDICINE/REHABILITATION - PSYCHIATRY - PULMONARY - RHEUMATOLOGY - HEMODIALYSIS - INFECTION 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 - TELEMETRY / PROGRESSIVE CARE - VISITING NURSE/ HOME CARE - ADULT AND INFANTS (UP TO 1 YEAR) SKILLED HOME HEALTH SERVICES - NURSING - PHYSICAL THERAPY - OCCUPATIONAL THERAPY - SPEECH THERAPY - SOCIAL SERVICES - HOME HEALTH AIDES - BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) - COMPREHENSIVE HOSPICE PROGRAM - WOMEN'S DIAGNOSTIC 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") THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS'S GOVERNING BODY, ITS BOARD OF DIRECTORS, FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE THE ORGANIZATION'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING A COPY 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 THE DOYLETOWN HOSPITAL'S CHIEF ACCOUNTING OFFICER AND CHIEF EXECUTIVE OFFICER. THIS SUMMARY IS THEN PRESENTED TO THE ORGANIZATION'S BOARD OF DIRECTORS WHO REVIEWS AND MAKES DECISIONS ON HOW TO HANDLE CONFLICTS OF INTEREST AND ASSOCIATED MITIGATING BEHAVIOR TO BE TAKEN BY THE ORGANIZATION IF 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, CHIEF OPERATING 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, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT; 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION; AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.</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
RELATED HOURS DISCLOSURE	CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE IN THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF DIRECTOR MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM, 990 FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY the same as reflected on this form 990 THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, NOT SOLELY THIS ORGANIZATION

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, (\$455,591) AND - INCREASE IN BENEFICIAL INTEREST IN PERPETUAL TRUST, (\$643,597)

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, 2012 AND JUNE 30, 2011, 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



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

2011

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		No
(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		No
(3) VIA AFFILIATES  595 WEST STATE STREET  DOYLESTOWN, PA 18901 23-2368197	SUPPORT	PA	501(c)(3)	509(A)(3)	DHF	Yes	

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, PA 189012554 23-1352174	MEDICAL SVCS	PA						No			No	
(2) DOYLESTOWN RADIOLOGY GROUP LP  1240 OLD YORK ROAD WARMINSTER, PA 18974 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, PA 189012554 23-3022645	FITNESS CNTR	PA	DHF	C CORP	793,656	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 related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related 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) 2011

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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