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DLN: 93493135016253

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public

\ F-		2011		or tax year beginn	07 01 2011	and anding Of	20 2012	i			<u> </u>		
			C Name of orga		ing 07-01-2011	and ending 06	5-30-2012		D Employ	yer id	entification number		
_	eck if a Iress ch	pplicable		ROVEMENT ASSOC OF	DOYLESTOWN				23-23	682	0.0		
_		,	Doing Busines	ss As				_	E Telepho				
_	ne cha	-							(215)	345-	-2242		
Init —	ıal retu	m	Number and : 595 WEST ST	street (or P O box if i	naıl ıs not delivere	d to street address)	Room/suit	te			s \$ 619,139		
Ter	mınate	d	393 WL31 31	AIL SIKLLI									
– Am	ended	return	City or town, DOYLESTOWN	state or country, and	ZIP + 4		•						
App	lication	n pending	DOTELSTOWN	1, PA 18901									
			F Name	and address of pri	ncıpal officer			H(a) Is th	∎ is a group	retur	n for		
				(LER FACHE T STATE STREET					ates?		┌ Yes ┌ No		
				TOWN,PA 18901				H(b) Are a	II offiliatos i	i maluu	ded?		
											t (see instructions)		
Ta	x-exem	npt status	▽ 501(c)(3)	「 501(c)() ◀	(insert no)	.947(a)(1) or 🗀 5	527	H(c) Grou					
w	ebsite	=: ► WW	/W DH ORG					(-)					
							<u> </u>	1					
				Trust Association	on Other 🟲			L Year of fo	mation 189	95	M State of legal domicile PA		
Pa	rt I		mary										
				rganızatıon's mıssı UPPORT PROGR <i>A</i>				TV 0 E I I E E	TN OUR C	OM	ALINITY AND TO		
11				ALS OF OUR FOU		LENHANCETE	IE QUALI	ITT OF LIFE	INOURC	O MI	MUNITY AND TO		
ACUMILES & GOVERNANCE													
5	-												
5] , ;	Chack th	nic boy b	the organization d	ic continued its	operations or di	cnocod o	f mara than "	F0/s of its	not s	accats.		
5			,						25% OF ILS	3	1		
5 ი				nbers of the govern					-	4	22		
٥				nt voting members	_				•	-4 5	20		
Ž				duals employed in teers (estimate if i			neza) .		-	6	500		
ť				ess revenue from F					F		0		
				ss taxable income	•	, ,,			F	7a 7b	0		
	<u>"</u>	ivec unic	natea basines	5 taxable income	11011111 011111 000	1,11110 31 1	•	Drie	or Year		Current Year		
	8	Contri	ırants (Part VIII, I		389,7	47	392,962						
9	9			venue (Part VIII, I			303,7	7/	0				
Revenue	10	=		Part VIII, colum)	= -				67,7	-+	74,581		
آن Œ	11			t VIII, column (A)		•			07,7	0	74,301		
	12			lines 8 through 11						┪			
				<u> </u>					457,5	09	467,543		
	13	Grants	s and similar a	amounts paid (Par	t IX, column (A), lines 1-3) .			253,5	37	256,310		
	14	Benefi	ts paid to or fo	or members (Part	IX, column (A),	line 4)			0				
ø	15			pensation, employ	ee benefits (Pa	rt IX, column (A), lines			0			
Expenses	165	5-10)		ioina foos (Dort IV	column (A.) lu	11.				0			
क	16a			ısıng fees (Part IX		ne lle)				0			
Д	b			ses (Part IX, column (I					2024	4.5			
	17			art IX, column (A),					203,1	- +	182,222		
	18			d lines 13–17 (mi					456,6	_	438,532		
67	19	Reven	ue less expen	nses Subtract line	18 from fine 1	2	• •	Paginnin		26	29,011		
5 () 3 ()								_	g of Currer ⁄ear	"	End of Year		
34	20	Total	assets (Part X	K, line 16)			-		1,024,7	08	1,061,228		
ner Assers or Fund Balances	21			rt X, line 26)					16,1	51	26,405		
<u> </u>	22	Netas	sets or fund b	balances Subtract	line 21 from li	ne 20			1,008,5	57	1,034,823		
Pai	t II	Sign	ature Bloc	k									
		ties of p	erjury, I declar	e that I have exami									
	ledge a ledge.	and belie	t, it is true, co	rrect, and complete	. Declaration of	preparer (other tl	nan officer) is based on	all informa	tion	of which preparer has any		
		****	**					2	013-05-14				
Sign	1	Signa	ature of officer						ate				
lere	e		BREXLER FACHE										
		Туре	or print name ar	nd title									
		Preparer	rs L		· · · · · · · · · · · · · · · · · · ·	Date		heck if			ayer identification number		
Paid		signatur			elf- mployed 🕨 🦵	(see instr	uction	S)					
repa ²	arer's		's name (or yours WITHUM SMITH BROWN PC										
Jse (ıf self-er	mployed), and ZIP + 4	465 SOUTH STREET					EIN 🕨				
	-	auuicss,	and ZIF T 4						Phone no) (973) 898-9494		
		-		MODDICTOW NI O	(1) (/)								

May the IRS discuss this return with the preparer shown above? (see instructions)

Par	Statement of Pro Check if Schedule O			ishments estion in this Part III		୮
1	Briefly describe the organiz	ation's mission				
THE HEA NEC CRE	NITIATE AND SUPPORT PR GOALS OF OUR FOUNDERS LTHCARE DELIVERY SYSTE ESSARY HEALTHCARE SER' ED, SEX, NATIONAL ORIGII IMUNITY BENEFIT STATEM	THE ORGANIZAT M IN PENNSYLVAN VICES TO ALL INDI N, RELIGION OR AE	ION IS TH IA WHOS VIDUALS	HE PARENT ENTITY OF E CHARITABLE PURPO S IN A NON-DISCRIMI	F A TAX-EXEMPT NOT FO DSES INCLUDE PROVIDI NATORY MANNER REGA	R-PROFIT INTEGRATED NG MEDICALLY RDLESS OF RACE, COLOR
2	Did the organization underta the prior Form 990 or 990-l If "Yes," describe these new	ΞZ?		- '	hich were not listed on	┌ Yes ┌ No
3	Did the organization cease of services?	conducting, or make	sıgnıfıcant • • •	changes in how it cond	ucts, any program	┌ Yes ┌ No
	If "Yes," describe these cha	nges on Schedule O				
4	Describe the organization's expenses Section 501(c)(3 grants and allocations to ot	3) and 501(c)(4) orga	nızatıons	and section 4947(a)(1) trusts are required to rep	
4a	EXPENSES INCURRED IN SUPPOR ASSOCIATION OF DOYLESTOWN	PROVIDES MEDICALLY NE	CESSARY HE	ALTHCARE SERVICES TO ALL	INDIVIDUALS IN A NON-DISCRI	
4b	(Code)	(Expenses \$		including grants of \$) (Revenue \$)
4 c	(Code) ((Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services ([Describe in Schedule	0)			
	(Expenses \$		grants of	\$) (Revenue \$)
40	Total program service expe		420 310	·	· · · · · · · · · · · · · · · · · · ·	·

Part IV	Checklist of	Required	Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	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.	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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.	11f	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	12a		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	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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 $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	· · · · · · · ·			
_	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c		
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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	40		
	account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
_	services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	. .		NI -
	file Form 8282?	7c		Νo
a	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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	, 9		
•	Form 1098-C?	7h		
	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		
_	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
D D	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
2a	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]			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. 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	12=		
_	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			
c	Enter the aggregate amount of reserves on hand			
_	13c			
l a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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 C	contains a response	to any d	illestion in	this Part VI					
Check ii Schedule C	contains a response	to ally q	laestion in	tilis rait vi					. 1*

Se	ection 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					
b	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?	2		No		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No		
6	Did the organization have members or stockholders?	6		No		
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?	7a	Yes			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b	Yes			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No		
	ection B. Policies (This Section B requests information about policies not required by the Internal					
Re	evenue Code.)		Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?	10a	165	No		
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		140		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes			
b	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	12a	Yes			
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes			
13	Did the organization have a written whistleblower policy?	13	Yes			
14	Did the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)					
16a	16a		No			
b	taxable entity during the year?					
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?						
Se	ection C. Disclosure	'				
	List the States with which a copy of this Form 990 is required to be filed▶PA					
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable) 900, and 900 T (501/c)					

- 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
 - Own website Another's website V 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
- 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

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

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

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

- 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

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

◆ 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

(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e thai	n on son er ai	e bo is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustiee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) MARIANNE E CHABOT PRESIDENT - DIRECTOR	20 0	х		Х				0	0	0
(2) LINDA MCILHINNEY 1ST VICE PRESIDENT - DIRECTOR	10 0	х		Х				0	0	0
(3) CORY SCHROEDER 2ND VICE PRESIDENT - DIRECTOR	10 0	х		Х				0	0	0
(4) CAROLYN KOZAKOWSKI RECORDING SECRETARY - DIRECTOR	3 0	Х		Х				0	0	0
(5) MARIE JOHNSTON CORRESP SECRETARY - DIRECTOR	3 0	Х		Х				0	0	0
(6) BARBARA KIEFFER CPA TREASURER - DIRECTOR	10 0	х		Х				0	0	0
(7) BEVERLY COLLER CAMPBELL ASSISTANT TREASURER - DIRECTOR	3 0	х		Х				0	0	0
(8) BARBARA BOTTO DIRECTOR	3 0	х						0	0	0
(9) CAROLYN DELLA RODOLFA VP HEALTH SERVICES - DIRECTOR	20 0	х		Х				0	0	0
(10) ELIZABETH FETTERMAN DIRECTOR	3 0	х						0	0	0
(11) GEORGIA FORD DIRECTOR	3 0	х						0	0	0
(12) KATHRYN LAMBERT DIRECTOR - PAST PRESIDENT	3 0	х						0	0	0
(13) JOY LEVY DIRECTOR	3 0	х						0	0	0
(14) MARGARET MARTIN DIRECTOR	3 0	х						0	0	0
(15) PHYLLIS MORRIS DIRECTOR	3 0	х						0	0	0
(16) SHARON ORR DIRECTOR	3 0	х						0	0	0
(17) JOAN PARLEE DIRECTOR	6 0	Х						0	0	0

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n one son er ar	e bo is b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	Estima amount o compen from organizat	ated f other sation the ion and
		hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza	
DIRÉ	RICHARD A REIF CTOR - PRESIDENT/CEO	55 0	х		Х				0	627,420		22,629
(19) DIRE	LEE SCHEELER CTOR	3 0	х						0	0		0
(20) DIRE	ELIZABETH D SIGETY CTOR	3 0	х						0	0		0
(21) DIRE	MARY ELLEN STANTON CTOR	3 0	х						0	0		0
(22) DIRE	PATRICIA YAROSCHUK CTOR	3 0	х						0	0		0
(23)	DANIEL L UPTON F FINANCIAL OFFICER	55 0			х				0	311,870		194,103
1b	Sub-Total							<u> </u> ▶				
C	Total from continuation sheets t	o Part VII, Sect		<u> </u>				 				
d	Total (add lines 1b and 1c)							►	0	939,290		216,732
2	Total number of individuals (inclu \$100,000 of reportable compens					eda	above)) who	received more tha	n		
											Yes	No
3	Did the organization list any form on line 1 a? <i>If</i> " <i>Yes</i> ," <i>complete Scho</i>	-				-		ee,o •	or highest compens		3	No
4	For any individual listed on line 1 organization and related organiza	a, is the sum of	reporta	ıble c	omp	ens	ation			n from the		140
5	Individual	eceive or accri	e comp	• ence	tion	fror	anv:	• Inrol	lated organization of	-	4 Yes	
,	services rendered to the organiza						-		_		5	No
	otion D. Indonordant Cart	ractors.										
1	Complete this table for your five l \$100,000 of compensation from or within the organization's tax ye	highest compen the organizatior										
		(A) e and business add	ress						Descr	(B) uption of services	(C Comper	
	, indin								2 2 3 6 1	,		
2	Total number of independent contr	actors (includin	a but no	at lim	uted	to t	hose I	ıster	d above) who receiv	ed more than	1	

\$100,000 of compensation from the organization ▶0

Total revenue Particle Company	Part V	/	Statement of Revenue				
Business Code		T .			Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512,513,or
Business Code	¥¥	1a	Federated campaigns 1a				
Business Code	ह्य	ь	Membership dues 1b 16,920				
Business Code	ಕ್≗						
Business Code	क्री हें	`					
Business Code	<u> </u>	d	Related organizations 1d 80,155				
Business Code	<u>≅</u>	e	Government grants (contributions) 1e				
Business Code	문'교	e	All other contributions, gifts, grants, and 16 33.566	;			
Business Code	量量	'					
Business Code	き 支	g	Noncash contributions included in				
Business Code	₽ě		lines 1a-1f \$				
Business Code	ဂ္ဂ	h		392,962			
20 20 20 20 20 20 20 20			Business Code				
1	<u>=</u>	_	Busiless Code	-			
100 100	Ę.	_ za					
100 100	Æ	b					
100 100	9	С					
100 100	Ě	d					
100 100	B						
100 100	Ē						
100 100	∑	f	All other program service revenue				
1	Ě	a	Total. Add lines 2a-2f	0			
### A mome from restment of tax-exempt bond proceeds		- -		_			
Income from investment of faz exempt bond proceeds Comparison Com		-		74.581			74.581
Second Part IV, line 19 Second Part IV,		l <u>-</u>		·			7 1/301
(i) Real (ii) Personal							
See		5		U			
Description Companies Co			(ı) Real (ıı) Personal				
Page		6a	Gross rents				
C Rental income C (loss) C C (loss) C C C C C C C C C		ь					
d Net rental income or (loss)				1			
10 10 10 10 10 10 10 10		`					
Total revenue. See Instructions		d	Net rental income or (loss)				
from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				_			
assets other than inventory b Less cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss)		7a					
b Less cost or or other basis and sales expenses c Gam or (loss) d Net gain or (loss)			assets other				
a other bases and sales expenses c Gam or (loss) d Net gain or (loss) 20,321 b Less direct expenses . b 151,596 c Net income or (loss) from fundraising events . b 9a Gross income from gaming activities See Part IV, line 19		h	· · ·	-			
Registration of the control of the c		"	other basis and				
d Net gain or (loss)		_		-			
Ba Gross income from fundraising events (not including \$			` '				
events (not including \$ 202,321 or for contributions reported on line 1c) See Part IV, line 18			I I I I I I I I I I I I I I I I I I I	0			
9a Gross income from gaming activities See Part IV, line 19	enne	8a	events (not including \$8				
9a Gross income from gaming activities See Part IV, line 19	é						
9a Gross income from gaming activities See Part IV, line 19	<u>.</u>		a 151,596]			
9a Gross income from gaming activities See Part IV, line 19	Ę.	b	·				
See Part IV, line 19	ō	c	Net income or (loss) from fundraising events 🕨	0			
c Net income or (loss) from gaming activities		9a	See Part IV, line 19				
c Net income or (loss) from gaming activities		Ь	Less direct expenses b	1			
10a Gross sales of inventory, less returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d		c		0			
returns and allowances . a b Less cost of goods sold . b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue Total revenue. See Instructions 467,543 0 74,581		10a	1				
b Less cost of goods sold b c Net income or (loss) from sales of inventory . b Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d							
C Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue			a	1			
Miscellaneous Revenue Business Code 11a		b	Less cost of goods sold b]			
11a		c	Net income or (loss) from sales of inventory	0			
b			Miscellaneous Revenue Business Code				
c d All other revenue 0 e Total. Add lines 11a-11d 0 12 Total revenue. See Instructions 467,543 0		11a]			
c d All other revenue 0 e Total. Add lines 11a-11d 0 12 Total revenue. See Instructions 467,543 0		ь					
d All other revenue							
e Total. Add lines 11a-11d		_	Allachara				
12 Total revenue. See Instructions		_					
467,543 0 74,581		e		o			
467,543 0 74,581		12	Total revenue. See Instructions				
			·····	467,543			

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

	heck if Schedule O contains a response to any question in this Part IX	<u></u>		<u> </u>	
	ot include amounts reported on lines 6b, p, 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	214,545	214,545		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	41,765	41,765		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0	,. 23		
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			
_	Legal	0			
b					
С .	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	242	218	24	
13	Office expenses	3,481	3,133	348	
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	0			
20	Interest	0			
21	Payments to affiliates	0			_
22	Depreciation, depletion, and amortization	2,441	2,197	244	
23	Insurance	10,977	9,879	1,098	
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)				
а	CLYMER FUND EXPENSE	30,450	27,405	3,045	0
b	CARETAKER EXPENSE	25,530	22,977	2,553	0
c	REPAIRS & MAINTENANCE	12,887	11,598	1,289	0
d	UTILITIES	10,909	9,818	1,091	0
e					_
f	All other expenses	85,305	76,775	8,530	
25	Total functional expenses. Add lines 1 through 24f	438,532	420,310	18,222	0
26	Joint costs. Check here ► ☐ 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	,			
				F.	rm 000 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 18,776 37,364 1 1 415.013 483,484 2 2 Savings and temporary cash investments 3 0 3 13,550 0 0 4 4 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 0 0 6 0 0 7 0 0 8 100 9 224 9 Prepaid expenses and deferred charges 10a 375.817 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 353,653 b Less accumulated depreciation 21,624 **10c** 22,164 0 11 11 0 0 12 12 Investments—other securities See Part IV, line 11 13 556,246 13 493,621 Investments—program-related See Part IV, line 11 . . 0 14 14 12,825 15 10,945 15 1,024,708 1,061,228 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 16,151 17 25,860 17 Accounts payable and accrued expenses . 18 18 0 19 0 19 545 20 0 20 ٥ 0 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 0 24 Unsecured notes and loans payable to unrelated third parties 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 0 25 n D 26 16,151 26 26,405 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 504,447 27 Unrestricted net assets 518,837 504,110 28 515,986 28 Temporarily restricted net assets Fund 29 0 29 0 Permanently restricted net assets Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 1.008.557 33 1.034.823 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.024.708 1.061.228 34

14:1	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4	467,54
2	Total expenses (must equal Part IX, column (A), line 25)	2			438,53
3	Revenue less expenses Subtract line 2 from line 1	3			29,01
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		1,0	008,55
5	Other changes in net assets or fund balances (explain in Schedule O)	5			-2,74
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, c (B))	olumn 6		1,0	034,82
Par	rt XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			দ	
-				Yes	No
1	Accounting method used to prepare the Form 990	n			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for overs 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, expended to the contract of the co	?	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year on a separate basis, consolidated basis, or both	were issued			
	☐ Separate basis ☐ Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for Single Audit Act and OMB Circular A-133?	th in the	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	o the required	3b		

Name of the organization
VILLAGE IMPROVEMENT ASSOC OF DOYLESTOWN

OMB No 1545-0047

Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Employer identification number

								23-2368			
Part I			blic Charity Sta				•	<u> </u>	instructions	5	
_			te foundation becaus								
1			ion of churches, or a				D)(1)(A)(I)	•			
2		ol described in section 170(b)(1)(A)(ii). (Attach Schedule E) tal or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
3	· ·			=							
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(i i hospital's name, city, and state									Enter the	
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit of										
_		section 170(b)(1)(A)(iv). (Complete Part II)									
6	A feder	al, state, or	local government or	government	tal unit des	cribed in sect	ion 170(b)((1)(A)(v).			
7 🗸	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)									neral public	5
8			described in section		A)(vi) (Co	mplete Part I	Ι)				
9			at normally receives					ahutions mei	mhershin fee	s and aro	55
,	=		rities related to its ex					•	•	-	-
	•		oss investment inco	•	_						
		_	ganızatıon after June				•		cax, nom b	asinesses	
lo 🗆			ganized and operated								
 			ganized and operated ganized and operated						to carry out	the nurno	ses of
,	one or i	more public	ly supported organiz ibes the type of supp b Type I	ations descr orting organ	ribed in sec lization and	tion 509(a)(1) or sectior es 11e thro	n 509(a)(2) S ugh 11h	See section		Check
e f g	other the section If the ocheck the Since A	nan foundat 509(a)(2) rganization his box august 17, 2	ox, I certify that the ion managers and other received a written do 2006, has the organi	her than one etermination	or more pu	iblicly support	Type I, Ty	ations describ	bed in section	on 509(a)(1) or
		g persons? rson who di	rectly or indirectly c	ontrols, eith	er alone or	together with	persons de	scribed in (ii)	Yes	No
			governing body of th			_	porsons de			g(i)	110
	` '	•	er of a person descri		_					g(ii)	_
		-	lled entity of a perso			ahove?				ı(iii)	
h			ng information about						[,(,	<u> </u>
•	1101140	. che lonovi	ng mormation about	the support	cu organiza	icion(5)					
Nan supp	i) ne of orted ization	(ii) EIN			(v) Did you no organizat col (i) of suppo	tify the tion in fyour	(vi Is th organiza col (i) ord in the b	he tion in ganized	A mo	/ii) unt of port?	
			instructions))	Yes	No	Yes	No	Yes	No		
otal											

Schedule A (Form 990 or 990-EZ) 2011 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.)

	ection A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	91,940	489,735	436,232	389,747		392,962	1,800,616
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	91,940	489,735	436,232	389,747		392,962	1,800,616
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included o line 1 that exceeds 2% of the	n						
	amount shown on line 11, column							
6	(f) Public Support. Subtract line 5 from	n l						1,000,616
	line 4							1,800,616
	ection B. Total Support							
Cal	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20)11	(f) Total
7	A mounts from line 4	91,940	489,735	436,232	389,747		392,962	1,800,616
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties	100,007	97,356	62,617	67,762		74,581	402,323
	and income from similar sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part IV) Do not include gain or loss							
	from the sale of capital assets							
11	Total support (Add lines 7							2,202,939
12	through 10)					1		
12	Gross receipts from related activit				.	12		1,026,416
13	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, third, fourth, or fi	fth tax year as a	501(c)(:	;) organiz	zation, ►
S	ection C. Computation of Pu	blic Support P	ercentage					
14	Public Support Percentage for 201	1 (line 6 column (f) divided by line	11 column (f))		14		81 737 %
15	Public Support Percentage for 201	0 Schedule A, Pai	t II, lıne 14			15		77 547 %
16a	33 1/3% support test—2011. If the				ine 14 is 33 1/3%	or more	, check t	
h	and stop here. The organization qu 33 1/3% support test—2010. If the				a and line 1 Fig. 3	2 2 1/20/2	or more	shock this
b	box and stop here. The organization				a, and fine 15 is .	J 1/3/0	or more,	► F
17a	10%-facts-and-circumstances test				e 13, 16a, or 16b	and line	14	
	ıs 10% or more, and ıf the organiza							
	in Part IV how the organization me	ets the "facts and	cırcumstances"	test The organiza	ation qualifies as	a publicl	y support	· —
h	organization 10%-facts-and-circumstances test	-2010 Ifthe oras	nization did not a	thack a hov on lin	a 13 162 16h a	r 17 ə ən	ıd lıne	► 1
U	15 is 10% or more, and if the orga							
	Explain in Part IV how the organiza							,
	supported organization				_			► □
18	Private Foundation If the organiza	tion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this	box and	see	L

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

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 A (Form 990 or 990-EZ) 2011

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DLN: 93493135016253

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► 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

Supplemental Financial Statements

Open to Public

ternal Revenue Service	ttach to Form 990. ► See separate instructions.	Inspection
Name of the organization VILLAGE IMPROVEMENT ASSOC OF DOYLESTOWN		Employer identification number
Part I Organizations Maintaining I organization answered "Yes" to	Donor Advised Funds or Other Similar I o Form 990, Part IV, line 6.	Funds or Accounts. Complete if the
<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
Aggregate grants from (during year)		
Aggregate value at end of year		
	donor advisors in writing that the assets held in do ject to the organization's exclusive legal control?	onor advised Yes No
	onors, and donor advisors in writing that grant fund for the benefit of the donor or donor advisor, or for	
Part II Conservation Easements. C	Complete if the organization answered "Yes"	to Form 990, Part IV, line 7.
Preservation of land for public use (e Protection of natural habitat Preservation of open space	- · · <u> </u>	an historically importantly land area a certified historic structure m of a conservation
easement on the last day of the tax year		Held at the End of the Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation 6	easements	2b
c Number of conservation easements on a c		2c
d Number of conservation easements includ	led in (c) acquired after 8/17/06	2d
Number of conservation easements modifi	ied, transferred, released, extinguished, or termina	ted by the organization during
the taxable year 🗠	, , , , , , , , , , , , , , , , , , , ,	, ,
Number of states where property subject t	to conservation easement is located 🛌	<u></u>
Does the organization have a written polic enforcement of the conservation easemen	y regarding the periodic monitoring, inspection, hats it holds?	ndling of violations, and Yes No
Staff and volunteer hours devoted to monit	toring, inspecting and enforcing conservation ease	ments during the year 🛌
A mount of expenses incurred in monitoring	g, inspecting, and enforcing conservation easemen	its during the year
•	ed on line 2(d) above satisfy the requirements of se	ection Yes No
9 In Part XIV, describe how the organization	n reports conservation easements in its revenue ar the text of the footnote to the organization's financial ation easements	
	Collections of Art, Historical Treasures, nswered "Yes" to Form 990, Part IV, line 8.	, or Other Similar Assets.
art, historical treasures, or other similar a	nder SFAS 116, not to report in its revenue statem ssets held for public exhibition, education or resea te to its financial statements that describes these	rch in furtherance of public service,
	inder SFAS 116, to report in its revenue statement ts held for public exhibition, education, or research hese items	
(i) Revenues included in Form 990, Part \	/III, line 1	► \$
(ii) Assets included in Form 990, Part X		.
·	of art, historical treasures, or other similar assets under SFAS 116 relating to these items	• •
a Revenues included in Form 990, Part VIII	-	▶ \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easur	res, or Ot	<u>her</u>	Similar Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	at are	a significai	nt us	e of its collection	า	
а	Public exhibition		d	Γ	Loan or	rexch	ange progra	ms			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the or	rganızatıon's	sexe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	organiz	ation			s" to Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	ediary	for c	ontrıbutı	ions o	rotherasse	ets no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г		Amoi	ınt	
С	Beginning balance						-	1c	Amo		
d	Additions during the year							Ld			
e	Distributions during the year							Le			
f	Ending balance						_	1f			
2a	Did the organization include an amount on Fo	orm 990 Part X lin	e 212						Г	Yes	□ No
	If "Yes," explain the arrangement in Part XIV	•	C 21						,	103	, 110
	rt V Endowment Funds. Complete		n ans	were	od "Yes'	" to F	orm 990	Part	TV line 10		
		(a)Current Year		Prior \			Years Back)Four Y	ears Back
1a	Beginning of year balance	504,110			456,346		449,842		439,875		
b	Contributions	19,419			24,155		6,504		9,967		
C	Investment earnings or losses	72,612			91,874						
d	Grants or scholarships										
e	Other expenditures for facilities and programs	80,155			68,265						
f	Administrative expenses										
g	End of year balance	515,986			504,110		456,346		449,842		
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨	100 000 %									
b	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	are held a	and ac	dministered	for t	he		
	organization by									Yes	No
	(i) unrelated organizations			•				•	3a(i)		No
	(ii) related organizations					•		•	3a(ii)	<u> </u>	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						•	3b		<u> </u>
	t VI Land, Buildings, and Equipme					<u> </u>					
FCI	Land, Buildings, and Equipme	int. See roini 99	о, га				(1-) (21		(-) A		
	Description of property				a) Cost or o		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) B	look value
	Land									1	
b	Buildings		•				340	,562	318,398	1	22,164
	Leasehold improvements			1			I			1	
				-						+	
d	Equipment		•				35,	,255	35,255		0
d e	Equipment				40())		35	,255 0	35,255		22,164

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(-,	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12		
Part VIII Investments—Program Related.	See Form 990, Part X, line 13.	
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
(1) LIMITED USE	251,318	F
(2) USE	242,303	F
(2) 002	212,333	·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X		
(a) Des	scription	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) II	ne 15.)	
Part X Other Liabilities. See Form 990, Pa		
(a) Description of Liphility		
	(b) A mount	
Federal Income Taxes	0	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	P 0	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	467,543
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	438,532
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,011
4	Net unrealized gains (losses) on investments	4	-2,745
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-2,745
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	26,266
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	eturn
1	Total revenue, gains, and other support per audited financial statements	1	536,238
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	148,850
3	Subtract line 2e from line 1	3	387,388
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4 c	80,155
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	467,543
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	309,547
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	151,595
3	Subtract line 2e from line 1	3	157,952
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	280,580
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	438,532
28	t XIV Supplemental Information		

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

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	THIS ORGANIZATION IS AN AFFILIATE OF VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES FOR THE YEARS ENDED JUNE 30, 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 SYSTEM BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE - SPECIAL EVENT EXPENSES, \$151,596
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 INCLUDES - NET ASSETS RELEASED FROM RESTRICTION, \$80,155
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XIII, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE - SPECIAL EVENT EXPENSES, \$151,596
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 TRANSFERS TO DOYLESTOWN HEALTH FOUNDATION, \$200,425 AND - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION FOR OPERATIONS, \$80,155

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DLN: 93493135016253

Employer identification number

OMB No 1545-0047

Open to Public Inspection

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

SCHEDULE G

(Form 990 or 990-EZ)

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

Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization

cate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations the organization have by employees listed in es," list the ten highes I compensated at leas	tivities. Completenization raised funds olicitations s a written or oral agreeni Form 990, Part VII st paid individuals of	eement will or entities	any of the e f g th any ind / in conne	following activities Ch Solicitation of no Solicitation of go Special fundraisii dividual (including office action with professional	n-government grants vernment grants ng events ers, directors, trustees fundraising services? wents under which the fu	/, line 17. └ Yes
cate whether the organ Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations the organization have by employees listed in es," list the ten highes I compensated at leas	nization raised funds olicitations s a written or oral agre i Form 990, Part VII st paid individuals oi	eement will or entity	any of the e f g th any ind / in conne	following activities Ch Solicitation of no Solicitation of go Special fundraisii dividual (including office action with professional	neck all that apply n-government grants vernment grants ng events ers, directors, trustees fundraising services?	Г Yes Г No
Mail solicitations Internet and e-mail so Phone solicitations In-person solicitations The organization have by employees listed in the sompensated at leas	olicitations s a written or oral agre i Form 990, Part VII st paid individuals oi	eement wi) or entity r entities	e f g th any ind / in conne (fundraise	Solicitation of no Solicitation of go Special fundraisii dividual (including office ection with professional ers) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? wents under which the fu	
nternet and e-mail so Phone solicitations n-person solicitations the organization have by employees listed in es," list the ten highes a compensated at leas	s a written or oral agre i Form 990, Part VII st paid individuals oi	:) or entity r entities	f g th any ind v in conne (fundraise	Solicitation of go Special fundraisii dividual (including office section with professional ers) pursuant to agreem	vernment grants ng events ers, directors, trustees fundraising services? nents under which the fu	
Phone solicitations in-person solicitations he organization have by employees listed in es," list the ten highes compensated at leas	s a written or oral agre i Form 990, Part VII st paid individuals oi	:) or entity r entities	g th any ind in conne (fundraise	Special fundraisii dividual (including office ection with professional ers) pursuant to agreem	ng events ers, directors, trustees fundraising services? ients under which the fui	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
n-person solicitations the organization have ty employees listed in the ten highes to compensated at leas	a written or oral agre i Form 990, Part VII st paid individuals oi	:) or entity r entities	th any ind / in conne (fundraise	lividual (including office ection with professional ers) pursuant to agreem	ers, directors, trustees fundraising services? ients under which the fui	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
he organization have by employees listed in es," list the ten highes compensated at leas	a written or oral agre i Form 990, Part VII st paid individuals oi	:) or entity r entities	/ in conne (fundraise	ection with professional ers) pursuant to agreem	fundraising services? ients under which the fui	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ey employees listed in es," list the ten highes e compensated at leas	ı Form 990, Part VII st paıd ındıvıduals oı	:) or entity r entities	/ in conne (fundraise	ection with professional ers) pursuant to agreem	fundraising services? ients under which the fui	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
compensated at leas						ndraiser is
			Form 990	0-EZ filers are not requ	ired to complete this ta	
ındıvıdual	(ii) Activity	fundrais cust cont contrib	ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		1.05	110			
	organization is regi	stered or	licensed t	o solicit funds or has b	een notified it is exempt	: from registration or
	tity (fundraiser)	Individual tity (fundraiser)	Individual tity (fundraiser) Custon contrib Yes All states in which the organization is registered or	Individual tity (fundraiser) fundraiser have custody or control of contributions? Yes No All states in which the organization is registered or licensed to the contribution of the contributions?	Individual tity (fundraiser) Second to the control of control o	fundraiser have custody or control of contributions? Yes No All states in which the organization is registered or licensed to solicit funds or has been notified it is exempted in the fundraiser listed in col (i) fundraiser have custody or control of contributions? Yes No All states in which the organization is registered or licensed to solicit funds or has been notified it is exempted.

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			DESIGNER HOUSE	ASSOCIATION	0	(Add col (a) through col (c))
Ф			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	393,635	20,282	0	413,917
Rev	2	Less Charitable contributions	253,747	8,574	0	262,321
	3	Gross income (line 1 minus line 2)	139,888	11,708	0	151,596
	4	Cash prizes				
မွာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
Š Š	7	Food and beverages	50,416			50,416
Direct	8	Entertainment				
ā	9	Other direct expenses .	89,472	11,708	0	101,180
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(151,596)
	11	Net income summary Combine lii	nes 3 and 10 ın column (d)		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
4	1	Gross revenue				
စ္တ	2	Cash prizes				
Expenses	3	Non-cash prizes				
ய ப	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	Г Yes Г No	Γ Yes Γ Nο	┌ Yes ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	<u> ► </u>	
9 a b	Is th	er the state(s) in which the organiza he organization licensed to operate No," Explain	gaming activities in each	h of these states?		· Fyes FNo
10a b		e any of the organization's gaming l	icenses revoked, susper	nded or terminated during	the tax year?	· · 「Yes 「No

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza		<u> </u>	
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I (Form 990)

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

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

OMB No 1545-0047

DLN: 93493135016253

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization VILLAGE IMPROVEMENT ASSOC OF DOYLESTOWN Employer identification number

23-2368200

Form 990, Part I\	er Assistance to /, line 21 for any	Governments and recipient that received	Organizations in 1 more than \$5,000.	the United States Check this box if n	o one recipient recei	ved more than \$5,0	00. Use
Part IV and Scheo	dule 1-1 (Form 99	0) if additional space i	is needed				▶ ┌
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 HEALTH FOUNDATION595 W ST STREET DOYLESTOWN, PA 18901	23-2368196	501(C)(3)	200,425				PROGRAM SUPPORT
(2) FRIENDS IN SERVICE TO HUMANITYPO BOX 196 DOYLESTOWN,PA 18901	23-2836029	501(C)(3)	14,120				PROGRAM SUPPORT

art 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) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance		
(1) EDUCATIONAL SCHOLARSHIPS	17	18,565					
(2) ASSISTANCE TO NEEDY INDIVIDUALS	316	23,200					
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	SCHEDULE I, PART I,	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST
MONITORING	QUESTION 2	CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

Schedule I (Form 990) 2011

DLN: 93493135016253

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization	Employer identification number
VILLAGE IMPROVEMENT ASSOC OF DOYLESTOWN	
	23-2368200

ı C	Questions Regarding Compensation			
			Yes	Νo
1 a	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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence Lackbarrane and areas an approximate and areas and areas and areas are also below the property of the			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
	presonal services (e.g., maid, chaulleur, cher)			
h	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
	organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization			
7	or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c Participate in, or receive payment from, an equity-based compensation arrangement?				
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			
а	The organization?	5a		No
b	Any related organization?	5b		No
_	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	b Any related organization?			
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	in Part III			N a
_		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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

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

Note. The sum of columns (B)(1)-(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

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI: (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
(1) RICHARD A REIF	(1) 11)	0 617,671	0 0	0 9,749	-	0 15,279	0 650,049	0 0
(2) DANIEL L UPTON (1	(1) 11)	0 310,555	0 0	0 1,315	0 176,398	0 17,705	0 505,973	0 0

Part III Supplemental Information

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

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

Schedule J (Form 990) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493135016253

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	Employer identifi	cation number
VILLAGE IMPROVEMENT ASSOC OF DOYLESTOWN		
	23-2368200	

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	VIA HEALTH SYSTEM BACKGROUND ====================================

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	G CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 IT PROVIDES MEDICALLY NECESSARY HEALT HOARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAL PATIENTS, 2 IT OPERATES AN ACTIVE EMERGENCY ROOM FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEBK, 365 DAYS PER YEAR, 3 IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABILE TO ALL QUALIFIED PHY SICIANS, 4 CONTROL REST S WITH ITS BOARD OF TRUSTESS AND THE BOARD OF TRUSTESS ON THE SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SU RPLUS FUNDS ARE USED TO IMPROVE THE QUALIFY OF PATIENT CARE, EXPRAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, EROGRAMS AND ACTIVITIES As a values-based organization, Doyle stown Hospital has made a public commitment to five core values Service, Enthusiasm, Respect, Value and Excellence The hospital hoids Board members, Medical Staff, and paid and un paid staff accountable for incorporating these values into policies, behaviors, clinical practices and menagement decisions. The five core values guide Doylestown Hospitals response to community needs 1 SERVICE - ANTICIPATE THE HEALTHCARE NEEDS OF THE COMMUNITY, ETHER BY ADDING PROGRAMS OR SERVICES, OR OFFER OPPORTUNITIES FOR HEALTH EDUCATION OR SCREENING, AND ASSURE THAT THE HOSPITAL'S MISSION STATEMENT 2 BYTHLUSIASM - DOYLESTOWN HOSPITAL STATE HAS THE HOSPITAL'S MISSION STATEMENT 2 BYTHLUSIASM - DOYLESTOWN HOSPITAL STAFF THE INSPIRATION THAT FIRST COMPELED THEM TO HEALTHCARE RELATED WORK A NO A COMMITMENT TO THE JOB OF SERVING OUR PATIENTS 3 RESPECT - DOYLESTOWN HOSPITAL STAFF THE INSPIRATION THAT FIRST COMPELED THEM TO HEALTHCARE RELATED WORK A NO A COMMITMENT TO THE JOB OF SERVING OUR PATIENTS 3 RESPECT. DOYLESTOWN HOSPITAL TO PAY ALL THE MEDICAL, SURGICAL, AND ROCKES AND TOOVIDES CARE TO ALL MEMBERS OF THE COMMUNITY TO PAY ALL THE MEDICAL, SURGICAL, AND ASSURES

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	PINERUN STRIVES TO BE A PROGRESSIVE, RESIDENT-FOCUSED COMMUNITY, FULL OF VITALITY AND BNT HUSIASM, PROMOTING INDEPENDENCE AND WELLNESS THROUGH A CULTURE OF WELLNESS, PINERUN IS DEDICATED TO THE PROMOTION OF HOLISTIC CARE AND SERVICES FOR VILLAGER, SAND RESIDENTS THE VILLAGE, LOCATED APPROXIMATELY 3 MILES FROM THE HOSPITAL, CONSISTS OF CAREDRO COTTAGES SET IN CLUSTERS AND A MULTI-UNIT APARTMENT BUILDING, AS WELL AS A COMMUNITY CENTER, DINING ROOM, STORE, LIBRARY, AND OTHER AMENTIES MAINTENANCE, SECURITY, HOUSEKEEPING, UTILITIES, DINING, RECREATIONAL, CULTURAL, TRANSPORTATION AND FITTED SERVICES ARE PROVIDED FOR THE VILLAGE RESIDENT THE VILLAGE REVOLUTION. THE SAME CAMPUS AS THE VILLAGE, PROVIDES TRANSPITONAL CARE FOR SHORT-STAY NURSING AND REHABILITATION RESIDENTS, WITH SKILLED NURSING CARE AND COMPREHENSIVE THERAPY PROGRAMS, A PERSONAL CARE ALZEMMETS/DEMENTIA PROGRAM FOR THOSE WITH IMPAIRED MEMORY, LONG-TERM CARE FOR RESIDENTS RESIDENTS RESUDENTS OF TO TAKE A VACATION OR THEY AND HOSPICE CARE FOR END OF LIFE CARE LAKEVEW, A PERSONAL CARE FACILITY, WAS FURCHASED BY DOYLESTOWN HOSPITAL IN 1998 AND ADDED TO THE PINE RUN FAMILY OF FACILITIES IT OFFERS PERSONAL CARE ACCOMMODATIONS IN PROVATE SUITES AND COMPANION SUITES, WITH SUPPORTIVE SERVICES AND ENHANCED PROGRAMMING FOR THOSE WITH IMPRORY IMPAIRMENT THIS PERSONAL CARE ACCOMMODATIONS IN PROVATE SUITES AND COMPANION SUITES, WITH SUPPORTIVE SERVICES AND ENHANCED PROGRAMMING FOR THOSE WITH MEMORY IMPAIRMENT THIS PERSONAL CARE FOR ENDRESSIES OF SUBJECT SUBJE

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	I effort to create a community health information exchange was taking place at the same tild me 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 i mages. 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 expa inded and accredited Cancer Institute at Doylestown Hospital opened in 2011 and offers radi ation 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 accredit ed Chest Pain Center on campus. The Hospital has also received "Blue Distinction" status if rom Blue Cross/Blue Shield for joint replacements. PATIENT SAFETY AND SATISFACTION.————————————————————————————————————

ldentifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	"Our model of care is completely patient-centered," said Lawrence Brilliant, MD, Medical D irrector, 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 as perience 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 Ganne, "Ancheving this level of excellence in patient satisfaction is effects the organization's commitment to delivering outstanding service and quality. Doyle stown Hospital's efforts benefit patients in the community and will lead to improved patient experience." WOMENS CHOICE AWARD AS ONE OF THE 2012 AMERICA'S BEST HOSPITALS FOR PATIE NT EXPERIENCE

ldentifier	Return Reference	Explanation
Identifier COMMUNITY BENEFIT STATEMENT CONTINUED	Return Reference CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	re and heart attacks and for those who received coronary bypass surgery and percutaneous c oronary 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 In stitute 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 constaintly evaluate our processes and make refinements with the goal of continuous quality impro vement. This recognition acknow ledges the hard work of men and women from throughout our his ospital family. "DOYLESTOWN HOSPITAL RECEIVES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD
		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

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	"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 he jos us to accomplish this goal," said Oylestown Hospital's Stroke Program Coordinator, Br ook Kearnis, 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 ye ar. SERVICE BHANDEMEMS DOYLESTOWN RANKED AMONG 100 TOP HOSPITALS

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	tyear 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 high est quality with the best possible outcomes for our patients," says Chief Medical Officer Scott Levy, MD. "Acknowledgement of our achievements by HealthGrades certainly helps vali date 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 a ttack. 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 card ac 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 att ack. At 62.5 minutes, Doylestown Hospital's Door-to-Balloon time (the time from patient ar rival to when the artery is opened) is consistently superior to national averages, and well blelow the suggested benchmark of 90 minutes. "The key to our success is a multidisciplin ary 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 providin g 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

ldentifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	The next, and highest, stage according is HIMSS EMR Stage 7, Doylestown is expected to rea ch this level in the near future. Doylestown Hospital has also received a Microsoft Health Users Group (MS-HUG) innovation. Award in the area of HE (Health information Exchange) and interoperability for its work on the Doylestown Clinical Network. This network less toge their the EMR systems of the hospital and community physicians. The hospital has 185 physic arise on the NextGen network, which automatically transfers a patient's EMR to specialists and the hospital Off those, more than 50 are active EMR users. There are about 400,000 pat lents in our community enrolled in this network. The ultimate goal is to safely and efficie entity share a patient's health information throughout the healthcare continuum. V I.A. HEALTH SYSTEMIS DOVIDED THE COMMUNITY ITS SERVES, AND IT SPONSORS AND COORDINATES MANY CHARITABLE ACTIVITIES. THE VI.A. HEALTH SYSTEMIS DOVIDED TO THE COMMUNITY IT SERVES, AND IT SPONSORS AND COORDINATES MANY CHARITABLE ACTIVITIES. 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 \$15,00.0 BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP The Bucks County Health improvement Partner ship (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 is kir eduction), supports CHIP enrollment, domestic volence 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. GR CARES Both the Doylestown Hospital in the Doylestown Health Foundation susport the Team with Board mem

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	tal is charged \$475/application, if the applicant obtains eligibility. HRIS has successfully obtained eligibility for 189 uninsured patients. For this process, the Hospital paid HR SI \$89,775, staff time cost incurred of \$31,571. Cost of Connecticut Medical Assistance ap pilication fee of \$680 and Trans Union Monthly fees totally \$73,733 for the fiscal year. LE NAPE VALLEY HEALTH FOUNDATION This organization provides psychiatric coverage and clinical supervision for Unit Patients and psychiatric consultation services in the Hospital's Eme repency Department. This is a cost to the hospital of \$45,000 FOUNDATION FUND RAISING PROG RAM The Foundation's fund raising program requested unrestricted gifts for this fiscal year that would enable Doylestown Hospital to continue its mission of a responsive, healing e nivronment for patients and their families. Gifts benefited many departments of the hospital, especially the Heart Institute, Hospice and the Cancer Center Special events included a silent auction to benefit the Cancer and Hospice programs, a Heart Brunch, and a golf outing. The Planned Gwing program was successful, including the growth of the charitable gift annuity program HOSPICE PROGRAM SUPPORT The Hospice Program provided caregivers for respite care in the homes of terminally ill patients, and contacted bereaved people over the phone throughout the year after the death of a loved one. Value \$4,516. BEREAVEMENT SUP PORT. The Bereavement Support Program provided support for bereaved and hospice families. There are various types of bereavement support groups that take place monthly in order to meet the needs of all types of losses. These programs are offered all year round and have a Chaplain and other professional staff in attendance. The Hospital served 180 community members, at a value of \$24,437. "HOW TO COPE" PROGRAMS There were events held at various chu riches and organizations to discuss topics of coping with the loss of a loved one at the Ho Iddays, "Who am I now" and having conversations before the

ldentifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	COMMUNITY BUSINESS SPONSORSHIPS Throughout the year, Doylestown Hospital has made cash don atons to assist local businesses, non-profits and cultural organizations provide programs and activities that improve and/or enhance the overall quality of life for the greater Ce ntral Bucks Community. We believe that one way to keep community members safe, health and vibrant is by supporting the numerous community and business groups that are the fabric of our community and by participating in special programs and events that benefit a broad spectrum of community residents. The total amount donated for sponsorships is \$35,800. VISI TINGS NURSE EROCRAM FREE SUPPORT. The Visiting Nurses made visits to families without insura nee: 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. HOSPIC EPROGRAMS Malings and telephone contact to other community service organizations, such as a Becling Adult Day Services. Bayada Nurses in Halboro & Bucks County Office, The Manor at Yorktown, to name a few, as well as healthcare organizations to offer information and edu cation 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. LiBRARY SERVICES AT DOY LESTOWN 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. HEALTHY E-COOKING SHOW The Ho spital 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 Physicians they inkins. This information is oneshity diseases, car diovascular disease and all detary links. This information is available to hel

ldentifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	mal health and Diabetes Awareness Locations included several churches, senior communities, two High Schools and various women's' and men's' groups, menu evaluation for Yorktown M anor, health fair displays for YMCA and many local elementary schools. Over 1,500 were edu cated with these programs 95 hours of staff time spent at a cost of \$4,335 to the hospita I CANCER ROADMAP - Q&A FOR THE NEWLY DIAGNOSED PATIENT This program describes the process to the newly cancer diagnosed. There is a one-on-one with an oncology nurse, social worke r and volunteer survivor to discuss a treatment plan, expectations and available resources for positive coping. There were 4 individuals who attended, and a cost of \$135 I CAN COP E This program was an educational series that addressed topics such as cancer and treatment, managing side effect, emotional concerns, fatigue and energy conservation and proper nu trition. 20 persons were served at a cost of \$640 STUDENT INTERNSHIP SUMMER PROGRAM This program with Students of the Gwynedd Mercy Cardiovascular Technology Program and Bucks Cou nty Community College Nursing Program. The students spend 2 weeks observing procedures in Cardiac Services, Echo and the Cath Lab to help them decide where they would like to focus their educational/career and education. The value of this program is \$182,475 for support staff, physicians and professional staff time. STUDENT INTERNSHIP RADIOLOGY PROGRAM SIX is tudents from Abington Memorial Hospital School of Radiologic Technology attend the Hospital is. Department of Radiology on a rotation basis. Students learn clinical skills that are important to their educational process. Radiographers at the Hospital serve as clinical ins tructors for the students on a one to one ratio. Doylestown Hospital does not receive a financial reward for this agreement. The cost of this program to the Hospital is \$136,648. There is also an intern program for ONE students with the Ultrasound Department. The cost of this program is \$22,525. ALLIED HEALTH RCIS COLLEGE INTERN

ldentifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	MATERNITY AND PARENTING ACTIVITIES ————————————————————————————————————

ldentifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	of Development was also involved in contributing time to activities that benefit the community including Ann Silverman Community Health Clinic, CB Cares, The American Red Cross, the Central Bucks Chamber of Commerce and the Doylestown Business and Community Alliance Doylestown Hospital's managers also contribute their leadership and expertise to a variety of community boards, agencies, and projects During 2011-2012, a value of \$105,000 in man ager's time was given, often during work time, to help some of the following community org anizations ADVOCACY SPEECHES AMERICAN CANCER SOCIETY AMERICAN HERITAGE FCU AMERICAN RED C ROSS BLOOD DRIVE BUCKS CO HOSPITAL DECON TASK FORCE BUCKS CO QUALITY CHILD CARE COAL TIO N BUCKS CO MHWR ADVISORY BOARD BOYS SCOUTS OF AMERICA BUCKS COUNTY HOUSING GROUP BUCKS CO HEALTH IMPROVEMENT PARTINERSHIP CB CHAMBER OF COMMERCE CENTRAL BUCKS MINISTERIUM CB CHRI STIAN WOMENS CLUB CHILD, HOME AND COMMUNITY, INC CENTRAL BUCKS FAMILY YMCA CB CARES COMMUNITY OUTRACH CENTER DELAWARE VALLEY COLLEGE SPIORE DUCATION DOYLESTOWN ATHLETIC ASSOCIATION DOYLESTOWN BUSINESS & COMMUNITY ALLIANCE DVHC BOARD AND COMMITTEES FAMILY CAREGIVERS O F SENIORS AND ISLVERMAN COMMUNITY HEALTH CLINIC FRIENDS OF PEACE VALLEY NATURE CENTER GILD A'S CLUB GWYNEDD MERCY ADVISORY COMMITTEE HEALTH AND HOUSING TASK FORCE HERITAGE CONSERVAN CY LENARE VALLEY SHRIPERS CLUB LITERACY ACADEMY OF BC IU MARCH OF DIMES MIDDLE BUCKS INSTITUTE OF TECH ADVISORY PROFESSIONALS WORKING WITH SENIORS SPRINGFIELD TOWNSHIP (SUPERVISOR RPLANNING) TEACHING PROGRAMS ———————— Doylestown Hospital supports medicia, nursi ing, allied health, and hospital management programs. The following is a list of schools that sent students to the hospital for practicums, clinical rotations, and/or preceptorships ABINGTION HOSPITAL SCHOOL OF RADIOLOGY ARCADIA UNIVERSITY BUCKS COUNTY COMMUNITY COLLEGE NAZARETH HOSPITAL PHILADE LIPHIA COLLEGE EASTERN UNIVERSITY FUNCY CONTY COMMUNITY COLLEGE NAZARETH HOSPITAL PHILADE LIPHIA COLLEGE FOR SET UNIVERSITY FOR PENNSYLVANIA

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	OUTSIDE GROUP ROOM USAGE

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
COMMUNITY	CORE FORM, PART	ADDENDUM A DOYLESTOWN HOSPITAL STATEMENT OF PROGRAM AND SERVICES FISCAL YEAR
	· '	
BENEFIT STATEMENT CONTINUED	III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	2011-2012 ===================================
		COMPREHENSIVE HOSPICE PROGRAM - WOMEN'S DIAGNOSTIC CENTER - BONE DENSITOMETRY - MAMMOGRAPHY - STEREOTACTIC BREAST BIOPSY

ldentifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 11B	THE ORGANIZATION IS THE PARENT ENTITY OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WHICH INCLUDES DOYLESTOWN HOSPITAL THE ORGANIZATION'S FEDERAL FORM 990 WAS 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 FOR THEIR REVIEW. THE ORGANIZATION'S FINANCE PERSONNEL 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

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

ldentifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM! ("SYSTEM!") WHICH INCLUDES DOY/LESTOWN HOSPITAL. THIS FILING ORGANIZATION ITSELF HAN NO PAID SENOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY PROM THIS ORGANIZATION RATHER, CERTAIN PERSONNEL ARE EMPLOYED BY DOY/LESTOWN HOSPITAL, INCLUDING THE PRESDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF THESE DRIVEN BECAUSE THEY ARE ALSO ETHER OFFICERS OR BOARD MEMBERS OF THIS ORGANIZATION THE DOY/LESTOWN HOSPITAL BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION HOLOSOPH! WHICH IT POLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATIONS SENIOR MANAGEMENT, INCLUDING THE PRESDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION AND BENEFITS OF THE ORGANIZATIONS SENIOR MANAGEMENT, INCLUDING THE EXEMPLIAN 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 REVIEWS TO DO NO ON AT LEAST AN ANNUAL BASIS AND BINGRES THAT THE "TOTAL COMPENSATION" OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE BURBLES OF THE SENIOR TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLE BREES FOR PURPOSES OF INTERNAL REVENUE COOLE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER THE THERE FEATORS WHICH MUST BE SATISFIED IN OROPIC TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER THE THERE FEATORS WHICH MUST BE SATISFIED IN OROPIC TO THE COMMITTEE BURD OF

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

ldentifier	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 NOTE 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

ldentifier	Return Reference	Explanation
HOURS DISCLOSURE	CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS THE PARENT ENTITY OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY 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, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES INCLUDE - CHANGE IN NET UNREALIZED GAINS AND LOSSES ON TRADING SECURITIES, (\$5,229) AND - CHANGE IN NET UNREALIZED GAINS AND LOSSES ON INVESTMENTS, \$2,484

ldentifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS THE PARENT ENTITY OF 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 IN ADDITION, AN INDEPENDENT CPA FIRM COMPILES THE ORGANIZATION'S STATEMENT OF FINANCIAL POSITION AND RELATED STATEMENT OF ACTIVITIES ON AN ANNUAL BASIS THE ORGANIZATION'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO REVIEW THESE STATEMENTS

ldentifier	Return Reference	Explanation
OTHER	FORM 990 PART	DESCRIPTION OTHER EXPENSES TOTAL EXPENSES 85305 PROGRAM SERVICES 76775 MANAGEMENT
EXPENSES	IX	AND GENERAL 8530 FUNDRAISING

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

DLN: 93493135016253

SCHEDULE R (Form 990)

VILLAGE IMPROVEMENT ASSOC OF DOYLESTOWN

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.

2011

OMB No 1545-0047

Open to Public
Inspection

Schedule R (Form 990) 2011

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

					23-236820	0		
Part I Identification of Disregarded Entities (Con	nplete	ıf the organizatioi	n answered "Yes"	on Form 990, Pa	rt 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 Orga or more related tax-exempt organizations during			the organization	answered "Yes"	on Form 990, Pa	art IV, line 34 becaus	se it had	one
(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 statu (if section 501(c)(3)	(f) s Direct controlling entity	(g) Section 512(b) controlled organizatio	
							Yes	No
(1) DOYLESTOWN HEALTH FOUNDATION								
595 WEST STATE STREET	FUND	DRAISING	PA	501(c)(3)	509(A)(1) VIAD	Yes	
DOYLESTOWN, PA 18901 23-2368196								
(2) DOYLESTOWN HOSPITAL								
595 WEST STATE STREET	HOSF	PITAL	PA	501(c)(3)	509(A)(3) VIAD	Yes	
DOYLESTOWN, PA 18901 23-1352174								
(3) VIA AFFILIATES								
595 WEST STATE STREET	HEAL	THCARE	PA	501(c)(3)	509(A)(3) DHF		No
DOYLESTOWN, PA 18901 23-2368197								
							1	

Cat No 50135Y

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 Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or iging	(k) Percentage ownership
(1) DOYLESTOWN							1 63	110		163	110	<u>. </u>
SURGICAL CENTER LLC												I
595 WEST STATE STREET DOYLESTOWN, PA 189012554 23-1352174	MEDICAL SVCS	PA						No			No	
(2) DOYLESTOWN RADIOLOGY GROUP LP												
	MEDICAL SVCS	PA						No			No	
												
							<u> </u>					
							 					
							 					
	· · · · · · · · · · · · · · · · · · ·							<u> </u>	1 15 4 11			

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		C CORP			

Schedule R (Form 990) 2011				Р	age 3		
Part V Transactions With Related Organizations (Complete if the organization answered "Y	es" on Form 990, Pa	rt IV, line 34, 35, 3	5A, or 36.)				
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 During the tax year, did the organization engage in any of the following transactions with one or more related organization	ganizations listed in Part	s II-IV?					
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			18	3	No		
b Gift, grant, or capital contribution to related organization(s)			11	Yes			
c Gift, grant, or capital contribution from related organization(s)			10	Yes			
d Loans or loan guarantees to or for related organization(s)			10	i l	No		
e Loans or loan guarantees by related organization(s)			10	2	No		
f Sale of assets to related organization(s)			11	F	No		
g Purchase of assets from related organization(s)			19	3	No		
h Exchange of assets with related organization(s)			11	h	No		
i Lease of facilities, equipment, or other assets to related organization(s)			1	i	No		
j Lease of facilities, equipment, or other assets from related organization(s)			1	i	No		
k Performance of services or membership or fundraising solicitations for related organization(s)			11	k	No		
l Performance of services or membership or fundraising solicitations by related organization(s)			1		No		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			11	m	No		
n Sharing of paid employees with related organization(s)			11	n	No		
• Reimbursement paid to related organization(s) for expenses			10)	No		
p Reimbursement paid by related organization(s) for expenses			11	p	No		
q Other transfer of cash or property to related organization(s)			10	1	No		
r Other transfer of cash or property from related organization(s)			1	r	No		
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered relat	nonships and transact	ıon thresholds				
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	Method of determ	(d) Method of determining amount involved			
(1) DOYLESTOWN HEALTH FOUNDATION	В	200,425	COST				
AN DOWNECTOWN HOCKETAL							

Name of other organization	Transaction type(a-r)	Amount involved	Method of determining amount involved
(1) DOYLESTOWN HEALTH FOUNDATION	В	200,425	COST
(2) DOYLESTOWN HOSPITAL	С	80,155	COST
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing Deartner?		(k) Percentage ownership	
			,	Yes	No			Yes	No		Yes	No				

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Part VII Supplemental Information

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

Identifier Return Reference Explanation

Schedule R (Form 990) 2011