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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
DOYLESTOWN HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
595 WEST STATE STREET
Suite

City or town, state or country, and ZIP + 4
DOYLESTOWN, PA 18901

D Employer identification number
23-1352174

E Telephone number
(215) 345-2242

G Gross receipts $ 310,942,945

F Name and address of principal officer
JIM BREXLER FACHE
595 WEST STATE STREET
DOYLESTOWN,PA 18901

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW DH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1923

M State of legal domicile PA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE A RESPONSIVE HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES, AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF THE COMMUNITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	2,173
6	Total number of volunteers (estimate if necessary)	**6**	890
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,535,294
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-61,315

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,456,000	1,307,212
9	Program service revenue (Part VIII, line 2g)	232,701,993	251,928,118
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-7,809,233	8,974,705
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,647,750	3,364,370
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	229,996,510	265,574,405
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	667,255	42,185
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	115,816,946	124,560,677
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	115,208,435	124,949,995
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	231,692,636	249,552,857
19	Revenue less expenses Subtract line 18 from line 12	-1,696,126	16,021,548

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	316,755,181	311,521,717
21	Total liabilities (Part X, line 26)	229,767,869	217,062,535
22	Net assets or fund balances Subtract line 21 from line 20	86,987,312	94,459,182

Part II Signature Block

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

Sign Here

****** | 2014-05-02
Signature of officer | Date

JAMES BREXLER CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶ WITHUMSMITHBROWN PC			Firm's EIN ▶	
Firm's address ▶ 465 SOUTH STREET SUITE 200 MORRISTOWN, NJ 07960			Phone no (973) 898-9494	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE A RESPONSIVE HEALING ENVIRONMENT FOR PATIENTS AND THEIR FAMILIES, AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF THE COMMUNITY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 111,655,920 including grants of $ 0) (Revenue $ 108,476,844)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY INPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 13,231 INPATIENTS FOR A TOTAL OF 56,003 PATIENT DAYS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4b (Code) (Expenses $ 57,076,585 including grants of $ 0) (Revenue $ 90,623,557)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY OUTPATIENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 179,595 PATIENT ENCOUNTERS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4c (Code) (Expenses $ 15,623,215 including grants of $ 0) (Revenue $ 17,474,423)

EXPENSES INCURRED IN PROVIDING MEDICALLY NECESSARY EMERGENCY DEPARTMENT SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY THE ORGANIZATION TREATED 36,074 EMERGENCY DEPARTMENT PATIENTS DURING THE FISCAL YEAR PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

4d Other program services (Describe in Schedule O)

(Expenses $ 40,246,070 including grants of $ 42,185) (Revenue $ 36,888,588)

4e Total program service expenses ▶ 224,601,790

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		No
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? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	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
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	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	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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 and XII 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
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	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 United States? *If "Yes," complete Schedule F, Parts 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 United States? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	267		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,173		
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		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
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				
a	The governing body?	**8a**	Yes		
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**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 this 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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ PA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ DANIEL L UPTON 595 WEST STATE STREET DOYLESTOWN, PA (215) 345-2242

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								3,382,718	538,689	784,971

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 53

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
PARLEE AND TATEM RADIOLOGICAL ASSOC , 595 WEST STATE STREET DOYLESTOWN PA 18901	MEDICAL	4,266,331
DOYLESTOWN ANESTHESIA ASSOCIATES , 5039 SWAMP ROAD FOUNTAINVILLE PA 18923	MEDICAL	3,854,568
JOHN FORD BUILDERS , 621 HARLEYSVILLE PIKE HARLEYSVILLE PA 19438	CONTRACTING	2,943,018
JOHN S MCMANUS INC , PO BOX 418 CHESTER HEIGHTS PA 19017	CONTRACTING	2,368,479
MORRISON MANAGEMENT SPECIALISTS , 955 CHESTERBROOK BLVD CHESTERBROOK PA 19087	DINING SERVICES	2,260,429
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 43		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	70,214			
	e	Government grants (contributions)	1e	557,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	679,998			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f			1,307,212		
Program Service Revenue			Business Code				
	2a	HOSPITAL DIVISION	900099	216,488,926	216,488,926		
	b	PINE RUN DIVISION	900099	17,959,635	17,959,635		
	c	RADIOLOGY GROUP	900099	1,101,459	1,101,459		
	d	OTHER HEALTHCARE RELATED REVENUE	900099	16,378,098	16,378,098		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f			251,928,118		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,283,930			7,283,930
	4	Income from investment of tax-exempt bond proceeds		247,166			247,166
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	731,331				
	b	Less rental expenses					
	c	Rental income or (loss)	731,331	0			
	d	Net rental income or (loss)			731,331		731,331
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	46,797,649	14,500			
	b	Less cost or other basis and sales expenses	45,363,388	5,152			
	c	Gain or (loss)	1,434,261	9,348			
	d	Net gain or (loss)			1,443,609		1,443,609
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events			0		
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory			0		
		Miscellaneous Revenue	Business Code				
	11a	CHILDRENS VILLAGE	900099	2,288,863		1,535,294	753,569
	b	SNACK BAR	722514	185,744			185,744
	c	CAFETERIA	722515	158,432			158,432
	d	All other revenue					
	e	**Total.** Add lines 11a–11d			2,633,039		
	12	**Total revenue.** See Instructions			265,574,405	251,928,118	1,535,294	10,803,781

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	42,185	42,185		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,207,265	2,886,539	320,726	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	96,714,435	87,042,990	9,671,445	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,967,233	2,670,510	296,723	
9 Other employee benefits	14,516,348	13,064,714	1,451,634	
10 Payroll taxes	7,155,396	6,439,856	715,540	
11 Fees for services (non-employees)				
a Management	0			
b Legal	437,097	393,387	43,710	
c Accounting	276,150	248,535	27,615	
d Lobbying	24,587	22,129	2,458	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	160,375	144,338	16,037	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	33,247,551	29,922,795	3,324,756	
12 Advertising and promotion	1,814,737	1,633,263	181,474	
13 Office expenses	10,306,340	9,275,706	1,030,634	
14 Information technology	66,640	59,976	6,664	
15 Royalties . .	0			
16 Occupancy	2,082,844	1,874,560	208,284	
17 Travel	418,331	376,498	41,833	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	6,428,014	5,785,213	642,801	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	15,722,379	14,150,141	1,572,238	
23 Insurance	4,521,721	4,069,549	452,172	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	34,769,882	31,292,894	3,476,988	0
b UTILITIES	4,309,368	3,878,431	430,937	0
c REAL ESTATE TAXES	876,157	788,541	87,616	0
d DUES & SUBSCRIPTIONS	839,521	755,569	83,952	0
e All other expenses	8,648,301	7,783,471	864,830	
25 **Total functional expenses.** Add lines 1 through 24e	249,552,857	224,601,790	24,951,067	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		959	1	2,350
	2	Savings and temporary cash investments		27,420,213	2	11,461,917
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		25,939,174	4	25,535,986
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,269,354	8	5,876,027
	9	Prepaid expenses and deferred charges		1,315,422	9	1,827,619
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 375,580,642			
	b	Less accumulated depreciation	10b 203,899,569	170,187,356	10c	171,681,073
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		71,543,939	13	78,717,615
	14	Intangible assets		2,857,426	14	2,953,100
	15	Other assets See Part IV, line 11		12,221,338	15	13,466,030
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		316,755,181	16	311,521,717
Liabilities	17	Accounts payable and accrued expenses		61,672,827	17	56,514,613
	18	Grants payable		0	18	0
	19	Deferred revenue		6,010,187	19	7,306,282
	20	Tax-exempt bond liabilities		143,829,572	20	139,436,519
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		18,255,283	25	13,805,121
	26	**Total liabilities.** Add lines 17 through 25		229,767,869	26	217,062,535
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		72,461,667	27	79,132,804
	28	Temporarily restricted net assets		4,302,250	28	4,576,555
	29	Permanently restricted net assets		10,223,395	29	10,749,823
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		86,987,312	33	94,459,182
	34	Total liabilities and net assets/fund balances		316,755,181	34	311,521,717

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	265,574,405
2	Total expenses (must equal Part IX, column (A), line 25)	2	249,552,857
3	Revenue less expenses Subtract line 2 from line 1	3	16,021,548
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	86,987,312
5	Net unrealized gains (losses) on investments	5	2,339,498
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,889,176
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	94,459,182

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAROLYN DELLA RODOLFA CHAIR - DIRECTOR	20 0	X		X				0	0	0
JOAN PARLEE VICE CHAIR - DIRECTOR	6 0	X		X				0	0	0
SARA MOYER SECRETARY - DIRECTOR	3 0	X		X				0	0	0
BARBARA KIEFFER CPA TREASURER - DIRECTOR	6 0	X		X				0	0	0
BEVERLY COLLER CAMPBELL ASST SEC/ASST TREASURER - DIR	3 0	X		X				0	0	0
WILLIAM E BOGER CPA DIRECTOR	3 0	X						0	0	0
JAMES BREXLER DIRECTOR - PRES/CEO (EFF 1/21)	55 0	X		X				0	0	0
MARIANNE E CHABOT DIRECTOR	20 0	X						0	0	0
STEPHEN CHADWICK DIRECTOR	3 0	X						0	0	0
BETTY DIEM DIRECTOR	3 0	X						0	0	0
BRUCE DERRICK MD DIRECTOR	55 0	X						0	367,047	14,972
GREGORY GALLANT MD DIRECTOR	3 0	X						0	0	0
PATRICIA GORSKY DIRECTOR	3 0	X						0	0	0
CAROLYN KOZAKOWSKI DIRECTOR	3 0	X						0	0	0
SCOTT S LEVY MD DIRECTOR - VP/CMO	55 0	X		X				387,766	0	153,789
LINDA MCILHINNEY DIRECTOR	10 0	X						0	0	0
BRIAN MCLEOD DIRECTOR	3 0	X						0	0	0
RICHARD A REIF DIRECTOR - PRES/CEO (7/1-1/31)	55 0	X		X				468,135	171,642	41,069
DENNIS WALSH DIRECTOR	3 0	X						0	0	0
DAVID WERRETT DIRECTOR	3 0	X						0	0	0
ELEANOR WILSON RN MSN MHA DIRECTOR - VP/COO	55 0	X		X				330,949	0	42,466
DANIEL L UPTON CHIEF FINANCIAL OFFICER	55 0			X				319,266	0	201,633
RICHARD LANG VP INFORMATION MANAGEMENT	55 0			X				238,223	0	94,728
BARBARA A HEBEL VP HUMAN RESOURCES	55 0			X				226,879	0	73,228
LINDA A FELT VP DEVELOPMENT	55 0			X				188,371	0	14,324

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CATHLEEN Q STEWART EXECUTIVE DIRECTOR PINE RUN	55 0				X			211,358	0	40,398
LOUIS IOBBI DIRECTOR PHARMACY	55 0				X			157,252	0	17,430
JOHN M MITCHELL DIRECTOR HEART CENTER	55 0					X		206,291	0	24,366
STEVEN DAY JR DIRECTOR OF RISK SERVICES	55 0					X		195,313	0	17,430
ELIZABETH SEEBER CHIEF ACCOUNTING OFFICER	55 0					X		153,472	0	22,166
KENNETH COBURN CEO - HEALTH QUALITY PARTNERS	55 0					X		150,010	0	4,443
PATRICIA A STOVER EXECUTIVE DIRECTOR - NURSING	55 0					X		149,433	0	22,529

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	**Employer identification number**
DOYLESTOWN HOSPITAL	23-1352174

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		24,587
j	Total Add lines 1c through 1i			24,587
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITIES	SCHEDULE C, PART II-B, LINE 1I	THE ORGANIZATION IS A MEMBER OF THE HOSPITAL AND HEALTHSYSTEM ASSOCIATION OF PENNSYLVANIA WHICH ENGAGES IN LOBBYING EFFORTS ON BEHALF OF THEIR MEMBER HOSPITALS A PORTION OF THE DUES PAID TO THIS ORGANIZATION HAS BEEN ALLOCATED TO LOBBYING ACTIVITES PERFORMED ON BEHALF OF THE ORGANIZATION THIS ALLOCATION AMOUNTED TO $24,587 DURING THE FISCAL YEAR ENDED JUNE 30, 2013

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,276,375		15,276,375
b Buildings		142,821,909	48,064,344	94,757,565
c Leasehold improvements		21,771,190	13,125,867	8,645,323
d Equipment		192,998,523	142,709,358	50,289,165
e Other		2,712,645		2,712,645
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				171,681,073

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) LIMITED USE	49,451	F
(2) USE	56,967,658	F
(3) DEBT SERVICE FUND RESERVE FUND		F
(4) LIMITED USE	6,031,251	F
(5) CONSTRUCTION FUND, LIMITED USE	247,130	F
(6) ORGANIZATION	14,535,724	F
(7) INVESTMENTS IN OTHER ENTITIES	886,401	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	78,717,615	

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
PAYOR SETTLEMENTS	1,038,537
OTHER LIABILITIES	2,434,330
DUE TO AFFILIATED ENTITIES	333,860
INTEREST RATE SWAPS	9,998,394
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	13,805,121

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	267,727,359
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,339,498		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	2,339,498
3	Subtract line **2e** from line **1**			3	265,387,861
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	160,375		
b	Other (Describe in Part XIII)	4b	26,169		
c	Add lines **4a** and **4b**			4c	186,544
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	265,574,405

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

1	Total expenses and losses per audited financial statements			1	249,392,482
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	249,392,482
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	160,375		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	160,375
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	249,552,857

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE YEARS ENDED JUNE 30, 2013 AND JUNE 30, 2012, RESPECTIVELY THE FOLLOWING IS THE TEXT OF THE FOOTNOTE INCLUDED IN THE ORGANIZATION'S YEAR ENDED JUNE 30, 2013 AUDITED FINANCIAL STATEMENTS THAT REPORTS THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48 A TAX POSITION IS RECOGNIZED OR DERECOGNIZED BY THE CORPORATION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE CORPORATION DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE MATERIAL UNCERTAIN TAX POSITIONS
RECONCILIATION OF REV PER AUDITED FINANCIAL STATMENTS WITH REV PER RETURN	SCHEDULE D, PART XI, LINE 4B	AMOUNTS INCLUDED ON FORM 990, PART VII, LINE 12, BUT NOT INCLUDED ON LINE 1 - TEMPORARILY RESTRICTED CONTRIBUTIONS, $26,169

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 0 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,650,411	0	2,650,411	1 060 %
b Medicaid (from Worksheet 3, column a)			8,668,488	4,823,550	3,844,938	1 540 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			11,318,899	4,823,550	6,495,349	2 600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,025,149	256,596	5,768,553	2 310 %
f Health professions education (from Worksheet 5)			908,732	0	908,732	0 360 %
g Subsidized health services (from Worksheet 6)			15,254,067	14,702,638	551,429	0 220 %
h Research (from Worksheet 7)			871,690	602,027	269,663	0 110 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			111,834	270	111,564	0 040 %
j **Total.** Other Benefits			23,171,472	15,561,531	7,609,941	3 040 %
k **Total.** Add lines 7d and 7j			34,490,371	20,385,081	14,105,290	5 640 %

Part II **Community Building Activities** Complete this if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,194,302		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	919,894		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	62,414,220		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	65,194,492		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-2,780,272		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 DOYLESTOWN RADIOLOGY				
2 GROUP LP	RADIOLOGY SERVICES	51 000 %		49 000 %
3 DOYLESTOWN PET				
4 ASSOCIATES LLC	MEDICAL SERVICES	49 000 %		51 000 %
5 PAVILION I MOB LLC	MEDICAL OFFICE BUILDING	23 300 %	5 000 %	35 010 %
6 PAVILION II MOB LLC	MEDICAL OFFICE BUILDING	25 500 %		
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

	Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	DOYLESTOWN HOSPITAL 595 WEST STATE STREET DOYLESTOWN,PA 18901 WWW DH ORG	X	X					X			1

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or facility reporting group DOYLESTOWN HOSPITAL

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website			
b	☑ Available upon request from the hospital facility			
c	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☐ State regulation			
h ☑ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**17**	Yes	
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- **d** ☑ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☑ Other (describe in Part VI)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?
4

	Name and address	Type of Facility (describe)
1	PINE RUN COMMUNITY 777 FERRY ROAD DOYLESTOWN,PA 18901	SENIOR LIVING - INDEPENDENT NURSING HOME, ASSISTED LIVING
2	DOYLESTOWN HOSPITAL SURGERY CENTER 847 EASTON ROAD SUITE 1400 WARRINGTON,PA 18974	OUTPATIENT SURGERY CENTER
3	DOYLESTOWN RADIOLOGY GROUP LP 1240 OLD YORK ROAD WARMINSTER,PA 18974	MRI SCANS
4	DH HEALTH & WELLNESS CENTER INC 847 EASTON ROAD WARRINGTON,PA 18976	WELLNESS CENTER & DIAGNOSTIC HOSPITAL STUDIES
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
FINANCIAL ASSISTANCE ELIGIBILITY	SCHEDULE H, PART I, LINE 3C	THE MISSION OF DOYLESTOWN HOSPITAL IS TO PROVIDE A RESPONSIVE, HEALING ENVIRONMENT FOR OUR PATIENTS AND THEIR FAMILIES, AND TO IMPROVE THE QUALITY OF LIFE FOR ALL MEMBERS OF OUR COMMUNITY PROVIDING HEALTHCARE FOR ALL COMMUNITY MEMBERS WAS ONE OF THE PRINCIPLE GOALS OF THE VILLAGE IMPROVEMENT ASSOCIATION (V I A), THE WOMEN'S CLUB THAT FOUNDED DOYLESTOWN HOSPITAL THE V I A TRADITION OF ENSURING ACCESS TO HEALTHCARE FOR ALL COMMUNITY MEMBERS CONTINUES TODAY PATIENTS SHOULD NEVER AVOID SEEKING CARE BECAUSE THEY THINK THEY CANNOT AFFORD IT DOYLESTOWN HOSPITAL HONORS THE V I A 'S ORIGINAL PROMISE TODAY FOR ALL PATIENTS, REGARDLESS OF ABILITY TO PAY TO HELP THOSE WHO ARE UNISURED OR UNDERINSURED, DOYLESTOWN HOSPITAL OFFERS THE HEALTHCARE FINANCIAL ASSISTANCE PROGRAM THIS PROGRAM OFFERS A VARIETY OF ASSISTANCE, COUNSELING AND FINANCING OPTIONS TO HELP EASE THE WORRY ABOUT HEALTHCARE COSTS EVEN FOR PATIENTS WHO DO NOT QUALIFY FOR FREE HEALTHCARE SERVICES, DOYLESTOWN HOSPITAL PROVIDES OPTIONS TO HELP WITH HEALTHCARE COSTS IN THESE SITUATIONS, FINANCIAL COUNSELORS HELP TO DETERMINE THE AVAILABLE OPTIONS (FINANCING, SLIDING SCALE AND CHARITY CARE ALLOWANCES TO REDUCE THE PATIENT BALANCE) A VARIETY OF FACTORS AND CRITERIA ARE CONSIDERED - PATIENT/GUARANTOR HAS NO GOVERNMENTAL OR PRIVATE INSURANCE COVERAGE FOR MEDICALLY NECESSARY SERVICES - PATIENT/GUARANTOR HAS EXHAUSTED ANY INSURANCE BENEFITS AND HAS BECOME MEDICALLY INDIGENT - CIRCUMSTANCES HAVE CHANGED THAT CASUED THE PATIENT/GUARANTOR TO NO LONGER HAVE THE MEANS TO PAY AN EXISTING LIABILITY, EITHER CURRENT OR DELINQUENT - SLIDING SCALE FINANCIAL ASSISTANCE DISCOUNTS ARE PROVIDED BASED ON FAMILY SIZE, INCOME LEVEL, BALANCE DUE IN PROPORTION TO INCOME AFTER RECONCILIATION WITH PUBLIC OR PRIVATE INSURERS - PATIENTS WITH FAMILY INCOME AT OR BELOW 100% OF THE PUBLISHED POVERTY GUIDELINES ARE SCREENED FOR ELIGIBILITY FOR MEDICAID BASED ON CURRENT STATE ELIGIBILITY CRITERIA - PATIENTS WHOSE FAMILY INCOME IS BETWEEN 100% AND 200% OF THE PUBLISHED POVERTY GUIDELINES WILL HAVE BALANCES REDUCED FOR FULL FINANCIAL ASSISTANCE (FREE CARE) - PATIENTS WHOSE FAMILY INCOME FALLS BETWEEN 201% AND 1000% OF THE PUBLISHED FEDERAL POVERTY GUIDELINES WILL BE ELIGIBLE FOR DISCOUNTED SERVICE ACCORDING TO ANNUAL SLIDING SCALE DISCOUNT MODEL - PATIENTS WHO APPEAR ELIGIBLE FOR CHARITY CARE BUT FOR WHOM THERE IS NO FINANCIAL ASSISTANCE FORM ON FILE DUE TO A LACK OF SUPPORTING DOCUMENTATION MAY BE GRANTED UP TO 100% WRITE-OFF OF THE ACCOUNT BALANCE PRESUMPTIVE ELIGIBILITY MAY BE DETERMINED THROUGH THE USE OF AN OUTSIDE SERVICE PROVIDING A HEALTHCARE CREDIT REPORT PESUMPTIVE ELIGIBILITY MAY ALSO BE DETERMINED ON THE BASIS OF INDIVIDUAL LIFE CIRCUMSTANCES THAT MAY INCLUDE STATE FUNDED PRESCRIPTION PROGRAMS, HOMELESS OR RECEIVING CARE FROM A HOMELESS CLINIC, PARTICIPATION IN WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM, FOOD STAMP ELIGIBILITY, SUBSIDIZED SCHOOL LUNCH PROGRAM, ELIGIBILITY FOR OTHER STATE OR LOCAL ASSISTANCE PROGRAMS THAT ARE UNFUNDED, LOW INCOME/SUBSIDIZED HOUSING IS PROVIDED AS VALID ADDRESS, PATIENT IS DECEASED WITH NO KNOWN ESTATE, ELIGIBILITY FOR ANN SILVERMAN COMMUNITY HEALTH CLINIC FREE HEALTHCARE - UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A SELF-PAY DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY THE SELF-PAY DISCOUNT ENSURES THE PATIENT RESPONSIBILITY APPROXIMATES THE AMOUNTS GENERALLY BILLED TO PATIENTS WITH INSURANCE (IN ACCORDANCE WITH THE AFFORDABLE CARE ACT AND IRS GUIDELINES AS DOCUMENTED IN INTERNAL REVENUE CODE 501(R)) ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED, IN ACCORDANCE WITH THE FINANCIAL ASSISTANCE POLICY FINANCIAL COUNSELING IS OFFERED AT THE TIME OF SERVICE, IF POSSIBLE, AND ALL UNINSURED PATIENTS RECEIVE INFORMATION REGARDING THE FINANCIAL ASSISTANCE PROGRAM UNINSURED DISCOUNTS AND SLIDING SCALE ALLOWANCES ARE GRANTED AS APPROPRIATE, AT THE TIME OF SERVICE, OR AFTERWARD THE ORGANIZATION PREPARES AND ISSUES AUDITED FINANCIAL STATEMENTS THE ATTACHED TEXT WAS OBTAINED FROM THE FOOTNOTES TO THE AUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION CHARITY CARE THE CORPORATION PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES UNREIMBURSED CHARGES FROM MEDICAL ASSISTANCE PROGRAMS ON BEHALF OF PATIENTS THAT MEET THE HOSPITAL'S CHARITY CARE CRITERIA ARE ALSO CONSIDERED CHARITY CARE THE HOSPITAL DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, AND ESTABLISHES RESERVES FOR THESE AMOUNTS ACCORDINGLY, SUCH AMOUNTS ARE NOT REPORTED AS REVENUE IN THE ACCOMPANYING CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS THE AMOUNT OF CHARGES FOREGONE FOR SERVICES AND SUPPLIES FURNISHED UNDER THE HOSPITAL'S CHARITY CARE POLICY ARE SUMMARIZED IN THE FOLLOWING TABLE YEAR ENDED JUNE 30, 2013 2012 UNREIMBURSED CHARGES FROM MEDICAL ASSISTANCE PROGRAMS $4,631,956 $ 5,208,201 FREE CARE AND FINANCIAL ASSISTANCE 2,650,411 2,705,387 ---------- ---------- $7,282,367 $ 7,913,588
COMMUNITY BENEFIT REPORT	SCHEDULE H, PART I, LINE 6A	PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT

Identifier	ReturnReference	Explanation
FINANCIAL ASSISTANCE AND CERTAIN OTHER COMMUNITY BENEFITS AT COST	SCHEDULE H, PART I, LINE 7	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART VIII, SECTION 2A, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $3,674,766 COMMUNITY BENEFIT AMOUNTS WERE CALCULATED USING A COST ACCOUNTING SYSTEM NO COSTS RELATING TO SUBSIDIZED HEALTHCARE SERVICES ARE ATTRIBUTABLE TO ANY PHYSICIAN CLINICS OR PRACTICES
COMMUNITY BUILDING ACTIVITIES	SCHEDULE H, PART II	COMMUNITY BUILDING IS AT THE CORE OF DOYLESTOWN HOSPITAL'S MISSION IT IS THE ONLY HOSPITAL IN THE U S OWNED AND OPERATED BY A WOMEN'S CLUB, THE VILLAGE IMPROVEMENT ASSOCIATION THROUGHOUT ITS MORE THAN 100-YEAR HISTORY, THE V I A HAS BEEN A LEADER IN COMMUNITY ADVOCACY THE GROUP FOUNDED DOYLESTOWN HOSPITAL IN 1923 IN RECENT YEARS, DOYLESTOWN HOSPITAL, ALONG WITH MEMBERS OF ITS MEDICAL STAFF, ESTABLISHED THE ANN SILVERMAN COMMUNITY HEALTH CLINIC TO SERVE THE NEEDS OF THE UNINSURED IN OUR COMMUNITY MORE THAN 11,000 PATIENT ENCOUNTERS WERE GRANTED FINANCIAL ASSISTANCE DURING FY 2012 DOYLESTOWN HOSPITAL IS ACTIVELY ENGAGED WITH MANY COMMUNITY ORGANIZATIONS THAT PROMOTE THE HEALTH AND WELL BEING OF THE POPULATION, FROM BIRTH TO DEATH HOSPITAL EMPLOYEES ARE ENCOURAGED TO VOLUNTEER IN THEIR NEIGHBORHOODS THE HOSPITAL ALSO PROVIDES EDUCATIONAL MATERIALS, CONDUCTS COMMUNITY HEALTH FAIRS AND HOLDS HEALTH EDUCATION PROGRAMS AND OUTREACH SESSIONS FOR PATIENTS AND MEMBERS OF THE COMMUNITY AS A WHOLE PRESENTATIONS ARE PROVIDED BY PHYSICIANS, NURSES AND OTHER HEALTH CARE PROFESSIONALS

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	SCHEDULE H, PART III, LINE 4	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS' BAD DEBT EXPENSE FROM THE FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES, AND NET OF ACCOUNTS SUBSEQUENTLY IDENTIFIED FOR PRESUMPTIVE ELIGIBILITY FOR FREE CARE
MEDICARE SHORTFALL	SCHEDULE H, PART III, LINE 8	MEDICARE COSTS WERE DERIVED USING THE HOSPITAL'S COST ACCOUNTING SYSTEM THE ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBTS ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS SHOULD BE INCLUDED ON THE FORM 990, SCHEDULE H, PART I AS OUTLINED MORE FULLY BELOW, THE ORGANIZATION BELIEVES THAT THESE SERVICES AND RELATED COSTS PROMOTE THE HEALTH OF THE COMMUNITY AS A WHOLE AND ARE RENDERED IN CONJUNCTION WITH THE ORGANIZATION'S CHARITABLE TAX-EXEMPT PURPOSES AND MISSION IN PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUAL'S IN A NON-DISCRIMINATORY MANNER WITHOUT REGARD TO RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY, AND CONSISTENT WITH THE COMMUNITY BENEFIT STANDARD PROMULGATED BY THE IRS THE COMMUNITY BENEFIT STANDARD IS THE CURRENT STANDARD FOR A HOSPITAL FOR RECOGNITION AS A TAX-EXEMPT AND CHARITABLE ORGANIZATION UNDER INTERNAL REVENUE CODE ("IRC") 501(C)(3) THE ORGANIZATION IS RECOGNIZED AS A TAX-EXEMPT ENTITY AND CHARITABLE ORGANIZATION UNDER 501(C)(3) OF THE IRC ALTHOUGH THERE IS NO DEFINITION IN THE TAX CODE FOR THE TERM "CHARITABLE", A REGULATION PROMULGATED BY THE DEPARTMENT OF THE TREASURY PROVIDES SOME GUIDANCE AND STATES THAT "THE TERM CHARITABLE IS USED IN SECTION 501(C)(3) IN ITS GENERALLY ACCEPTED LEGAL SENSE," AND PROVIDES EXAMPLES OF CHARITABLE PURPOSES, INCLUDING THE RELIEF OF THE POOR OR UNPRIVILEGED, THE PROMOTION OF SOCIAL WELFARE, AND THE ADVANCEMENT OF EDUCATION, RELIGION, AND SCIENCE NOTE IT DOES NOT EXPLICITLY ADDRESS THE ACTIVITIES OF HOSPITALS IN THE ABSENCE OF EXPLICIT STATUTORY OR REGULATORY REQUIREMENTS APPLYING THE TERM "CHARITABLE" TO HOSPITALS, IT HAS BEEN LEFT TO THE IRS TO DETERMINE THE CRITERIA HOSPITALS MUST MEET TO QUALIFY AS IRC 501(C)(3) CHARITABLE ORGANIZATIONS THE ORIGINAL STANDARD WAS KNOWN AS THE CHARITY CARE STANDARD THIS STANDARD WAS REPLACED BY THE IRS WITH THE COMMUNITY BENEFIT STANDARD WHICH IS THE CURRENT STANDARD CHARITY CARE STANDARD IN 1956, THE IRS ISSUED REVENUE RULING 56-185, WHICH ADDRESSED THE REQUIREMENTS HOSPITALS NEEDED TO MEET IN ORDER TO QUALIFY FOR IRC 501(C)(3) STATUS ONE OF THESE REQUIREMENTS IS KNOWN AS THE "CHARITY CARE STANDARD " UNDER THE STANDARD, A HOSPITAL HAD TO PROVIDE, TO THE EXTENT OF ITS FINANCIAL ABILITY, FREE OR REDUCED-COST CARE TO PATIENTS UNABLE TO PAY FOR IT A HOSPITAL THAT EXPECTED FULL PAYMENT DID NOT, ACCORDING TO THE RULING, PROVIDE CHARITY CARE BASED ON THE FACT THAT SOME PATIENTS ULTIMATELY FAILED TO PAY THE RULING EMPHASIZED THAT A LOW LEVEL OF CHARITY CARE DID NOT NECESSARILY MEAN THAT A HOSPITAL HAD FAILED TO MEET THE REQUIREMENT SINCE THAT LEVEL COULD REFLECT ITS FINANCIAL ABILITY TO PROVIDE SUCH CARE THE RULING ALSO NOTED THAT PUBLICLY SUPPORTED COMMUNITY HOSPITALS WOULD NORMALLY QUALIFY AS CHARITABLE ORGANIZATIONS BECAUSE THEY SERVE THE ENTIRE COMMUNITY, AND A LOW LEVEL OF CHARITY CARE WOULD NOT AFFECT A HOSPITAL'S EXEMPT STATUS IF IT WAS DUE TO THE SURROUNDING COMMUNITY'S LACK OF CHARITABLE DEMANDS COMMUNITY BENEFIT STANDARD IN 1969, THE IRS ISSUED REVENUE RULING 69-545, WHICH "REMOVE[D]" FROM REVENUE RULING 56-185 "THE REQUIREMENTS RELATING TO CARING FOR PATIENTS WITHOUT CHARGE OR AT RATES BELOW COST " UNDER THE STANDARD DEVELOPED IN REVENUE RULING 69-545, WHICH IS KNOWN AS THE "COMMUNITY BENEFIT STANDARD," HOSPITALS ARE JUDGED ON WHETHER THEY PROMOTE THE HEALTH OF A BROAD CLASS OF INDIVIDUALS IN THE COMMUNITY THE RULING INVOLVED A HOSPITAL THAT ONLY ADMITTED INDIVIDUALS WHO COULD PAY FOR THE SERVICES (BY THEMSELVES, PRIVATE INSURANCE, OR PUBLIC PROGRAMS SUCH AS MEDICARE), BUT OPERATED A FULL-TIME EMERGENCY ROOM THAT WAS OPEN TO EVERYONE THE IRS RULED THAT THE HOSPITAL QUALIFIED AS A CHARITABLE ORGANIZATION BECAUSE IT PROMOTED THE HEALTH OF PEOPLE IN ITS COMMUNITY THE IRS REASONED THAT BECAUSE THE PROMOTION OF HEALTH WAS A CHARITABLE PURPOSE ACCORDING TO THE GENERAL LAW OF CHARITY, IT FELL WITHIN THE "GENERALLY ACCEPTED LEGAL SENSE" OF THE TERM "CHARITABLE," AS REQUIRED BY TREAS REG 1 501(C)(3)-1(D)(2) THE IRS RULING STATED THAT THE PROMOTION OF HEALTH, LIKE THE RELIEF OF POVERTY AND THE ADVANCEMENT OF EDUCATION AND RELIGION, IS ONE OF THE PURPOSES IN THE GENERAL LAW OF CHARITY THAT IS DEEMED BENEFICIAL TO THE COMMUNITY AS A WHOLE, EVEN THOUGH THE CLASS OF BENEFICIARIES ELIGIBLE TO RECEIVE A DIRECT BENEFIT FROM ITS ACTIVITIES DOES NOT INCLUDE ALL MEMBERS OF THE COMMUNITY, SUCH AS INDIGENT MEMBERS OF THE COMMUNITY, PROVIDED THAT THE CLASS IS NOT SO SMALL THAT ITS RELIEF IS NOT OF BENEFIT TO THE COMMUNITY THE IRS CONCLUDED THAT THE HOSPITAL WAS "PROMOTING THE HEALTH OF A CLASS OF PERSONS THAT IS BROAD ENOUGH TO BENEFIT THE COMMUNITY" BECAUSE ITS EMERGENCY ROOM WAS OPEN TO ALL, AND IT PROVIDED CARE TO EVERYONE WHO COULD PAY, WHETHER DIRECTLY OR THROUGH THIRD-PARTY REIMBURSEMENT OTHER CHARACTERISTICS OF THE HOSPITAL THAT THE IRS HIGHLIGHTED INCLUDED THE FOLLOWING ITS SURPLUS FUNDS WERE USED TO IMPROVE PATIENT CARE, EXPAND HOSPITAL FACILITIES, AND ADVANCE MEDICAL TRAINING, EDUCATION, AND RESEARCH, IT WAS CONTROLLED BY A BOARD OF TRUSTEES THAT CONSISTED OF INDEPENDENT CIVIC LEADERS, AND HOSPITAL MEDICAL STAFF PRIVILEGES WERE AVAILABLE TO ALL QUALIFIED PHYSICIANS THIS ORGANIZATION BELIEVES THAT MEDICARE UNDERPAYMENTS AND BAD DEBT ARE COMMUNITY BENEFIT AND ASSOCIATED COSTS ARE INCLUDBALE ON THE FORM 990, SCHEUDLE H, PART I THE AMERICAN HOSPITAL ASSOCIATION ("AHA") BELIEVES THAT MEDICARE UNDERPAYMENTS (SHORTFALL) AND BAD DEBT ARE COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I THIS ORGANIZATION AGREES WITH THE AHA POSITION AS OUTLINED IN THE AHA LETTER TO THE IRS DATED AUGUST 21, 2007 WITH RESPECT TO THE FIRST PUBLISHED DRAFT OF THE NEW FORM 990 AND SCHEDULE H, THE AHA FELT THAT THE IRS SHOULD INCORPORATE THE FULL VALUE OF THE COMMUNITY BENEFIT THAT HOSPITALS PROVIDE BY COUNTING MEDICARE UNDERPAYMENTS (SHORTFALL) AS QUANTIFIABLE COMMUNITY BENEFIT FOR THE FOLLOWING REASONS - PROVIDING CARE FOR THE ELDERLY AND SERVING MEDICARE PATIENTS IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD - MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE RECENTLY, MEDICARE REIMBURSES HOSPITALS ONLY 92 CENTS FOR EVERY DOLLAR THEY SPEND TO TAKE CARE OF MEDICARE PATIENTS THE MEDICARE PAYMENT ADVISORY COMMISSION ("MEDPAC") IN ITS MARCH 2007 REPORT TO CONGRESS CAUTIONED THAT UNDERPAYMENT WILL GET EVEN WORSE, WITH MARGINS REACHING A 10-YEAR LOW AT NEGATIVE 5 4% - MANY MEDICARE BENEFICIARIES, LIKE THEIR MEDICAID COUNTERPARTS, ARE POOR MORE THAN 46 PERCENT OF MEDICARE SPENDING IS FOR BENEFICIARIES WHOSE INCOME IS BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL MANY OF THOSE MEDICARE BENEFICIARIES ARE ALSO ELIGIBLE FOR MEDICAID -- SO CALLED "DUAL ELIGIBLES " THERE IS EVERY COMPELLING PUBLIC POLICY REASON TO TREAT MEDICARE AND MEDICAID UNDERPAYMENTS SIMILARLY FOR PURPOSES OF A HOSPITAL'S COMMUNITY BENEFIT AND TO INCLUDE THESE COSTS ON FORM 990, SCHEDULE H, PART I MEDICARE UNDERPAYMENT MUST BE SHOULDERED BY THE HOSPITAL IN ORDER TO CONTINUE TREATING THE COMMUNITY'S ELDERLY AND POOR THESE UNDERPAYMENTS REPRESENT A REAL COST OF SERVING THE COMMUNITY AND SHOULD COUNT AS A QUANTIFIABLE COMMUNITY BENEFIT BOTH THE AHA AND THIS ORGANIZATION ALSO BELIEVE THAT PATIENT BAD DEBT IS A COMMUNITY BENEFIT AND THUS INCLUDABLE ON THE FORM 990, SCHEDULE H, PART I LIKE MEDICARE UNDERPAYMENT (SHORTFALLS), THERE ALSO ARE COMPELLING REASONS THAT PATIENT BAD DEBT SHOULD BE COUNTED AS QUANTIFIABLE COMMUNITY BENEFIT AS FOLLOWS - A SIGNIFICANT MAJORITY OF BAD DEBT IS ATTRIBUTABLE TO LOW-INCOME PATIENTS, WHO, FOR MANY REASONS, DECLINE TO COMPLETE THE FORMS REQUIRED TO ESTABLISH ELIGIBILITY FOR THE HOSPITAL'S CHARITY CARE OR FINANCIAL ASSISTANCE PROGRAMS A 2006 CONGRESSIONAL BUDGET OFFICE ("CBO") REPORT, NONPROFIT HOSPITALS AND THE PROVISION OF COMMUNITY BENEFITS, CITED TWO STUDIES INDICATING THAT "THE GREAT MAJORITY OF BAD DEBT WAS ATTRIBUTABLE TO PATIENTS WITH INCOMES BELOW 200% OF THE FEDERAL POVERTY LINE " - THE REPORT ALSO NOTED THAT A SUBSTANTIAL PORTION OF BAD DEBT IS PENDING CHARITY CARE UNLIKE BAD DEBT IN OTHER INDUSTRIES, HOSPITAL BAD DEBT IS COMPLICATED BY THE FACT THAT HOSPITALS FOLLOW THEIR MISSION TO THE COMMUNITY AND TREAT EVERY PATIENT THAT COMES THROUGH THEIR EMERGENCY DEPARTMENT, REGARDLESS OF ABILITY TO PAY PATIENTS WHO HAVE OUTSTANDING HOSPITAL INVOICES ARE NOT TURNED AWAY, UNLIKE OTHER INDUSTRIES BAD DEBT IS FURTHER COMPLICATED BY THE AUDITING INDUSTRY'S STANDARDS ON REPORTING CHARITY CARE MANY PATIENTS CANNOT OR DO NOT PROVIDE THE NECESSARY, EXTENSIVE DOCUMENTATION REQUIRED TO BE DEEMED CHARITY CARE BY AUDITORS AS A RESULT, ROUGHLY 40% OF BAD DEBT IS PENDING CHARITY CARE - THE CBO CONCLUDED THAT ITS FINDINGS "SUPPORT THE VALIDITY OF THE USE OF UNCOMPENSATED CARE [BAD DEBT AND CHARITY CARE] AS A MEASURE OF COMMUNITY BENEFITS" ASSUMING THE FINDINGS ARE GENERALIZABLE NATIONWIDE, THE EXPERIENCE OF HOSPITALS AROUND THE NATION REINFORCES THA

Identifier	ReturnReference	Explanation
DEBT COLLECTION POLICY	SCHEDULE H, PART III, LINE 9B	ACCOUNTS CONSIDERED TO BE CHARITY CARE ARE NOT INCLUDED IN THE BAD DEBT EXPENSE, BUT RATHER, ACCOUNTED FOR AS AN ALLOWANCE IT IS THE POLICY OF DOYLESTOWN HOSPITAL AND ITS RELATED ENTITIES TO TREAT ALL PATIENTS EQUALLY REGARDLESS OF INSURANCE OR ABILITY TO PAY FOR ACCOUNTS DETERMINED TO BE 'SELF-PAY" AND/OR ACCOUNTS WITH BALANCES AFTER PRIMARY INSURANCE PAYMENTS, THE COLLECTION POLICY REQUIRES REASONABLE AND CUSTOMARY EFFORTS TO COLLECT PATIENT BALANCES, INCLUDING CONTACT BY TELEPHONE, LETTER AND/OR ACCOUNT STATEMENTS NO LESS THAN 90 DAYS FROM THE FIRST BILLING NOTICE SENT TO A PATIENT, POTENTIAL BAD DEBT ACCOUNTS ARE REVIEWED BY AN ACCOUNT REPRESENTATIVE, AND A PRE-COLLECTION LETTER/FINAL NOTICE IS MAILED TO THE PATIENT/GUARANTOR AS APPROPRIATE AFTER 15 DAYS, ANY ACCOUNTS OVER $15 WITH NO RESPONSE ARE PLACED WITH A CONTRACTED OUTSIDE COLLECTION AGENCY THE FACILITY ALSO HAS A FINANCIAL ASSISTANCE POLICY TO ASSURE PATIENTS ARE PROVIDED WITH CHARITY CARE ASSISTANCE DETERMINED BY STATE AND FEDERAL REGULATIONS IT IS THE POLICY TO INFORM ALL PATIENTS DEEMED SELF-PAY OF THE APPROPRIATE ASSISTANCE PROGRAMS AVAILABLE THIS IS ACCOMPLISHED THROUGH SIGNAGE, NOTICES ON PATIENT STATEMENTS, AND FINANCIAL COUNSELING PATIENTS APPLYING FOR CHARITY CARE ASSISTANCE WILL BE FINANCIALLY SCREENED BY A FINANCIAL COUNSELOR TO DETERMINE ELIGIBILITY ACCORDING TO STATE AND FEDERAL GUIDELINES AND WILL BE INFORMED OF DOCUMENTATION NEEDED TO COMPLETE A CHARITY CARE APPLICATION QUALIFIED PATIENTS WILL BE REFERRED TO ALL APPROPRIATE AGENCIES OR PROGRAMS TO MEET OTHER FINANCIAL NEEDS PATIENTS NOT ELIGIBLE FOR CHARITY CARE WILL BE PROVIDED WITH INFORMATION REGARDING OTHER OPTIONS UNINSURED PATIENTS IDENTIFIED AS QUALIFYING FOR DISCOUNTED CHARGES FOR MEDICALLY NECESSARY SERVICES WILL BE GRANTED A 50% UNINSURED DISCOUNT FROM TOTAL CHARGES IF NOT COVERED BY A THIRD PARTY ADDITIONAL DISCOUNTS MAY BE APPLIED FOR UNDERINSURED PATIENTS AFTER APPLICABLE INSURANCE PAYMENTS AND CO-PAYMENTS ARE RECEIVED AT THE TIME OF THE PATIENT VISIT AND AS PART OF THE REGISTRATION PROCESS AT THE FACILITY, THE FOLLOWING OPTIONS ARE MADE AVAILABLE TO PATIENTS - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR MEDICAL ASSISTANCE INCLUDING MEDICAID AND SUPPLEMENTAL SECURITY INCOME - FINANCIAL COUNSELING FOR POSSIBLE ELIGIBILITY FOR THE DOYLESTOWN HOSPITAL FINANCIAL ASSISTANCE PROGRAM - CASH, CHECK, CREDIT CARD - PROMPT PAY DISCOUNTS - INTEREST-FREE PAYMENT PLANS
FACILITY POLICIES AND PRACTICES	SCHEDULE H, PART V, SECTION B	REFER TO ABOVE SECTION FOR DESCRIPTION OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	SCHEDULE H, PART VI, QUESTION 2	DURING FY 2013, DOYLESTOWN HOSPITAL COMPLETED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN COLLABORATION WITH THE BUCKS COUNTY HEALTH IMPROVEMENT INITIATIVE AND THE HOSPITAL ASSOCIATION OF PENNSYLVANIA A FULL COPY OF THE ASSESSMENT IS AVAILABLE ON THE HOSPITAL WEBSITE WWW DH ORG/COMMUNITY IN ADDITION, THE DOYLESTOWN HOSPITAL AND DOYLESTOWN HEALTH FOUNDATION BOARDS ADOPTED A CHNA IMPLEMENTATION PLAN IN SEPTEMBER 2013 A FULL COPY OF THE IMPLEMENTATION PLAN IS ALSO ATTACHED AS A ROUTINE, DOYLESTOWN HOSPITAL CONDUCTS REGULAR REVIEWS OF HEALTHCARE UTILIZATION IN ITS SERVICE AREA FOR BOTH CLINICAL QUALITY AND TO DETERMINE PATIENT PREFERENCES CURRENT DATA ON SERVICE LINE UTILIZATION (CARDIOLOGY, OBSTETRICS AND GYNECOLOGY, ORTHOPEDICS, ETC) IS USED TO FORECAST HEALTHCARE NEEDS, TO ESTIMATE PROJECTED INPATIENT AND OUTPATIENT ACTIVITY, AND TO PLAN FOR CAPITAL AND STAFF RESOURCES TO BETTER MEET THE NEEDS OF OUR PATIENTS REAL-TIME REVIEWS OF QUALITY INDICATORS HELP TO IMPROVE SYSTEMS AND PROCESSES PATIENT AND VISITOR FEEDBACK, ALONG WITH QUARTERLY REVIEWS OF PATIENT SATISFACTION AND EXPERIENCE SURVEYS FOR EACH UNIT OF THE HOSPITAL, ARE INSTRUMENTAL IN PROCESS AND QUALITY IMPROVEMENT INITIATIVES EVERY TWO YEARS, DOYLESTOWN HOSPITAL CONDUCTS A SURVEY OF COMMUNITY MEMBERS, MEDICAL STAFF AND HOSPITAL BOARD MEMBERS AS PART OF ITS MEDICAL STAFF DEVELOPMENT PLAN RESPONSES TO THE SURVEY ARE THE BASIS FOR IDENTIFYING GAPS IN SPECIALIST AND/OR PRIMARY CARE MEDICAL SERVICES THE SURVEYS HELP GUIDE THE MEDICAL STAFF DEVELOPMENT COMMITTEE IN REVIEWING APPLICATIONS FOR MEMBERSHIP, AND DIRECT RECRUITING EFFORTS FOR SPECIALTIES IDENTIFIED BY THE SURVEY RESPONDENTS IN ADDITION, DOYLESTOWN HOSPITAL COOPERATES CLOSELY WITH THE BUCKS COUNTY DEPARTMENT OF HEALTH AND COMMUNITY PHYSICIANS TO MONITOR THE HEALTH NEEDS OF THE POPULATION AMONG THE MANY COMMUNITY HEALTH ORGANIZATIONS THE HOSPITAL WORKS WITH AND SUPPORTS IS THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP, A COLLABORATION OF THE SEVEN HOSPITALS IN BUCKS COUNTY, ALONG WITH THE COUNTY HEALTH DEPARTMENT, BUCKS COUNTY MEDICAL SOCIETY, CENTRAL BUCKS SCHOOL DISTRICT AND BUCKS COUNTY AREA AGENCY ON AGING DOYLESTOWN HOSPITAL WAS A FOUNDING MEMBER OF THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	SCHEDULE H, PART VI, QUESTION 3	CHARITY CARE SIGNS ARE POSTED THROUGHOUT THE FACILITY, MAINLY IN PATIENT REGISTRATION AREAS SIGNS ARE POSTED IN BOTH ENGLISH AND SPANISH ALL PATIENTS DEEMED SELF-PAY ARE SCREENED FOR FINANCIAL ASSISTANCE BY A FINANCIAL COUNSELOR ACCORDING TO THE FEDERAL POVERTY GUIDELINES, AND REFERRED TO APPROPRIATE AGENCIES OR PROGRAMS AS IDENTIFIED

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	SCHEDULE H, PART VI, QUESTION 4	DOYLESTOWN HOSPITAL SERVES A GEOGRAPHIC AREA THAT SPANS RURAL AND SUBURBAN TOWNSHIPS AND DENSELY POPULATED TOWNS IT IS SITUATED IN DOYLESTOWN TOWNSHIP, ON THE BORDER WITH DOYLESTOWN BOROUGH, THE BUCKS COUNTY SEAT OF GOVERNMENT BUCKS COUNTY IS AMONG THE MOST POPULATED AND FASTEST GROWING COUNTIES IN PENNSYLVANIA, WITH APPROXIMATELY 630,000 RESIDENTS THE POPULATION IS PREDOMINANTLY CAUCASIAN (90%) WITH THE REMAINING 10% DIVIDED APPROXIMATELY EQUALLY AMONG AFRICAN AMERICAN, ASIAN AND HISPANIC RESIDENTS ABOUT 5% OF FAMILIES WITH CHILDREN LIVE BELOW THE FEDERAL POVERTY LEVEL
PROMOTION OF COMMUNITY HEALTH	SCHEDULE H, PART VI, QUESTION 5	THE V I A HEALTH SYSTEM IS DEVOTED TO THE COMMUNITY IT SERVES AND SPONSORS AND COORDINATES MANY CHARITABLE AND HEALTH PROMOTION ACTIVITIES COMMUNITY OUTREACH PROGRAMS INCLUDE - PROVIDING SPACE FOR AMERICAN RED CROSS BLOOD DRIVES AND BI-MONTHLY PLATELET DONATIONS, - PARTICIPATION IN THE BUCKS COUNTY HEALTH IMPROVEMENT PARTNERSHIP (BCHIP), WHICH IS AN ADULT HEALTH CLINIC AVAILABLE TO PATIENTS THROUGHOUT THE COUNTY, - PARTICIPATION IN CB CARES, A COMMUNITY COALITION FOR YOUTH, OPERATION OF A DAY CARE CENTER, - SUPPORT OF THE ANN SILVERMAN COMMUNITY HEALTH CLINIC, - ROUTINE COMMUNITY EDUCATION PROGRAMS AND CLASSES, - MENTAL HEALTH SCREENINGS, - SPONSORSHIP OF WOMEN'S PROGRAMS AND EDUCATIONAL SCHOLARSHIPS, HOSPICE AND BEREAVEMENT PROGRAMS, - THE DOYLESTOWN CLINICAL NETWORK, - SPONSORSHIP OF COMMUNITY ORGANIZATIONS AND EVENTS, - THE VIAL OF LIFE PROGRAM AND - COMMUNITY ACCESS TO DH MEDICAL LIBRARY EDUCATIONAL PROGRAMS INCLUDE - LIFESTYLE, DRIVER SAFETY AND HEALTH LECTURES, - BREAST CANCER EDUCATION AND SUPPORT GROUPS, - PROSTATE CANCER SUPPORT GROUPS AND EDUCATION, - PREVENTION PROGRAMS FOR HIGH SCHOOL STUDENTS, - NUTRITION EDUCATION PROGRAMS, - STUDENT INTERNSHIP PROGRAMS FOR RADIOLOGY, EXERCISE PHYSIOLOGY, AND OTHER HEALTH SCIENCE/TECHNOLOGY FIELDS, - SMOKING CESSATION CLASSES, - ALZHEIMER'S CAREGIVER TRAINING, - MATERNITY AND PARENTING PROGRAMS INCLUDE WELL BABY EDUCATION, HEALTHY BEGINNINGS PROGRAM FOR PRENATAL HEALTH, BREASTFEEDING AND CHILDBIRTH CLASSES AND - CHILD DEVELOPMENT AND SIBLING AND GRANDPARENT CLASSES SCHOOL AGE ACTIVITIES INCLUDE - PARENTING AND BABYSITTING EDUCATION, - EMERGENCY DEPARTMENT CLINICS AND - SUPPORT FOR CB CARES FORTY ASSESTS PROJECT MORE THAN 25 SUPPORT GROUPS ARE PROVIDED FREE MEETING SPACE, AND HOSPITAL STAFF SERVE AS LEADERS FOR MANY OF THE GROUPS (E G , BEREAVEMENT, AUTISM, ALATEEN, LYME DISEASE, DIABETES) LEADERSHIP ACTIVITIES INCLUDE MANAGEMENT VOLUNTEERS WHO SERVE FOR VARIOUS COMMUNITY ORGANIZATIONS (E G , GILDA'S CLUB, DELAWARE VALLEY COLLEGE) TEACHING PROGRAMS SUPORT MEDICAL, NURSING, ALLIED HEALTH AND HOSPITAL MANAGEMENT PROGRAMS, SUPPORTING MORE THAN TWENTY COLLEGES AND UNIVERSITIES IN ADDITION, THE HOSPITAL CONDUCTS A NUMBER OF HEALTH SCREENINGS AND IMMUNIZATIONS THROUGHOUT THE YEAR FOR COMMUNITY MEMBERS EACH OF THESE PROGRAMS IS DESCRIBED MORE FULLY IN THE COMMUNITY BENEFIT STATEMENT IN SCHEDULE O THESE EFFORTS ARE NOT NECESSARILY PART OF THE PATIENT AND FAMILY EXPERIENCE DURING HOSPITAL ENCOUNTERS, BUT SERVE TO SUPPORT THE NEEDS FOR HEALTH AND GROWTH FOR INDIVIDUALS IN THE COMMUNITY

Identifier	ReturnReference	Explanation
AFFILIATED HEALTHCARE SYSTEM	SCHEDULE H, PART VI, QUESTION 6	NOT-FOR-PROFIT VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN ("THE V I A ") IS A NOT-FOR-PROFIT HOLDING COMPANY BASED IN DOYLESTOWN, PENNSYLVANIA AS THE PARENT ORGANIZATION OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM, THE V I A STRIVES TO CONTINUALLY DEVELOP AND OPERATE AN INTEGRATED HEALTHCARE DELIVERY SYSTEM WHICH PROVIDES A COMPREHENSIVE SPECTRUM OF MEDICALLY NECESSARY HEALTHCARE SERVICES TO THE RESIDENTS OF PENNSYLVANIA COUNTIES INCLUDING BUCKS AND MONTGOMERY, PENNSYLVANIA AND HUNTERDON AND MERCER, NEW JERSEY THE V I A IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THE V I A ENSURES THAT ITS SYSTEM PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY NO INDIVIDUALS ARE DENIED NECESSARY MEDICAL CARE, TREATMENT OR SERVICES DOYLESTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 IT OPERATE AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 IT MAINTAIN AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF THE SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES DOYLESTOWN HOSPITAL DOYLESTOWN HOSPITAL ("DH") IS A 247-BED NON-PROFIT ACUTE CARE MEDICAL CENTER LOCATED IN DOYLESTOWN, BUCKS COUNTY, PENNSYLVANIA DH IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, DH PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, DH OPERATES CONSISTENTLY WITH THE CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 DOYLESTOWN HEALTH FOUNDATION DOYLESTOWN HEALTH FOUNDATION IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A NON-PRIVATE FOUNDATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(1) THROUGH FUNDRAISING ACTIVITIES THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY V I A AFFILIATES V I A AFFILIATES IS AN ORGANIZATION RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS TAX-EXEMPT PURSUANT TO INTERNAL REVENUE CODE 501(C)(3) AND AS A SUPPORTING ORGANIZATION PURSUANT TO INTERNAL REVENUE CODE 509(A)(3) THE ORGANIZATION SUPPORTS THE CHARITABLE PURPOSES, PROGRAMS AND SERVICES OF DOYLESTOWN HOSPITAL, A RELATED INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION THAT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PINE RUN RETIREMENT COMMUNITY PINE RUN RETIREMENT COMMUNITY IS A DIVISION WITHIN DOYLESTOWN HOSPITAL AND OPERATES JOINTLY AS A SINGLE INTERNAL REVENUE CODE 501(C)(3) TAX-EXEMPT ORGANIZATION PINE RUN INCLUDES A 127-BED NURSING FACILITY AND 40-BED PERSONAL CARE FACILITY, 107 ASSISTED LIVING BED FACILITY AND 300 INDEPENDENT LIVING UNITS IN BUCKS COUNTY, PENNSYLVANIA FOR-PROFIT VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES DOYLESTOWN HEALTH & WELLNESS CENTER A FOR-PROFIT ENTITY WHOSE SOLE SHAREHOLDER IS DOYLESTOWN HEALTH FOUNDATION THE ORGANIZATION IS LOCATED IN WARRINGTON, BUCKS COUNTY, PENNSYLVANIA THE ORGANIZATION LEASES SPACE TO AN UNRELATED ENTITY WHICH OPERATES A FITNESS CENTER DOYLESTOWN RADIOLOGY GROUP, LP A PENNSYLVANIA LIMITED PARTNERSHIP THAT OPERATES A FREESTANDING MRI FACILITY IN HARTSVILLE, PENNSYLVANIA DOYLESTOWN HOSPITAL HAS A 51% OWNERSHIP INTEREST SURGERY CENTER IS OPERATED AS A DEPARTMENT OF THE HOSPITAL

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN,PA 18901	23-2368197	501(C)(3)	42,185				PROGRAM SUPPORT

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
GRANT FUND MONITORING	SCHEDULE I, PART I, QUESTION 2	GRANTS ARE MONITORED BY THE ORGANIZATION'S FINANCE PERSONNEL THROUGH THE UTILIZATION OF COST CENTER AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		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 Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION	PART VII AND SCHEDULE J	TAXABLE COMPENSATION REPORTED HEREIN IS DERIVED FROM EACH INDIVIDUAL'S 2012 FORM W-2 AND FORM 1099-MISC, IF APPLICABLE
COMPENSATION INFORMATION	SCHEDULE J, PART 1, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUALS INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE ACCORDINGLY, THE INDIVIDUALS MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT THE AMOUNTS OUTLINED HEREIN WERE NOT INCLUDED IN EACH INDIVIDUAL'S 2012 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES SCOTT S LEVY, M D , $110,800, DANIEL L UPTON, $157,892, RICHARD LANG, $47,280, BARBARA HEBEL, $32,100, AND CATHLEEN Q STEWART, $27,200

Additional Data

Return to Form

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRUCE DERRICK MD	(I)	0	0	0	0	0	0	0
	(II)	367,047	0	0	0	14,972	382,019	0
SCOTT S LEVY MD	(I)	386,417	0	1,349	135,300	18,489	541,555	0
	(II)	0	0	0	0	0	0	0
RICHARD A REIF	(I)	457,902	0	10,233	24,500	16,569	509,204	0
	(II)	171,642	0	0	0	0	171,642	0
ELEANOR WILSON RN MSN MHA	(I)	327,674	0	3,275	24,500	17,966	373,415	0
	(II)	0	0	0	0	0	0	0
DANIEL L UPTON	(I)	317,483	0	1,783	182,392	19,241	520,899	0
	(II)	0	0	0	0	0	0	0
RICHARD LANG	(I)	237,487	0	736	71,333	23,395	332,951	0
	(II)	0	0	0	0	0	0	0
BARBARA A HEBEL	(I)	225,987	0	892	55,739	17,489	300,107	0
	(II)	0	0	0	0	0	0	0
LINDA A FELT	(I)	187,263	0	1,108	5,620	8,704	202,695	0
	(II)	0	0	0	0	0	0	0
CATHLEEN Q STEWART	(I)	211,067	0	291	33,486	6,912	251,756	0
	(II)	0	0	0	0	0	0	0
LOUIS IOBBI	(I)	156,382	0	870	3,186	14,244	174,682	0
	(II)	0	0	0	0	0	0	0
JOHN M MITCHELL	(I)	205,468	0	823	5,675	18,691	230,657	0
	(II)	0	0	0	0	0	0	0
STEVEN DAY JR	(I)	195,313	0	0	3,186	14,244	212,743	0
	(II)	0	0	0	0	0	0	0
ELIZABETH SEEBER	(I)	153,180	0	292	4,677	17,489	175,638	0
	(II)	0	0	0	0	0	0	0
KENNETH COBURN	(I)	150,010	0	0	4,443	0	154,453	0
	(II)	0	0	0	0	0	0	0
PATRICIA A STOVER	(I)	149,024	0	409	4,563	17,966	171,962	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	DOYLESTOWN HOSPITAL AUTHORITY	26-4834726	261333DX3	04-01-2008	64,004,953	REFUND SERIES 1998B&C		X		X		X
B	DOYLESTOWN HOSPITAL AUTHORITY	26-4834726	261333DZ8	04-01-2013	29,047,755	REFINANCING OF CAP EXP/REFUND		X		X		X
C	DOYLESTOWN HOSPITAL AUTHORITY	26-4834726	261333EG9	04-01-2013	60,400,000	REFINANCING OF CAP EXP/REFUND		X		X		X
D	TELFORD INDUSTRIAL DEVELOPMENT AUTHORITY	23-2253252		12-30-2008	8,000,000	MORTGAGE/CONSTRUCTION LOAN		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	0	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	64,004,953	29,047,755	60,400,000	8,000,000
4	Gross proceeds in reserve funds	6,031,250	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,158,725	531,900	314,435	136,990
8	Credit enhancement from proceeds	0	50,312	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	56,814,978	28,465,543	60,085,565	7,863,030
11	Other spent proceeds	0	0	0	0
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2008	2013	2013	2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 00000%		0 00000%		0 00000%		0 00000%	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 00000%		0 00000%		0 00000%		0 00000%	
6	Total of lines 4 and 5	0 00000%		0 00000%		0 00000%		0 00000%	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider	0		0		PNC BANK			
c	Term of hedge		24				24		
d	Was the hedge superintegrated?		X				X		
e	Was a hedge terminated?		X				X		

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	X			X		X		X
b	Name of provider	ROYAL BANK OF CANADA		0		0		0	
c	Term of GIC		14						
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X							
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total			▶ $									

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) PAVILION I MOB	COMPANY - LEVY(5% MEMBER)	782,440	RENT		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	SCOTT S LEVY, M D IS A TRUSTEE OF THE ORGANIZATION AND IS A 5% MEMBER OF PAVILION I MOB THE ORGANIZATION UTILIZED THE SERVICES OF PAVILION I MOB DURING 2012 TOTAL FEES PAID TO PAVILION I MOB WERE $782,440 RENT PAID TO PAVILION I MOB IS AT FAIR MARKET VALUE RATES PURSUANT TO ARM'S LENGTH NEGOTIATIONS

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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

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	V I A Health System Background ========== The Village Improvement Association ("V I A ") was founded in 1895 with the health and beauty of the community of Doylestown as its primary concerns In response to community needs, the Visiting Nurse service was established in 1916, and in 1923 Doylestown Hospital was opened, making the V I A the only Women's Club in the country to own and operate a community hospital In 1986, a corporate restructuring created the V I A Health System and the Doylestown Health Foundation and the V I A Affiliates Restructuring enabled the V I A and Doylestown Hospital to operate more efficiently and with greater diversification In its 118th year, the V I A oversees the operations of the system of affiliated health corporations The purposes of the V I A have been consistent throughout its history - to encourage and promote public health work in general - to improve the health and welfare of the residents of Doylestown and greater Central Bucks County - to provide food, clothing, shelter, medical and surgical care and nursing to the indigent of the community without charge, insofar as hospital resources will permit - to own, manage, support, and maintain a visiting nurse service and community hospital for the benefit of all persons - to raise funds for and to receive and hold all property that may be given to the Association to accomplish its mission For the fiscal year ending 6/30/13 the V I A Health System accounts for three tax-exempt affiliates in this narrative Doylestown Health Foundation, Doylestown Hospital, and the V I A Affiliates Described below are the charitable missions of these entities V I A HEALTH SYSTEM MISSIONS ========== DOYLESTOWN HEALTH FOUNDATION ---------- ---------- The mission of the Foundation has four main points assessment of community needs, communication of those needs and the System's response to them, solicitation of funds to support the response, and the accountability to the community for both the management of the funds and the response to the needs DOYLESTOWN HOSPITAL ---------- Doylestown Hospital is a comprehensive 238-bed medical center serving families throughout Bucks and Montgomery Counties and Western New Jersey The Medical Staff includes more than 420 physicians in more than 40 specialty areas Doylestown Hospital is one of the 100 best hospitals in the U S , according to the Thomson Reuters 100 Top Hospitals study released in 20 12 The Heart Institute of Doylestown Hospital is a regional center of excellence for cardiology and cardiac surgery and was named one of the Top 50 cardiovascular hospitals in the nation (Thomson Reuters 2012) Areas of clinical emphasis also include emergency medicine , oncology, maternal-child health, orthopedics, interventional radiology, gastroenterology , urology, general surgery and robotic surgery Doylestown Hospital's mission is to "provide a responsive, healing environment for our patients and their families and to improve the quality of life for all members of our community " These community members include the vulnerable, the disenfranchised, those in need of health education, and those uninsured or underinsured persons who depend on us for care DOYLESTOWN HOSPITAL IS RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS AN INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION PURSUANT TO ITS CHARITABLE PURPOSES, THE ORGANIZATION PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY MOREOVER, DOYLESTOWN HOSPITAL OPERATES CONSISTENTLY WITH THE FOLLOWING CRITERIA OUTLINED IN IRS REVENUE RULING 69-545 1 IT PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS REGARDLESS OF ABILITY TO PAY, INCLUDING CHARITY CARE, SELF-PAY, MEDICARE AND MEDICAID PATIENTS, 2 IT OPERATES AN ACTIVE EMERGENCY DEPARTMENT FOR ALL PERSONS, WHICH IS OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS PER YEAR, 3 IT MAINTAINS AN OPEN MEDICAL STAFF, WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS, 4 CONTROL RESTS WITH ITS BOARD OF TRUSTEES AND THE BOARD OF TRUSTEES OF THE SYSTEM BOTH BOARDS ARE COMPRISED OF INDEPENDENT CIVIC LEADERS AND OTHER PROMINENT MEMBERS OF THE COMMUNITY, AND 5 SURPLUS FUNDS ARE USED TO IMPROVE THE QUALITY OF PATIENT CARE, EXPAND AND RENOVATE FACILITIES AND ADVANCE MEDICAL CARE, PROGRAMS AND ACTIVITIES As a values-based organization, Doylestown Hospital has made a public commitment to five core values Service, Enthusiasm, Respect, Value and Excellence The hospital holds Board members, Medical staff, and paid and unpaid staff accountable for incorporating these values into policies, behaviors, clinical practices and management decisions The five core values guide Doylestown Hospital's response to community needs 1 SERVICE - Anticipate the healthcare needs of the community, either

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	by adding programs or services, or offer opportunities for health education or screening, and assure that the hospital responds to those needs in a timely fashion These needs are determined through the hospital's strategic planning efforts, which are in turn guided by the hospital's mission statement 2 ENTHUSIASM - Doylestown Hospital strives to sustain within its staff the inspiration that first compelled them to healthcare-related work and a commitment to the job of serving our patients 3 RESPECT - Doylestown Hospital welcomes and provides care to all members of the community, without regard for race, religion, sex , sexual orientation, color, national origin, or ability to pay All the medical, surgical , and program services listed on Addendum A are provided to everyone who comes to Doylestown Hospital for care, including those unable to pay for these services 4 VALUE - As a result of its commitment to keep cost and quality in proper perspective, Doylestown Hospital provides many programs and services at no charge, because the community expects, needs, and deserves this contribution of healthcare resources to its overall good health In the fiscal year ending 6/30/13, over 30,000 community members took advantage of community benefit activities, including free health promotion events, screenings, health education programs, and other outreach efforts 5 EXCELLENCE - Doylestown Hospital promises the community it will strive for the BEST possible customer service, patient care, and technology that meet or exceed the community's expectations It also promises faithfulness to its heritage and assure that every decision reflects a commitment to the values PINE RUN COMMUNITY -- ---------- In 1992 Doylestown Hospital enhanced its commitment to the older adult population in the Central Bucks County area by acquiring the Pine Run Community Pine Run operates as a division of Doylestown Hospital with the following mission "Pine Run Community is committed to and passionate about seniors, and we are dedicated to being an exceptional retirement community By focusing on a spectrum of wellness for everyone in our continuum, we will enhance the quality of life throughout the region " Pine Run serves the surrounding community as a non-profit continuing care retirement community by offering a continuum of services at its facilities which include 296 apartments (the Village), a 127-bed skilled nursing facility and 40-bed personal care facility (the Health Center), and a 107-bed personal care facility (Lakeview), located on a separate, 75 acre campus in Doylestown Pine Run strives to be a progressive, resident-focused community, full of vitality and enthusiasm, promoting independence and wellness Through a culture of wellness, Pine Run is dedicated to the promotion of holistic care and services for Villagers and Residents The Village, located approximately 3 miles from the Hospital, consists of garden cottages set in clusters and a multi-unit apartment building, as well as a community center, dining room , store, library, and other amenities Maintenance, security, housekeeping, utilities, dining, recreational, cultural, transportation and fitness services are provided for the Villagers The Health Center, located on the same campus as the Village, provides transitional care for short-stay nursing and rehabilitation residents, with skilled nursing care and comprehensive therapy programs, a personal care Alzheimer's/Dementia Program for those with impaired memory, long-term care for residents requiring on-going custodial care, short-term respite care to allow home-based care givers to take a vacation or trip, and hospice care for end of life care

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	te Stroke Services at Massachusetts General Hospital in Boston, Mass "The Doylestown Hospital team is to be commended for their commitment to improving the care of their patients " Following Get With The Guidelines-Stroke treatment guidelines, patients are started on a ggressive risk-reduction therapies including the use of medications such as tPA, antithrombotics and anticoagulation therapy, along with cholesterol-reducing drugs and smoking cessation counseling These are all aimed at reducing death and disability and improving the lives of stroke patients Hospitals must adhere to these measures at a set level for a designated period of time to be eligible for the achievement awards "Doylestown Hospital is dedicated to making our care for stroke patients among the best in the country The American Heart Association's Get With The Guidelines-Stroke program helps us to accomplish this goal," said Doylestown Hospital's Stroke Program Coordinator, Brooke Kearins, CRNP "This recognition demonstrates that we are on the right track and we're very proud of our team" According to the American Heart Association/American Stroke Association, stroke is one of the leading causes of death and serious, long-term disability in the United States On average, someone suffers a stroke every 40 seconds, someone dies of a stroke every four minutes, and 795,000 people suffer a new or recurrent stroke each year DOYLESTOWN HOSPITAL CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE ========== ========== The Doylestown Hospital Center for Wound Healing and Hyperbaric Medicine provides specialized treatment for chronic or non-healing wounds When wounds persist, a specialized approach is required for healing Typically, a wound that does not respond to normal medical care within 30 days is considered a problem or chronic wound The Doylestown Hospital Center for Wound Healing and Hyperbaric Medicine offers state-of-the-art treatments including negative pressure wound therapy, bio-engineered tissues, biosynthetic dressings and hyperbaric oxygen therapy If you suffer from a chronic or non-healing wound, you or your doctor may contact The Doylestown Hospital Center for Wound Healing and Hyperbaric Medicine The Center will promptly work with you and your doctor to deliver the following - Advanced therapies - Proven clinical protocols - An individualized, comprehensive plan of care that brings you the most appropriate and effective treatments for your specific needs - Assessment and ongoing care by our highly skilled team of wound care specialists, including a case manager who will oversee every aspect of your treatment - Education for you and your family to help healing happen at home, including materials and resources related to prevention, nutrition, hygiene, and more - Ongoing communication and collaboration with you and your doctor so that you and your doctor remain informed about your progress VIA MATERNITY CENTER ========== The birth experience at Doylestown Hospital is family-centered, and our caring staff makes every "birthday" as special as possible Our state-of-the-art facilities and neonatal affiliation with Children's Hospital of Philadelphia place the very finest maternity and pediatric care right in the heart of our community Approximately 1,300 babies are born every year at Doylestown Hospital, rated among the best in the region for maternity care by HealthGrades(tm) We provide services from pregnancy through birth for mothers and newborns, for the most common deliveries to neonatal intensive care services We are equipped and ready to care for families with higher than normal risk related to multiple births, maternal age and medical risk factors

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Doylestown Hospital is pleased to meet the needs of new moms by offering all private rooms in our Maternity Center The V I A Maternity Center features a 32-bed maternity unit tha t includes 10 Labor, Delivery & Recovery rooms, 22 private post-partum rooms (with private bathrooms), and a Jacuzzi room for mothers in labor Our maternity team will work with yo u to personalize your birth experience and provide the finest care for you and your baby NATIONAL STUDY PLACES DOYLESTOWN HOSPITAL'S CARDIAC SERVICES BEST IN BUCKS COUNTY ======== ========== Doylestown Hospital is the to p rated hospital in Bucks County for overall cardiac care, according to a comprehensive an nual study released today by HealthGrades, the leading independent healthcare ratings orga nization The HealthGrades study analyzes tens of millions of patients' outcomes - specifi cally, mortality and complication rates - at the nation's 5,000 hospitals Patients highly value independent information on hospital quality performance And in light of recent hea lth reform measures, demand for this information is only likely to increase In a recent s urvey of visitors to HealthGrades com related to hospital quality, 94% ranked quality outc omes and ratings as very important compared to reputation (89%), volume (78%), and locatio n (58%) Doylestown Hospital stands committed to a culture of quality and transparency and is proud of the results that its cardiac program has achieved Doylestown Hospital receiv ed HealthGrades highest rating - 5-stars - for both coronary interventional procedures as well as treatment of heart attacks This is not the first year the hospital scored high, i n fact it has sustained the top ratings for four consecutive years In this year's HealthG rades study, no other hospital in Bucks County received the 5-star rating for treatment of heart attacks "Our goal is to provide care of the highest quality with the best possible outcomes for our patients," says Chief Medical Officer Scott Levy, MD "Acknowledgement o f our achievements by HealthGrades certainly helps validate the work we do" According to the Thirteenth Annual HealthGrades Hospital Quality in America study top-rated hospitals h ad a 53% lower mortality rate than the U S national average for 17 procedures and diagnos es ranging from bypass surgery to treatment for heart attack When the top-rated hospitals were compared to the poorest performers, there was an even greater quality gap a 72% low er risk of mortality Doylestown Hospital is an accredited Chest Pain Center with protocol s in place to offer the highest level of care for cardiac symptoms The Heart Institute of Doylestown Hospital is a leader in primary (emergency) angioplasty, the treatment of choi ce to open blocked coronary arteries during a heart attack At 62 5 minutes, Doylestown Ho spital's Door-to-Balloon time (the time from patient arrival to w hen the artery is opened) is consistently superior to national averages, and well below the suggested benchmark of 90 minutes "The key to our success is a multidisciplinary approach to the treatment of he art attack," says Executive Director of Cardiovascular Services John Mitchell "This invol ves close collaboration betw een the Emergency Department, Cath Lab, physicians and nurses Every member of the team has the same goal of providing successful, patient-centered care " HEALTHGRADES HOSPITAL QUALITY RATINGS ---------- HealthGrade s' hospital ratings and awards reflect the track record of patient outcomes at hospitals i n the form of mortality and complication rates HealthGrades rates hospitals independently based on data that hospitals submit to the federal government No hospital can opt in or out of being rated, and no hospital pays to be rated For 26 procedures and treatments, He althGrades issues star ratings that reflect the mortality and complication rates for each category of care Hospitals receiving a 5-star rating have mortality or complication rates that are better than anticipated, to a statistically significant degree A 3-star rating means the hospital performs as expected One-star ratings indicate the hospital's mortalit y or complication rates in that procedure or treatment are statistically higher than avera ge Because the risk profiles of patient populations at hospitals are not alike, HealthGra des risk-adjusts the data to allow for equal comparisons DOYLESTOWN HOSPITAL HAS RECEIVED THE WOMEN'S CHOICE AWARD FROM WOMENCERTIFIED DISTINGUISHING IT AS ONE OF THE 2012 AMERICA 'S BEST HOSPITALS FOR PATIENT EXPERIENCE ========== ========== The award is based on robust criteria that consider female patient satisf action and w hat w omen say they w ant from a hospital including quality physician communicat ions, responsiveness of nurses and support staff, cleanliness and trusted referrals from o ther w omen WomenCertified represents the collecti

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	ve voice of female consumers and is a trusted referral source for top businesses and brand s identified as meeting the needs and preference of women "We are honored to receive the Women's Choice Award recognizing Doylestown Hospital as one of the Top 100 hospitals for P atient Experience," says Doylestown Hospital President & CEO Richard A Reif "We especial ly appreciate the fact that our female patients have selected us for this award Doylestow n Hospital has the unique distinction of being founded and still run by a women's civic or ganization, the Village Improvement Association Being selected for this award by women af firms our commitment to providing the best experience possible as they rely on us for qual ity health services for themselves and their families " Women make or influence more than 90 percent of health care decisions for themselves and their families, according to a stud y published by the American Academy of Family Physicians The Women's Choice Award signals that a hospital meets high standards regarding a woman's preferences, and the distinction allows women to make an informed decision about w here to go for care for themselves or th eir family "Doylestown Hospital's selection by WomenCertified as one of America's Best 10 0 Hospitals for Patient Experience differentiates it from other choices in the area," expl ains Delia Passi, CEO and founder of WomenCertified, and former publisher of Working Woman and Working Mother magazines "Women have many choices w hen it comes to health care and t hey set the standard for customer service Women's Choice Award recipients have demonstrat ed extraordinary service in meeting the needs of w omen and their families, and represent t he smart choice for w omen " Hospitals qualify for this highly selective annual list based on an in-depth proprietary scoring process The scoring incorporates a national, standardi zed survey of patients' perspectives of hospital care reported by the U S Department of H ealth and Human Services (Hospital Consumer Assessment of Healthcare Providers and Systems) and an analysis that w eighs criteria identified as the most important to w omen for patie nt satisfaction Additionally, the scoring incorporates WomenCertified's in-depth research on customer satisfaction among w omen, including a joint study on customer satisfaction by gender conducted w ith the Wharton School of the University of Pennsylvania The 100 best scores in four hospital size categories determine the Award w inners WomenCertified accept s absolutely no payment in exchange for placement on the list "Recognizing the best hospi tals nationw ide that are w omen-friendly and align w ith w omen's identified preferences is i mportant to our mission at WomenCertified, w here w omen help other w omen w ith tough, consum er decisions," Passi concludes "Most importantly, w hen a w oman sees the Women's Choice Aw ard at her local hospital, she'll know the hospital values her experience as a critical co mponent of her and her loved one's care " DOYLESTOWN HOSPITAL RECEIVES PRESS GANEY AWARD F OR PATIENT SATISFACTION ========== ===== Doylestow n Hospital is proud to announce it has been named a 2012 Summit Aw ard w inne r by Press Ganey Associates, Inc The Summit Aw ard recognizes top-performing facilities th at sustain the highest levels of patient satisfaction performance for three consecutive ye ars The Press Ganey Summit Aw ard is one of the health care industry's most coveted symbol s of achievement Doylestow n Hospital is one of only 100 organizations to receive this pre stigious honor for patient satisfaction in 2012, and one of only 24 Emergency Departments be recognized Press Ganey partners w ith more than 10,000 health care facilities, includin g more than half of all U S hospitals, to measure and improve the patient experience

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Doylestown Hospital's new, 55,756-square foot Emergency Department (ED) opened with 41 beds in April 2010. A collaborative team of physicians, nurses, hospital administrators and patients, aided by experts in emergency department design, designed an ED that focuses on how care should be delivered, not how it is traditionally delivered. Various efficiencies promote faster movement through the system, reducing the time that patients spend in the ED. In working to improve systems, the main area of focus was the impact of wait time on patient care and satisfaction. Several protocols were initiated to move the Emergency Department visitor out of the "waiting room" as soon as possible and into a treatment room. These included instituting standing order sets for the treatment of most common ED complaints to expedite the delivery of care, and empowering nursing staff to initiate the order sets within their scope of practice before the patient is seen by a physician. Finally, all physicians in the ED adopted the same standards for patient communication and visibility. Electronic medical records consolidate and coordinate charting. A "tracker board" is plainly visible to staff to monitor who is next to be seen, the amount of wait time and the acuity of the patient. To improve communication, staff members carry cell phones with speed-dial connectivity. "Our model of care is completely patient-centered," said Lawrence Brilliant, MD, Medical Director, Emergency Department. "With support from the staff, physicians and Administration, we have been able to create an environment from the ground up that focuses on patient experience and the way care should be delivered to ensure the best and safest possible experience for each patient." "We are proud to partner with Doylestown Hospital," said Patrick T. Ryan, CEO of Press Ganey. "Achieving this level of excellence in patient satisfaction reflects the organization's commitment to delivering outstanding service and quality. Doylestown Hospital's efforts benefit patients in the community and will lead to improved patient experience." DOYLESTOWN RECOGNIZED FOR INNOVATIVE USE OF TECHNOLOGY FOR SAFER PATIENT CARE ========== Doylestown Hospital has received two prestigious awards for its use of technology. Doylestown is among an elite group of 85 hospitals across the nation to be recognized with the Healthcare Information and Management Systems Society (HIMSS) EMR Stage 6 Award. Doylestown Hospital is the only Philadelphia-area hospital to receive this award. EMR Stage 6 marks significant progress toward achieving a full EMR (Electronic Medical Record). As a Stage 6 hospital, Doylestown does full electronic medication management, is well on its way with CPOE (Computerized Physician Order Entry) with about 32% of inpatient orders are currently generated through CPOE, has full PACS (digital radiology images) and online clinical decision support. The next, and highest, stage according to HIMSS EMR Stage 7, Doylestown is expected to reach this level in about a year or so. Doylestown Hospital has also received a Microsoft Health Users Group (MS-HUG) Innovation Award in the area of HIE (Health Information Exchange) and Interoperability for its work on the Doylestown Clinical Network. This network ties together the EMR systems of the hospital and community physicians. The hospital has 185 physicians on the NextGen network, which automatically transfers a patient's EMR to specialists and the hospital. Of those, more than 50 are active EMR users. There are about 400,000 patients in our community enrolled in this network. The ultimate goal is to safely and efficiently share a patient's health information throughout the healthcare continuum. V I A HEALTH SYSTEM COMMUNITY BENEFIT ACTIVITIES ========== ========== The V I A Health System is devoted to the community it serves, and it sponsors and coordinates many charitable activities, which, described in the narrative below, identifies what is done daily by the health system's Associates and volunteers. COMMUNITY OUTREACH & BENEFIT ACTIVITIES ---------- American Red Cross Donation. The Hospital provides space on a weekly basis for a blood donation program conducted by the American Red Cross that benefits patients and the community. Hospital space is valued at $15,000. Bucks County Health Improvement Partnership. The Bucks County Health Improvement Partnership (BCHIP) is a collaborative effort among Doylestown Hospital and the other five hospitals in the county, also including the Bucks County Medical Society and The Bucks County Department of Health. BCHIP addresses maternal and child health issues, mental health concerns, coordination of health promotion and prevention (notably tobacco and cardiovascular risk reduction), supports CHIP enrollment, domestic violence prevention and provides adult health and dental clinics for un

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	derserved populations The Foundation contributed $20,000 to a common fund, from which these projects were supported CB Cares Both the Doylestown Hospital and the Doylestown Health Foundation support the Team with Board members who provide leadership, fundraising and human resource skills The value of space, utilities, phone, computer and cleaning services were donated for FY2013 for a total of $17,844 Children's Village Day Care Subsidies Children's Village, on-site day care, welcomes children from low-income families in the area that are eligible for child-care subsidies $13,482 was written off for this Ann Silverman Community Health Clinic The mission of the Clinic is to provide free medical care, dental care and social services to any eligible person who seeks its help The target population is low income, underinsured or uninsured people in the greater Central Bucks County area The hospital provided the Clinic with offices and exam rooms at a nominal charge The Foundation assisted in some of the health needs of the patients that go beyond the resources of the Clinic with a contribution of $40,000 Other donations included pharmaceuticals and medical testing, as well as senior management's time contributing to the Clinic's Board During FY12-13 there were 2,396 visits to the medical program for 738 individual adults and children There were 793 treatment visits and 203 hygiene visits for the dental program for 245 adults and children There were 1,151 visits provided through the Social Service Program including 453 eligibility appointments and 197 medical insurance applications There were 410 prescriptions filled from donated samples and 381 applications completed or Prescription Assistance Programs, as well as 74 free mammograms at a cost to the Hospital of $60,720 Community Education Calendar Doylestown Hospital published a quarterly calendar which is distributed to 87,500 households This calendar lists communications related to health education programs and classes The approximate cost of this publication is $300,636 Advertisements are in local newspapers which inform the community members about upcoming health education classes, physician lectures, support groups and other health education activities In addition, Doylestown Hospital publishes three disease specific newsletters which offer wellness and prevention information to patients who have been diagnosed with or are concerned about heart disease (Cardiac Connection), osteoporosis, breast cancer, menopause and other women's health issues (Her Health) and cancer (Concierge) More than 246,000 people receive this information through a mailing to their homes An additional 2,500 e-newsletters are also sent The cost to produce and distribute these newsletters was $ 182,790 Health Connections by Doylestown Hospital This is a collaborative program between Doylestown Hospital and the Cowhey Family (ShopRite of Warminster) Health Connections by Doylestown Hospital is an in-store health resource center created to benefit the community This convenient location makes health information accessible and personal for the prevention of illness, and helps residents find the appropriate care when the need arises The goal of Health connections is to motivate the community to adopt healthier lifestyles The cost of supplies, staffing and monthly promotions was $27,677

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Medicaid Application Preparation for all Uninsured PA Residents Doylestown Hospital offers all uninsured PA residents the option of filing a Medicaid application HRSI is the Hospital's vendor and they help our patients through the process The Hospital is charged $ 47 5/application, if the applicant obtains eligibility HRIS has successfully obtained eligibility for 180 uninsured patients For this process, the Hospital paid HRSI $85,500, staff time cost incurred of $28,975 Cost of Trans Union Monthly fees totally $79,572 for the fiscal year Lenape Valley Health Foundation This organization provides psychiatric coverage and clinical supervision for Unit Patients and psychiatric consultation services in the Hospital's Emergency Department This is a cost to the hospital of $53,597 Foundation Fund Raising Program The Foundation's fund raising program requested unrestricted gifts for this fiscal year that would enable Doylestown Hospital to continue its mission of a responsive, healing environment for patients and their families Gifts benefited many departments of the hospital, especially the Heart Institute, Hospice and the Cancer Center Special events included a silent auction to benefit the Cancer and Hospice programs, a Heart Brunch, and a golf outing The Planned Giving program was successful, including the growth of the charitable gift annuity program Hospice Program Support The Hospice Program provided caregivers for respite care in the homes of terminally ill patients, and contacted bereaved people over the phone throughout the year after the death of a loved one This program is valued at $5,107 Bereavement Support The Bereavement Support Program provided support for bereaved and hospice families There are various types of bereavement support groups that take place monthly in order to meet the needs of all types of losses These programs are offered all year round and have a Chaplain and other professional staff in attendance The Hospital served 1,100 community members, at a value of $27,762 "How to Cope" Programs There were events held at various churches and organizations to discuss topics of coping with the loss of a loved one at the Holidays, "Who am I now" and having conversations before the crisis, valued at $10,953 Pulse Line A phone line that is dedicated for community information, registration and referral Hospital staff screened applicants and referred patients with primary care and specialist physicians They also referred eligible patients to the Free Clinic of Doylestown Estimated staff time was 1,040 hours (20 hours/week for 2 operators) valued at $25,114 Doylestown Clinical Network (DCN) The DCN facilitates seamless transfer of clinical information provider-to-provider to improve the quality of care for members of the Doylestown Community There is an estimated 12,510 hours of paid Associate time An estimated cost of $241,500 for phone lines, maintenance, depreciation, etc and an estimated cost of $53,185 for Administration An estimate of direct offsetting revenue of $51,500 The outcome for the community is the serving of approximately 475,000 persons Collaboration occurred between Doylestown Hospital and the Bucks County Physician Hospital Alliance (BCPHA) Scholarship Assistance 41 scholarships are supported by the Foundation through restricted gifts These scholarships, totaling $40,750 are awarded to men and women pursuing nursing, allied health, paramedic, and other training Ben Wilson Senior Center Newsletter Four times a year a staff member from Community relations assists with the preparation of a newsletter for the Ben Wilson Senior Center in Warrington by supplying health and wellness information and editorial oversight We then print 3,000 copies at a value of $215 Staff time of 12 hours/issue valued at a total of $290, for the four issues Community Business Sponsorships Throughout the year, Doylestown Hospital has made cash donations to assist local businesses, non-profits and cultural organizations provide programs and activities that improve and/or enhance the overall qualify of life for the greater Central Bucks Community We believe that one way to keep community members safe, health and vibrant is by supporting the numerous community and business groups that are the fabric of our community and by participating in special programs and events that benefit a broad spectrum of community residents The total amount donated for sponsorships is $147,478 Visiting Nurse Program Free Support The Visiting Nurses made visits to families without insurance Clinics were held at the Center Square Towers, Yorktowne Manor and Buckingham Springs, which are all senior living complexes 45 hours were donated at a cost of $4,831 Hospice Programs Mailings and telephone contact to other community service organizations, such as Beelong Adult Day Services, Bayada Nurses in Hatboro & Bucks County Office, The Manor at Yorktown, to name a few, as well as health

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	care organizations to offer information and education regarding "End of Life" and Hospice Programs 50 paid hours and 10 donated hours at a cost of $5,032 plus refreshments and han douts at a cost of $75 Library Services at Doylestown Hospital The Hospital has an extensive library that is open to users from the community, other than Medical Staff, Associates and Volunteers of the Hospital Physicians that have privileges at the Hospital as well as Honorary/Emeritus Medical Staff make up the largest group of users At a cost to the Hospital of $83,274 Healthy e-Cooking Show The Hospital has an ongoing program that has an online database of over 600 healthy recipes and nutritional information along with videos These are accessible through Doylestown Hospital's website This access to the community helps with information on obesity, diabetes, cardiovascular disease and all dietary links This information is available to help promote healthy eating habits At a cost to the Hospital of 48 paid professional hours at a cost of $3,781 and an annual license fee of $ 16 ,500 Adam Health Encyclopedia Health information is the 3rd most popular search on the Internet The Hospital has an extensive health library on its website with over 4,000 health and wellness articles and covers over 1,500 medical topics The site has reference index and interactive tools At a cost to the Hospital of 20 paid professional hours at a cost of $ 880 and an annual license fee of $ 17,500 Food Shelter Donation Doylestown Hospital donated 50 cartons of food to New Britain Baptist Church and Doylestown Food Bank to be distributed to local families in need The cost to the Hospital was $24,000 EDUCATIONAL PROGRAMS ---------- Cancer Survivor Day This event was held by Doylestown Hospital for all cancer survivors and their family and friends It was intended to provide psycho logical support and a networking experience with other survivors and connect survivors with community resources Over 250 people attended the event Volunteer hours included physicians, nursing, clerical staff attending for a total of $ 1,107 Lifestyle Lectures This was a series of informal educational lectures offered to the community by members of the medical staff The hospital coordinated the program, which helped 143 community members $1, 010 in physician time was donated $1,010 in physician time was donated hospital coordinated the program, which helped 143 community members $1,010 in physician time was donated Driver Safety Program This was a cooperative program with AARP that follows their rules for participation We provide room for 245 participants and 11 classes, which amounted to $1,250 in hospital donated costs Community Lectures The Hospital provided speakers for various community groups and organizations Presenters for events utilized both staff and physicians The value of staff and volunteer time and resources was $23,530 and the session helped 1,872 community individuals These programs improved the community's health and quality of life through education Breast Cancer Support Group Provided opportunities for educational and emotional support for breast cancer survivors and their families The Hospital provided education to 240 persons per month at a cost of $2,441 Additional programs sponsored by the Hospital for cancer support were four cancer educational programs (Psychol ogical Support Program, Breast Cancer and Emotional Support Program, Nutrition Program and "Basket Bingo" Costs incurred for these events were $6,012

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Man to Man Prostate Cancer Support Group Education This monthly program addresses issues and the struggles that face prostate cancer survivors and their families 180 persons serv ed per month at a cost of $2,054 Look Good, Feel Better This program provided support an d resources for cancer patients undergoing chemotherapy 60 individuals attended and $709 w as the value of staff and volunteer time and resources Nutrition Presentations Programs w ere held throughout the year to provide education on nutrition to promote optimal health and Diabetes Aw areness Locations included several churches, senior communities, tw o Hig h Schools and various w omen's' and men's' groups, menu evaluation for Yorktow n Manor, heal th fair displays for YMCA and many local elementary schools Over 2,100 w ere educated w ith these programs 95 hours of staff time spent at a cost of $7,372 to the hospital The Art of Caring for Yourself - A Woman's Night Out This program w as presented for the communit y, at the Michener Art Museum, w hich included a light dinner, health displays and creative inspiration by nationally acclaimed artist, w riter and musicians LisaBeth Weber The spea ker discussed many topics featuring emotional health as w ell as physical w ell-being 100 w omen attended at a cost of $14,830 Love Your Heart This program w as presented for the co mmunity to make everyone aw are that heart disease is still the #1 killer for both men and w omen 450 attended and a cost to the Hospital of $9,740 Cancer Roadmap - Q&A for the New ly Diagnosed Patient This program describes the process to the new ly cancer diagnosed Th ere is a one-on-one w ith an oncology nurse, social w orker and volunteer survivor to discus s a treatment plan, expectations and available resources for positive coping There w ere 4 individuals w ho attended, and a cost of $139 I Can Cope This program w as an educational series that addressed topics such as cancer and treatment, managing side effect, emotiona l concerns, fatigue and energy conservation and proper nutrition 20 persons w ere served a t a cost of $656 Student Internship Summer Program This program w ith Students of the Gw y nedd Mercy Cardiovascular Technology Program and Bucks County Community College Nursing Pr ogram The students spend 2 w eeks observing procedures in Cardiac Services, Echo and the C ath Lab to help them decide w here they w ould like to focus their educational/career and ed ucation The value of this program is $165,883 for support staff, physicians and professio nal staff time Student Internship Radiology Program 6 students from Abington Memorial Ho spital School of Radiologic Technology attend the Hospital's Department of Radiology on a rotation basis Students learn clinical skills that are important to their educational pro cess Radiographers at the Hospital serve as clinical instructors for the students on a on e to one ratio Doylestow n Hospital does not receive a financial rew ard for this agreement The cost of this program to the Hospital is $119,067 There is also an intern program fo r 1 student w ith the Ultrasound Department The cost of this program is $22,284 Allied He alth RCIS College Intern Program Students w ork w ith a Doylestow n Hospital Cardiac Rehab A ssociate, developing their skills such as reading physician reports, collecting information for first visit patients, assessing skills, documenting meds, exercise evaluations, eval uating outcomes and discharging patients For the student college training, this is a mand atory clinical experience program The cost of this program to the hospital is $480,388 S moking Cessation Program Programs w ere held using CDC Resources "Cleaning the Air" 128 i ndividuals w ere given help in quitting the habit smoking The hospital's overall contribut ion is valued at $1,448 Pine Run Programs These programs w ere held at Pine Run for the c ommunity, including a Wellness Food Drive, donated school bags to the Bucks County Interme diate Unit, as w ell as distributing Bibles and Prayer Materials Staff and handout materia ls w ere valued at $8,237 MATERNITY AND PARENTING ACTIVITIES ---------- ----- Baby w ell This program educated 208 parents on how to care for their new born $5,02 1 in staff time w as devoted tow ards 20 community programs Healthy Beginnings Program Thi s is a program to bring prenatal health to the underserved in the Community This is mostl y the ones w ithout the ability to pay or those w ho have not yet enrolled or w ho are enroll ed in Medicaid Much of our program deals w ith high risk patients and those w ith substance abuse problems There is a Physician, a social w orker and a dietician, as w ell as tw o nur ses w ho run the program The cost of this program w as $456,882 Breastfeeding Education T his program provides an increased understanding of the benefits of breastfeeding, w hich le ads to improved nutrition/health of infants 150 individuals attended the 23 lectures that w ere held throughout the year The cost to the ho

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	spital is about $3,937 Childbirth Classes A program teaching the how-tos of childbirth s erved 432 people at a cost of $21,964 to the hospital through 23 courses series every day of the w eek except Friday Tours of the Birthing Center w ere also given at a cost to the h ospital of $1,255 Teen Parenting Education This is a cooperative program w ith Child, Hom e and Community, Inc The hospital provided room for the educational course 66 individual s w ere given free Childbirth instruction and 52 attended a support group called Building t he Family $4,600 is the value of the meeting space Child Development This program w as i n cooperation w ith the Central Bucks School District High school students toured the LDRP Unit They viewed and discussed family's admission from birthing room to postpartum room to the nursery Discussions w ere held on new borns and basic development, including ICN & t ypes of infants admitted at Doylestow n Hospital The program w as presented on tw o dates, w ith 160 participants, including 1 teacher at a value of $7,317 Grand parenting Classes T his program prepared grandparents-to-be on how to be support their children as they start their ow n family 40 individuals attended the course, w ith a cost to the Hospital of $2,49 2 for the 9 classes Prenatal Refresher Classes This program refreshed nearly 20 parents- to-be, w ho already have delivered other children, on the childbirth experience $2,452 in staff time w as devoted to this for 6 classes during the year Sibling Education Classes A program designed to lessen a child's feelings of anxiety and jealousy There w ere 47 part icipants in 5 classes during the year at a cost to the Hospital of $2,724 SCHOOL AGE ACTI VITIES ---------- Parenting and Babysitting Education This is a cooperative pr ogram w ith Child, Home and Community, Inc The hospital provided room for the educational course 89 individuals w ere given babysitting instruction at a cost of $300 to the Hospita l Service Learning & Career Academy The Service Learning Career Academy is a joint proje ct betw een the V I A Health System and the three High Schools in the Central Bucks School District In collaboration w ith the Consumer and Family Sciences course, the hospital's d ay care center provides students w ith hands-on experience to enhance learning of child dev elopment theory In addition, hospital professional staff and CB faculty jointly designed a curriculum for Advanced Placement Biology Students, Advanced Health Students and Anatomy Physiology Students, w ho spend class time on-site at the hospital to obtain the practical application of class content Over 200 students participated in this program w here $22,00 0 in hospital staffs time and other costs Teddy Bear Clinics Children in the community w ere exposed to the Emergency Department and ambulance in a fun environment The experience taught them to not be frightened in the event they may need emergency services Over 200 children came through the Teddy Bear Clinic at the hospital Donated materials and staff t ime is valued at $2,840 Girl Scouts The hospital provided meeting space for 2 Girl Scout Troops Meeting space w as valued at $5,400 Bucks County Dow ns Syndrome Space w as provid ed for monthly meetings at Children's Village for the Bucks County Dow ns Syndrome group M eeting space w as valued at $750 Focus on Motherhood Family Home and Community Childbirth classes for Teen Parents meet at C V every Monday evening to prepare for childbirth Ins truction is also provided for infant care, health & nutritional and life skills Meeting s pace is valued at $2,400 annually Bereavement Group Meetings Space is provided monthly f or these meetings at C V and is valued at $5,400

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LEADERSHIP ACTIVITIES ---------- The Hospital President/CEO devoted $22,000 worth of his time to community benefit activities including, but not limited to, the Bucks County Health Improvement Partnership, Ann Silverman Community Health Clinic, Health Quality Partners, Delaware Valley Healthcare Council and Gilda's Club The Vice-President 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 2012-2013, a value of $100,000 in manager's time was given, often during work time, to help some of the following community organizations Advocacy Speeches American Cancer Society American Heritage FCU American Red Cross Blood Drive Ann Silverman Community Health Clinic Bucks Co Hospital Decon Task Force Bucks Co Quality Child Care Coalition Bucks Co MH/MR Advisory Board Boys Scouts of America Bucks County Housing Group Bucks Co Health Improvement Partnership CB Chamber of Commerce Central Bucks Ministerium CB Christian Women's Club Child, Home and Community, Inc Central Bucks Family YMCA CB Cares Community Outreach Center Delaware Valley College Senior education Doylestown Athletic Association Doylestown Business & Community Alliance DVHC Board and Committees Family Caregivers of Seniors Friends of Peace Valley Nature Center Gilda's Club Gwynedd Mercy Advisory Committee Health and Housing Task Force Heritage Conservancy Lenape Valley Shriner's Club Literacy Academy of BCIU March of Dimes Middle Bucks Institute of Tech Advisory Professionals Working with Seniors Springfield Township (Supervisor/Planning) TEACHING PROGRAMS ---------- Doylestown Hospital supports medical, nursing, allied health, and hospital management programs The following is a list of schools that sent students to the hospital for practicums, clinical rotations, and/or preceptorships Abington Hospital School of Radiology Arcadia University Aria Health Bucks County Community College DeSales University Drexel University/Hahnemann College East Stroudsburg University Gwynedd Mercy College LaSalle University Montgomery County Community College Nazareth Hospital Philadelphia College of Osteopathic Medicine Salus University Sanford Brown Institute Springfield College Starr Technical Institute Temple University University of Delaware University of Pennsylvania University of South Carolina Upper Bucks Technical Institute Doylestown Hospital served as a clinical rotation site for medicine, physician assistant, entry and advanced nursing levels, pharmacy, radiologic technology, cardiac services and exercise physiology All patient care areas were utilized in the education of these students The costs of teaching the 575 students were at least $457,125 Pre-Med Volunteer Program This program has been developed by the Hospital Medical Staff and Volunteer Department It is a ten-week program starting in late May It is supervised by the Hospital's Director of Volunteer Services and is coordinated with a special seminar program conducted by the Doylestown Hospital's Medical Staff to introduce the students to selected phases of a medical career Students participating in the program are expected to give the Hospital a minimum of 100 hours of volunteer time in various patient related services during the course The aim of the program is to give pre-medical students first-hand hospital experience to acquaint them with a total community hospital picture This program brings into focus the work and responsibility of the physician in a modern hospital complex We had 13 students in this program Time of six physicians, four nurse educators, volunteer services and materials cost the hospital $ 48,706 OUTSIDE GROUP ROOM USAGE ---------- The hospital provides free space for meetings to the following outside groups with a charitable mission There were 137 individuals benefitted at a cost of $5,000 Ann Silverman Family Health Community Clinic Bucks County Autism Support Coalition Bucks County Intermediate Unit Bucks County Health Improvement Partnership Bucks County Medical Society Lenape Valley Foundation National Alliance for the Mentally Ill HEALTH SCREENINGS & IMMUNIZATIONS ---------- ---------- The hospital conducts health screens and supported immunizations for various community members HEALTH SCREENINGS During the year, 732 individuals benefited from health screens Staff time donated to this effort is estimated at $9,064 Activity improves the health of the community in general, specific groups of people, helps contain healthcare costs and/or improves the quality of life for all members of our community The following is a list of health screening and immuniza

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	tion activities Skin Cancer Screening This program screened 65 Patients with volunteer medical, nursing and clerical staff totaling $4,130 Prostate Cancer Screenings This program screened 337 patients with volunteer medical, nursing and clerical staff totaling $2,868 Stroke Risk Screenings This program screened 330 patients with volunteer medical, nursing and clerical staff totaling $2,066 INFLUENZA IMMUNIZATIONS Doylestown Hospital provided a community flu shot clinic in the fall of 2011 The value of this time to serve 232 individuals was $1,000 Vaccines were provided by the Bucks County Health Department Vaccines were provided by the Bucks County Health Department SUPPORT GROUPS & SELF-HELP PROGRAMS ---------- Support groups are offered at no charge to the community, and a member of the hospital staff leads many 833 conference room hours and 162 professional hours of support were provided to more than 3,200 community members This amounted to $48,560 donated in space and professional staff time and hospital materials The following is a list of the groups that held regular meetings at the hospital - Alcoholics Anonymous - Alateen - Better Breathers Club - NTM (Nontuberculous Mycobacterium) - CADUCEUS - EATING DISORDERS ANONYMOUS - FIBROMYALGIA - AUTISM - INSULIN PUMP - LYMPHEDEMA - NURSING MOTHERS - PARKINSON'S DISEASE - PROSTATE CANCER - STROKE - PULMONARY HYPERTENSION - ALZHEIMER'S DISEASE - AUGUSTINE FELLOWSHIP - BREAST CANCER - DOWN'S SYNDROME INTEREST - BUILDING THE FAMILY - LOW VISION - GAMBLERS ANONYMOUS - ICD (IMPLANTABLE DEFIBRILLATOR) - LYME DISEASE - MULTIPLE SCLEROSIS - OVEREATERS ANONYMOUS - PREGNANCY LOSS - SCLERODERMA - BLINDNESS - DIABETES VOLUNTEER PROGRAMS ---------- Doylestown Hospital enjoys the generous contribution of time and talent from community volunteers, starting at the minimum age of 15 Volunteer opportunities benefit the community by providing, for many community members, a place to go or a way to feel needed, thus preventing a variety of social problems The Volunteer program allows some members of the community to help others, not through their dollars but through their donated time In addition, the hospital is a place for community members to reach out to help friends and neighbors or to fulfill court-mandated community service obligations as volunteers Throughout the year, 890 volunteers contributed 124, 302 hours of service to their community through opportunities in every hospital department Volunteers significantly enhance patient and family support in the following service categories Addressing and Collating, Cancer Institute, Children's Village, Dietary Menu, Emergency Department, Fall Risk Companion, Gift Shop/Cart, Healing Arts Program, Hospitality Cart, Hospice, Information Desks, Mail or Messenger, Pastoral Care, Animal Assisted Therapy, Radiology Information Desk, Snack Bar, Surgery Waiting area, Patient Transport, LDRP (Labor & Delivery) and our "No One Dies Alone" program In total, $107,051 worth of meals was given to our volunteers free of charge Because the hospital wants to provide exceptional opportunities for community members to offer time and talent to support the VIA 's mission to excellent local healthcare, $476,000 in salaries was budgeted for recruitment, orientation, management, retention and recognition of volunteers in patient transport, the gift ship, and throughout the patient services areas

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	CHARITY CARE TO COMMUNITY MEMBERS ---------- Doylestown Hospital and The Pine Run Community provides free medical care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates Unreimbursed charges from Medical Assistance programs on behalf of patients that meet the hospital's charity care criteria are also considered charity care The Fiscal Year 2013 total for charity care is $7,282,367 SUMMARY OF TOTAL COMMUNITY BENEFIT CONTRIBUTION COMMUNITY OUTREACH AND BENEFIT ACTIVITIES $ 1,634,020 EDUCATIONAL PROGRAMS $ 868,157 MATERNITY AND PARENTING ACTIVITIES $ 486,680 SCHOOL AGE ACTIVITIES $ 39,090 LEADERSHIP ACTIVITIES $ 122,000 TEACHING PROGRAMS $ 505,831 OUTSIDE GROUP ROOM USAGE $ 5,000 HEALTH SCREENINGS AND IMMUNIZATIONS $ 10,064 SUPPORT AND SELF-HELP PROGRAMS $ 48,560 VOLUNTEER PROGRAMS $ 583, 051 CHARITY CARE TO COMMUNITY MEMBERS $ 7,282,367 Community Support $11,231,832 - Programs and services that were coordinated and sponsored by either the hospital and/or the Foundation and were directly paid for or came at a cost to the either hospital and/or foundation $ 352,988 - Programs and services that were coordinated and sponsored by either the hospital and/or the Foundation but did not incur additional expenses to the hospital and/or foundation Total $11,584,820 ADDENDUM A DOYLESTOWN HOSPITAL STATEMENT OF PROGRAM AND SERVICES FISCAL YEAR 2012-2013 ========== - ASSOCIATE HEALTH SERVICES - BEHAVIORAL HEALTH SERVICES - EAP - CRISIS SERVICES - CARDIAC AND NEUROLOGICAL SERVICES - DIAGNOSTIC CARDIAC CATHETERIZATION - NON-INVASIVE DIAGNOSTIC TESTING SERVICES - INTERVENTIONAL CARDIOLOGY PROCEDURES - EPS STUDIES (PACEMAKERS, DEVICE IMPLANTATION, ABLATION) - CARDIOVASCULAR SURGERY - CABG - VALVE REPLACEMENTS/REPAIRS - CRITICAL CARE UNITS - MED/SURG CRITICAL CARE - CARDIOVASCULAR CRITICAL CARE - DIABETES EDUCATION (INPATIENT AND OUTPATIENT) - NUTRITION EDUCATION AND COUNSELING - EMERGENCY SERVICES - CRISIS INTERVENTION - OBSERVATION/HOLDING UNIT - SANE (SEXUAL ASSAULT NURSE EXAMINER) PROGRAM - DOMESTIC VIOLENCE - ENDOSCOPY - GASTROENTEROLOGY - PULMONOLOGY - ENTEROSTOMAL THERAPY (INPATIENT AND OUTPATIENT) - NURSING HOME CONSULTATION - WOUND MANAGEMENT - CONTINENCE CARE - FOOD AND NUTRITION SERVICES - WEIGHT MANAGEMENT CLASSES (ADULTS AND CHILDREN) - NUTRITIONAL ASSESSMENT AND COUNSELING - PATIENT MEAL SERVICES - GENERAL MEDICINE - ALLERGIC DISEASES - CARDIOLOGY - DERMATOLOGY - ENDOCRINOLOGY - FAMILY MEDICINE - GASTROENTEROLOGY - INFECTIOUS DISEASE - INTERNAL MEDICINE - HEMATOLOGY - OBSTETRICS & GYNECOLOGY - NEPHROLOGY - NEUROLOGY - ONCOLOGY - PATHOLOGY - PEDIATRICS - PHYSICAL MEDICINE/REHABILITATION - PSYCHIATRY - PULMONARY - RHEUMATOLOGY - HEMODIALYSIS - INFECTION CONTROL - IV THERAPY - PICC (PERIPHERALLY INSERTED CENTRAL CATHETER) - LABORATORY SERVICES - AUTODONATION - BLOOD BANK - CHEMISTRY - CYTOLOGY - HEMATOLOGY - HISTOLOGY/PATHOLOGY - MICROBIOLOGY - URINALYSIS - MAGNETIC RESONANCE IMAGING (MRI) - MATERNITY SERVICES - ANTENATAL TESTING - BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) - LABOR AND DELIVERY - MATERNAL/CHILD CARE - NEONATOLOGY - PRENATAL TESTING - POST-PARTUM CARE - PREPARED CHILDBIRTH EDUCATION - SPECIAL CARE NURSERY (LEVEL II) - WELL BABY NURSERY - MEDICAL RESEARCH - CLINICAL TRIALS - ONCOLOGY (INPATIENT AND OUTPATIENT) - OUTPATIENT INFUSION SERVICES - PASTORAL CARE SERVICES - LAY CHAPLAIN - PHARMACY - RADIOLOGY SERVICES - CT SCANNER - PET/CT SCANNER - DIAGNOSTIC RADIOLOGY - INVASIVE AND SPECIAL PROCEDURES - NUCLEAR MEDICINE - ULTRASOUND - REHABILITATION SERVICES (INPATIENT AND OUTPATIENT) - BRAIN INJURY - CARDIAC REHABILITATION - COGNITIVE REMEDIATION - ELECTROMYOGRAPHY - LYMPHEDEMA THERAPY - HAND THERAPY - NERVE CONDUCTION STUDIES - OCCUPATIONAL THERAPY - PHYSICAL THERAPY - PSYCHOLOGY - SPEECH THERAPY - SWALLOWING TEST - RESPIRATORY SERVICES - PULMONARY FUNCTION TESTING - PULMONARY REHAB - CASE MANAGEMENT/SOCIAL SERVICES - PSYCHOSOCIAL ASSESSMENTS - COUNSELING - COMPLEX DISCHARGE PLANNING - CRISIS INTERVENTION - FINANCIAL COUNSELING - ADOPTION OPTIONS COUNSELING - PATIENT AND FAMILY EDUCATION - INFORMATION AND REFERRAL - SURGICAL SERVICES (INPATIENT AND OUTPATIENT) - ACUPUNCTURE - COSMETIC - DENTISTRY - GENERAL - NERVE BLOCKS - SURGICAL SERVICES CONTINUED - OB/GYN - OPHTHALMOLOGY - ORAL/MAXILLOFACIAL - ORTHOPEDICS - OTOLARYNGOLOGY - PEDIATRIC DENTISTRY - PLASTIC SURGERY - POST-ANESTHESIA CARE UNIT - PRE-ADMISSION TESTING - SAME DAY SURGERY (NERVE BLOCKS) - UROLOGY - VASCULAR - TELEMETRY / PROGRESSIVE CARE - VISITING NURSE/ HOME CARE - ADULT AND INFANTS (UP TO 1 YEAR) SKILLED HOME HEALTH SERVICES - NURSING - PHYSICAL THERAPY - OCCUPATIONAL THERAPY - SPEECH THERAPY - SOCIAL SERVICES - HOME HEALTH AIDES - BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) - COMPREHENSIVE HOSPICE PROGRAM - WOMEN'S DIAGNOSTIC CENTER - BONE DENSITOMETRY - MAMMOGRAP

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	HY - STEREOTACTIC BREAST BIOPSY

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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION A, QUESTION 11B	THE ORGANIZATION IS AN AFFILIATE IN THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE ORGANIZATION'S FEDERAL FORM 990 WAS PROVIDED TO EACH VOTING MEMBER OF ITS GOVERNING BODY, ITS BOARD OF DIRECTORS, FOR REVIEW PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE THE ORGANIZATION'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND ITS FINANCE COMMITTEE FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING A COPY TO EACH MEMBER OF DOYLESTOWN HOSPITAL'S GOVERNING BODY, ITS BOARD OF DIRECTORS

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

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 15	THE ORGANIZATION'S BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE") THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING 1 THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2 THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3 THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION B, QUESTION 16	THE ORGANIZATION HAS A JOINT VENTURE POLICY THAT IS IN FULL COMPLIANCE WITH INTERNAL REVENUE SERVICE RULES AND REGULATIONS ON JOINT VENTURE POLICIES AND DISCLOSURES WITH RESPECT TO FEDERAL FORM 990 IN ADDITION, THE ORGANIZATION'S BOARD OF DIRECTORS IS INVOLVED IN EVERY DECISION WITH RESPECT TO JOINT VENTURES IN WHICH IT PARTICIPATES FOR WHICH IT DRAFTS SPECIFIC BOARD RESOLUTIONS FOR THESE MATTERS

Identifier	Return Reference	Explanation
DISCLOSURE INFORMATION	CORE FORM, PART VI, SECTION C, QUESTION 19	THE ORGANIZATION HAS ISSUED TAX-EXEMPT BONDS TO FINANCE VARIOUS CAPITAL IMPROVEMENT PROJECTS, RENOVATIONS AND EQUIPMENT IN CONJUNCTION WITH THE ISSUANCE OF THESE TAX-EXEMPT BONDS, THE ORGANIZATION'S FINANCIAL STATEMENTS WERE INCLUDED WITH THE TAX-EXEMPT BOND PROSPECTUS WHICH WAS MADE AVAILABLE TO THE GENERAL PUBLIC FOR REVIEW THE ORGANIZATION'S FILED CERTIFICATE OF INCORPORATION AND ANY AMENDMENTS CAN BE OBTAINED AND REVIEWED THROUGH THE COMMONWEALTH OF PENNSYLVANIA

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

Identifier	Return Reference	Explanation
COMPENSATION INFORMATION DISCLOSURE	CORE FORM, PART VII AND SCHEDULE J	Jim Brexler, the current President/Chief Executive Officer of the organization began his employment on January 21, 2013 He is included in Part VII of the Core Form of the Form 990, however, please note that there is no compensation reported for Mr Brexler as he did not receive a 2012 Form W-2 In accordance with Internal Revenue Service Form 990 rules and regulations, this organization's Form 990, which has a fiscal year-end of June 30, 2013, reflects compensation paid for the 2012 calendar year Accordingly, compensation paid to Mr Brexler in 2013 will be reflected on the organization's Form 990 for the fiscal year-end June 30, 2014

Identifier	Return Reference	Explanation
RELATED HOURS DISCLOSURE	CORE FORM, PART VII, SECTION A, COLUMN B	THE ORGANIZATION IS AN AFFILIATE IN THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF DIRECTOR MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY THE SAME AS REFLECTED ON THIs FORM 990 THE HOURS REFLECTED ON PART VII OF THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, NOT SOLELY THIS ORGANIZATION

Identifier	Return Reference	Explanation
BALANCE SHEET RESTATEMENT	CORE FORM, PART X	CERTAIN RECLASSIFICATIONS HAVE BEEN MADE TO PRIOR YEAR BALANCES IN ORDER TO CONFORM TO THE CURRENT YEAR PRESENTATION THE ORGANIZATION RESTATED THE JUNE 30, 2012 BALANCES ON CORE FORM, PART X TO REFLECT THESE RECLASSIFICATIONS THIS RESTATEMENT DID NOT REQUIRE A CHANGE TO THE ORGANIZATION'S NET ASSETS OR FUND BALANCES AND, THEREFORE, THE ORGANIZATION REASONABLY DECIDED NOT TO AMEND ITS PRIOR YEAR FORM 990

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS INCLUDE - EQUITY DISTRIBUTION, ($60,000), - CHANGES IN ACCRUED PENSION, $7,364,932, - NET ASSETS RELEASED FROM TEMPORARY RESTRICTIONS, ($24,930), - INCREASE IN INTEREST IN NET ASSETS OF DOYLESTOWN HEALTH FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION, PERMANENTLY RESTRICTED, $526,428, - EQUITY TRANSFER TO DOYLESTOWN HEALTH FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501 (C)(3) TAX-EXEMPT ORGANIZATION - ($18,968,672), AND - OTHER CHANGES IN NET ASSETS - $273,066

Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS AN AFFILIATE WITHIN THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES (''SYSTEM'') AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 2013 AND JUNE 30, 2012, RESPECTIVELY, AND ISSUED A CONSOLIDATED FINANCIAL STATEMENT WITH CONSOLIDATING SCHEDULES BY ENTITY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM IN ADDITION, AN INDEPENDENT CPA FIRM AUDITED THE FINANCIAL STATEMENTS OF DOYLESTOWN HOSPITAL FOR THE FISCAL YEARS ENDED JUNE 30, 2013 AND JUNE 30, 2012, RESPECTIVELY AN UNQUALIFIED OPINION WAS ISSUED EACH YEAR BY THE INDEPENDENT CPA FIRM WITH RESPECT TO THE AUDITED FINANCIAL STATEMENTS OF THIS ORGANIZATION THE DOYLESTOWN HOSPITAL FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
DOYLESTOWN HOSPITAL

Employer identification number
23-1352174

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) DOYLESTOWN HEALTH FOUNDATION 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368196	FUNDRAISING	PA	501(C)(3)	509(A)(1)	VIAD	Yes	
(2) VILLAGE IMPROVEMENT ASSN OF DOYLESTOWN 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368200	HEALTHCARE	PA	501(C)(3)	509(A)(1)	NA	Yes	
(3) VIA AFFILIATES 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-2368197	HEALTHCARE	PA	501(C)(3)	509(A)(3)	DHF	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DOYLESTOWN RADIOLOGY GROUP LP 1240 OLD YORK ROAD WARMINSTER, PA 18974 23-1352174	MEDICAL SVCS	PA	DH	RELATED	561,744	223,713		No	0		No	51 000 %

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR 595 WEST STATE STREET DOYLESTOWN, PA 18901 23-3022645	FITNESS CENTER	PA		C CORP					No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DOYLESTOWN HEALTH FOUNDATION	R	18,968,672	COST
(2) DOYLESTOWN HEALTH FOUNDATION	C	70,214	COST

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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 section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
TRANSACTIONS WITH RELATED ORGANIZATIONS	SCHEDULE R, PART V	THE ORGANIZATION IS AN AFFILIATE OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THIS ORGANIZATION ROUTINELY PAYS EXPENSES FOR VARIOUS AFFILIATES WITHIN THE SYSTEM IN THE ORDINARY COURSE OF BUSINESS THESE RELATED PARTY TRANSACTIONS ARE RECORDED ON THE REVENUE/EXPENSE AND BALANCE SHEET STATEMENTS OF THIS ORGANIZATION AND ITS AFFILIATES THESE ENTITIES WORK TOGETHER TO DELIVER HIGH QUALITY HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITIES IN WHICH THEY ARE SITUATED

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Consolidated Financial Statements, Supplementary Information and Report of Independent Certified Public Accountants

Doylestown Hospital

June 30, 2013 and 2012

Contents

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Report of Independent Certified Public Accountants

Board of Directors
Doylestown Hospital

We have audited the accompanying consolidated financial statements of Doylestown Hospital, which comprise the consolidated balance sheets as of June 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's responsibility for the financial statements
Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's responsibility
Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Doylestown Hospital, as of June 30, 2013 and 2012, and the consolidated results of their operations and changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Grant Thornton LLP

Philadelphia, Pennsylvania

September 24, 2013

Doylestown Hospital

CONSOLIDATED BALANCE SHEETS

June 30,

ASSETS	2013	2012
Current assets		
Cash and cash equivalents	$ 11,464,267	$ 27,421,172
Patient accounts receivable, net of allowance for doubtful accounts of approximately $3,730,000 and $3,305,000 at June 30, 2013 and 2012, respectively	25,535,986	25,939,174
Supplies	5,876,027	5,269,354
Due from affiliated entities	348,341	3,288,897
Other current assets	5,418,672	3,602,701
Total current assets	48,643,293	65,521,298
Assets limited as to use		
Internally designated - by Board of Directors	57,017,109	48,499,555
Externally designated	6,278,380	7,762,925
	63,295,489	56,262,480
Interest in net assets of Doylestown Health Foundation	14,535,724	13,736,230
Property, plant and equipment, net	171,681,073	170,187,356
Deferred financing costs, net	2,953,100	2,857,426
Due from affiliated entities	2,240,116	2,239,215
Other assets	8,172,922	5,951,176
Total assets	$311,521,717	$316,755,181

Continued on next page

The accompanying notes are an integral part of these consolidated financial statements.

CONSOLIDATED BALANCE SHEETS (continued)

June 30,

LIABILITIES AND NET ASSETS	2013	2012
Current liabilities		
Current portion of long-term debt	$ 4,279,868	$ 4,069,918
Current portion of insurance claims liabilities	3,519,030	3,806,271
Accounts payable	16,649,358	16,975,761
Accrued salaries and payroll taxes	4,199,718	3,089,835
Accrued vacation	6,767,719	6,299,925
Other liabilities	950,215	868,058
Estimated settlements with third-party payors	1,038,537	1,029,223
Deposit of deferred entry fees	289,900	117,250
Due to affiliated entities	333,860	97,216
Total current liabilities	38,028,205	36,353,457
Long-term debt, net of current portion	135,156,651	139,759,654
Interest rate swaps	9,998,394	15,253,151
Insurance claims liability, net of current portion	8,956,810	6,691,622
Accrued pension	16,421,978	24,809,413
Deferred entry fees	7,016,382	5,892,937
Other liabilities	1,484,115	1,007,635
Total liabilities	217,062,535	229,767,869
Net assets		
Unrestricted		
Corporation	78,934,403	72,280,382
Non-controlling interest	198,401	181,285
Total unrestricted	79,132,804	72,461,667
Temporarily restricted	790,654	789,415
Temporarily restricted, held by Foundation	3,785,901	3,512,835
Total temporarily restricted	4,576,555	4,302,250
Permanently restricted, held by Foundation	10,749,823	10,223,395
Total net assets	94,459,182	86,987,312
Total liabilities and net assets	$311,521,717	$316,755,181

The accompanying notes are an integral part of these consolidated financial statements.

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS

Years ended June 30,

	2013	2012
Unrestricted net assets		
Revenue		
Net patient service revenue	$ 239,744,322	$220,907,473
Provision for bad debts	(4,194,302)	(3,674,766)
Net patient service revenue less provision for bad debts	235,550,020	217,232,707
Amortization of deferred entry fees	330,455	336,341
Other revenue	20,396,451	20,157,187
Bequests	574,437	497,407
Total revenue	256,851,363	238,223,642
Expenses		
Salaries and wages	99,242,634	93,679,682
Employee benefits	25,318,043	22,137,264
Professional fees	4,621,572	4,789,074
Supplies and other expenses	98,059,840	88,952,539
Depreciation and amortization	15,722,379	15,715,203
Interest	6,428,014	6,107,271
Total expenses	249,392,482	231,381,033
Operating income	7,458,881	6,842,609
Other income and losses		
Investment income	1,847,480	1,361,090
Net realized gains on sale of investments	1,434,261	630,192
Change in net unrealized gains and losses on trading securities	2,348,713	(1,039,536)
Change in fair value of interest rate swaps	5,254,757	(10,384,890)
Excess of (deficiency in) revenue and other income over expenses and other losses	18,344,092	(2,590,535)
Excess of revenue attributable to non-controlling interest	(46,516)	(34,526)
Excess of (deficiency in) revenue and other income over expenses and other losses attributable to the Corporation	18,297,576	(2,625,061)

Continued on next page

The accompanying notes are an integral part of these consolidated financial statements

CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS (continued)

Years ended June 30,

	2013	2012
Unrestricted net assets (continued)		
Excess of (deficiency in) revenue and other income over expenses and other losses attributable to the Corporation *(from previous page)*	$ 18,297,576	$ (2,625,061)
Other changes in unrestricted net assets		
Change in net unrealized gains on other-than-trading securities	(9,215)	13,929
Change in non-controlling interest	46,516	34,526
Equity distribution	(60,000)	(135,000)
Net assets released from restrictions	-	956,999
Doylestown Hospital Foundation transfers, net	(18,968,672)	(169,848)
Change in accrued pension	7,364,932	(18,388,510)
Increase (decrease) in unrestricted net assets	6,671,137	(20,312,965)
Temporarily restricted net assets		
Restricted contributions	26,169	24,721
Net assets released from restrictions	(24,930)	(962,167)
Increase in interest in net assets of Doylestown Health Foundation	273,066	946,181
Increase in temporarily restricted net assets	274,305	8,735
Permanently restricted net assets		
Increase (decrease) in interest in net assets of Doylestown Health Foundation	526,428	(643,597)
Increase (decrease) in net assets	7,471,870	(20,947,827)
Net assets, beginning of year	86,987,312	107,935,139
Net assets, end of year	$ 94,459,182	$ 86,987,312

The accompanying notes are an integral part of these consolidated financial statements

Doylestown Hospital

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years ended June 30,

	2013	2012
Operating activities		
Increase (decrease) in net assets	$ 7,471,870	$ (20,947,827)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Depreciation, amortization and other	15,760,121	15,656,940
Amortization of deferred entry fees	(330,455)	(336,341)
Provision for bad debts	4,194,302	3,674,766
Change in accrued pension	(7,364,932)	18,388,510
(Gains) losses on joint ventures	(108,517)	1,368,256
Net realized and unrealized (gains) losses on investments	(3,773,759)	404,630
Change in fair value of interest rate swaps	(5,254,757)	10,384,890
Restricted contributions	(26,169)	(24,721)
Doylestown Hospital Foundation transfers, net	18,968,672	169,848
Net change in restricted assets held by Doylestown Health Foundation	(799,494)	(302,584)
Changes in certain assets and liabilities		
Patient accounts receivable	(3,791,114)	(4,425,858)
Supplies	(606,673)	251,873
Other assets	(2,109,374)	371,599
Accounts payable	(326,403)	2,892,601
Accrued salaries, payroll taxes, and vacation	1,577,677	(1,255,451)
Other accrued liabilities	1,514,081	(2,887,201)
Due to/from affiliated entities, net	3,176,299	(8,592,107)
Deferred entry fees	1,626,550	325,750
Estimated third-party payor settlements	9,314	50,100
Net cash provided by operating activities before net change in trading securities	29,807,239	15,167,673
Net change in trading securities	(4,743,795)	(3,045,295)
Net cash provided by operating activities	25,063,444	12,122,378
Investing activities		
Purchases of property, plant and equipment, net	(16,413,517)	(12,838,316)
Decrease (increase) in assets limited as to use - other than trading securities	1,484,545	(265,377)
(Investments in) distributions received from joint ventures, net	(1,819,826)	108,223
Net cash used in investing activities	(16,748,798)	(12,995,470)
Financing activities		
Repayment of long-term debt	(93,878,550)	(4,090,152)
Proceeds from long-term debt	89,447,755	
Acquisition of deferred financing costs	(898,253)	-
Doylestown Health Foundation transfers, net	(18,968,672)	(169,848)
Restricted contributions	26,169	24,721
Net cash used in financing activities	(24,271,551)	(4,235,279)
Net decrease in cash and cash equivalents	(15,956,905)	(5,108,371)
Cash and cash equivalents, beginning of year	27,421,172	32,529,543
Cash and cash equivalents, end of year	$ 11,464,267	$ 27,421,172
Supplemental disclosure of cash flow information		
Interest paid	$ 6,722,590	$ 6,265,951

The accompanying notes are an integral part of these consolidated financial statements

NOTE A - ORGANIZATION

The mission of Doylestown Hospital is to provide a responsive, healing environment for its patients and their families, and to improve the quality of life for all members of its community. Doylestown Hospital includes the operations of two divisions: Doylestown Hospital (the "Hospital") and Pine Run Retirement Community ("Pine Run" or the "Community"), as well as the operations of the Doylestown Radiology Group, LP (collectively, the "Corporation"). The two divisions operate within a single 501(c)(3) tax-exempt organization. The Hospital is a 238-bed acute care facility, located in Doylestown, Pennsylvania, and provides health care services to the surrounding community. Pine Run consists of a 127-bed skilled nursing facility and 40-bed personal care facility (the "Health Center") and 296 independent living units (the "Village") on 42 acres of land in Doylestown, Bucks County; and a 107-bed personal care facility ("Lakeview") located on a separate, 7.5 acre campus in Doylestown. Doylestown Radiology Group, LP is a Pennsylvania limited partnership that operates a freestanding MRI facility in Hartsville, Pennsylvania. The Hospital owns 51% of Doylestown Radiology Group, LP d/b/a Advanced Open MRI ("AOM"). The Corporation is a controlled entity of The Village Improvement Association of Doylestown (the "Association"). The Association also controls The Doylestown Health Foundation (the "Foundation"). The Foundation owns or controls VIA Affiliates and Doylestown Health and Wellness Center, Inc.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Principles of Consolidation

The consolidated financial statements of Doylestown Hospital include the accounts of the Hospital, Pine Run, and AOM, including AOM's non-controlling interest reported as a component of net assets. All significant intercompany or divisional balances and transactions have been eliminated.

2. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. The most significant management estimates and assumptions related to the determination of allowance for doubtful accounts and contractual allowances for patient accounts receivable, useful lives of property, plant and equipment, actuarial estimates for the postretirement benefit plan, self-insured reserves, fair value of interest rate swap agreements and the reported fair values of certain assets and liabilities. Actual results could differ from those estimates.

3. Fair Value of Financial Instruments

Financial instruments consist of cash and cash equivalents, patient accounts receivable, assets limited as to use, accounts payable, estimated settlements with third-party payors, interest rate swaps and long-term debt. The carrying amounts reported in the consolidated balance sheets for cash and cash equivalents, patient accounts receivable, assets limited as to use, accounts payable, estimated settlements with third-party payors and interest rate swaps approximate fair value. Management's estimates of the fair value of other financial instruments are described elsewhere in the notes of the consolidated financial statements.

(Continued)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

4. Cash and Cash Equivalents

Cash and cash equivalents include all cash balances and highly liquid investments purchased with original maturities of three months or less at the date of purchase. The Corporation places its temporary cash investments with financial institutions. At times, such investments may be in excess of the Federal Depository Insurance Corporation limits.

5. Allowance for Doubtful Accounts

The Corporation provides an allowance for estimated losses resulting from uncollectible accounts. The allowance is determined by analyzing historical data and trends. Accounts receivable are charged off against the reserve for doubtful accounts when management determines that recovery is unlikely and the Corporation ceases collection efforts.

In evaluating the collectability of accounts receivable, the Corporation analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with services provided to patients who have third-party coverage, the Corporation analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, the Corporation records a provision for bad debts on the basis of its past experience. The Corporation has not experienced significant changes in write-off trends.

6. Supplies

Supplies are stated at the lower of cost (first-in, first-out method) or market value.

7. Assets Limited as to Use and Investment Income

Assets limited as to use include assets set aside by the Board of Directors (the "Board") and assets held by trustees under bond indenture agreements. Amounts set aside by the Board are designated for certain services and for property, plant and equipment replacement and expansion. The Board retains control over designated assets and may, at its discretion, subsequently use the assets for other purposes.

Investments in debt and equity securities are measured at fair value based on quoted market prices. The Corporation's investments are designated as trading securities, except for assets limited as to use under bond indenture agreements or for retirement plans, which are considered other than trading. Investment income, realized gains and losses, and changes in net unrealized gains and losses on trading securities are recorded as other income and losses or restricted investment income, if the donor or legislation restricts such income. Unrealized gains and losses on other than trading securities are recorded as other changes in unrestricted net assets.

(Continued)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

8. Property, Plant and Equipment

Property, plant and equipment are recorded at cost. Donated assets are recorded at their fair value at the date of donation. Depreciation is provided over the estimated useful lives of each depreciable asset and is computed using the straight-line method. Interest costs incurred on borrowed funds during the period of construction on capital assets are capitalized as a component of the costs of acquiring those assets. No interest costs were capitalized for the years ended June 30, 2013 and 2012. Upon sale or retirement of depreciable property, the cost and related accumulated depreciation are removed from the related accounts and resulting gains or losses are reflected in other income and losses.

Useful lives are based on the following ranges for each type of asset:

Land improvements	5 - 20 years
Buildings	20 - 35 years
Fixed equipment	5 - 25 years
Movable equipment	5 - 20 years

9. Long-Lived Assets

The Corporation continually evaluates whether events and circumstances have occurred that indicate the remaining estimated useful life of long-lived assets may warrant revision or that the remaining balance may not be recoverable. When factors indicate that long-lived assets should be evaluated for possible impairment, the Corporation uses an estimate of the related undiscounted operating income over the remaining life of the long-lived asset in measuring whether the long-lived asset is recoverable. The impairment loss on these assets is measured as the excess of the carrying amount of the asset over its fair value. Fair value is based on market prices where available, or discounted cash flows. At June 30, 2013, management believes that no revisions to the remaining useful lives or write-down of long-lived assets are required.

10. Goodwill

Goodwill and other intangible assets resulting from business acquisitions consist of the excess of the acquisition cost over the fair value of the net tangible assets of businesses acquired at the date of acquisition.

From March 2007 to June 2012, the Corporation owned 60% of the Doylestown Surgical Center, LLC, a for-profit business. The Corporation participated as a limited partner and did not have voting control of the Doylestown Surgical Center, LLC. In July 2012, the Corporation purchased the assets of the Doylestown Surgical Center, LLC for $1,686,250, which is currently operated as a department of the hospital. Goodwill is valued at $955,000 and included in other assets in the consolidated balance sheet at June 30, 2013.

(Continued)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

11. Deferred Financing Fees

Deferred financing fees are being amortized over the period the related debt is outstanding using the effective interest method.

12. Charity Care

The Corporation provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Unreimbursed charges from medical assistance programs on behalf of patients that meet the Corporation's charity care criteria are also considered charity care. The Corporation does not pursue collection of amounts determined to qualify as charity care, and establishes reserves for these amounts. Accordingly, such amounts are not reported as revenue in the accompanying consolidated statements of operations and changes in net assets.

The amount of estimated cost, based on the Corporation's cost accounting data, for services and supplies furnished under the Corporation's charity care policy, is summarized in the following table:

	Year ended June 30,	
	2013	2012
Unreimbursed charges from Medical Assistance programs	$ 4,631,956	$ 5,208,201
Free care and financial assistance	2,650,411	2,705,387
	$ 7,282,367	$ 7,913,588

13. Net Patient Service Revenue

The Corporation has agreements with third-party payors, including commercial insurance carriers and health maintenance organizations, which provide payments at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, capitated payments, reimbursed costs, discounted charges and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments due to future audits, reviews and investigations. Retroactive adjustments are accrued on an estimated basis in the period the services are rendered and adjusted in future periods as final settlements are determined or as years are no longer subject to such audits, reviews, and investigations.

Pine Run health care services revenues consist of revenues from the Health Center and Lakeview. Net revenues for nursing and personal care services rendered by the Health Center are recognized at the estimated net realizable amounts from residents and third-party payors for service rendered.

(Continued)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Lakeview charges a daily rate for services, which varies based on the size of unit occupied, level of care, and anticipated length of stay. The predominant payor source for Lakeview is private pay. Daily charges are billed monthly, and charges are recognized as income in the month that they are earned.

14. Other Revenue

The American Recovery and Reinvestment Act of 2009 provides for Medicare incentive payments for eligible hospitals and professionals that implement and achieve meaningful use of certified electronic health record ("EHR") technology. For Medicare EHR incentive payments, the Corporation utilizes a grant accounting model to recognize these revenues. Under this accounting policy, EHR incentive payments are recognized as revenues consistent with the required period in which the EHR meaningful use criteria are demonstrated. Accordingly, the Corporation recognized EHR revenues of approximately $1,332,000 and $2,548,000 for the years ended June 30, 2013 and 2012, respectively. These amounts are included in other revenue in the consolidated statements of operations and changes in net assets. The Corporation's compliance with the meaningful use criteria is subject to audit by the federal government or its designee. Additionally, Medicare EHR incentive payments received are subject to retrospective adjustment upon final settlement of the applicable cost report from which payments were calculated.

Pine Run charges residents a monthly service fee which varies according to the size of the living space occupied and the type of agreement. The agreement includes living space, utilities, some meals, housekeeping, and transportation services. Monthly service fees are recognized as income when due.

Revenue is earned through a monthly service fee contract with no entry fee component, as defined in the Resident Agreement. As of June 30, 2013, there were 230 residents residing in 192 cottages with resident agreements. Community fees are paid by Village residents under these contracts at time of move-in, and range in price from $22,000 to $62,000 per unit, depending on the unit model. Depending on the number of actual move-ins per year combined with the unit model selected, the total community fees can vary significantly from year to year. Community fees included in other revenue for the years ended June 30, 2013 and 2012 were approximately $810,000 and $852,000, respectively.

Pine Run also offers a 90% refundable entrance fee contract for certain units. Ten percent of the original entry fee is amortized into operating revenue prorated over the actuarially determined lives of each resident or couple, adjusted annually. The remaining 90% is deferred and amortized into operating revenue on the straight-line method over the remaining useful life of the facility, which was estimated to be 30 years at the original occupancy date. Any gains on the reoccupancy of the units are realized by Pine Run, and are deferred and amortized into operating revenue over the estimated remaining useful life of the facility. As of June 30, 2013, there were 39 residents residing in 24 apartments with the 90% refundable entrance fee contract.

(Continued)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Effective July 1, 2012, Pine Run began offering a declining refundable balance entrance fee contract for its cottages. The eighty-seven and one-half percent (87.5%) refundable portion declines at the rate of one and three-quarter percent (1.75%) for each full or partial month of occupancy for a period of fifty (50) months. The entry fee is amortized into operating revenue prorated over the actuarially determined lives of each resident or couple, adjusted annually. As of June 30, 2013, there were 22 residents residing in 17 cottages with the declining refundable balance contract.

At June 30, 2013 and 2012, the portion of deferred entry fee revenue subject to such refund provisions under these contracts amounted to $6,495,977 and $5,391,215, respectively.

Residential services revenues also include revenue generated from supplies and services which are provided to residents, but not expressly included in the residency agreements. Examples of these include, but are not limited to, extra meals, transportation, convenience store, barber and beauty shop, medical supplies, companion services, cable television, telephone service, unit customization and upgrade charges, and reserved parking.

15. Deposits

Deposits from prospective residents are required for apartment units as part of a Wait List Program. At June 30, 2013 and 2012, cash balances of $62,756 and $67,256, respectively, related to refundable deposits and are included in other liabilities. Deposits for the Wait List Program may be refundable or nonrefundable based on the prospective resident's desired priority on the Wait List.

16. Reserve for Insurance Claims

The Corporation currently maintains claims-made malpractice insurance coverage through a commercial insurance carrier and participates in a group trust for workers' compensation coverage. Estimated liabilities relating to asserted and unasserted claims are recorded by the Corporation as reserve for insurance claims in the accompanying consolidated balance sheets. The estimate for unreported incidents and losses is actuarially determined based on Corporation specific and industry experience data. Receivables for expected insurance recoveries are included in other assets in the accompanying consolidated balance sheets.

17. Derivatives

The Corporation recognizes all derivative financial instruments in the consolidated balance sheets at fair value. Management has determined that interest rate swap agreements do not qualify as hedges for financial reporting purposes. Consequently, the changes in the fair value of interest rate swap agreements are included as a component of excess of (deficiency in) revenue and other income over expenses and other losses in the consolidated statements of operations and changes in net assets.

(Continued)

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

The interest rate swap agreements are used by the Corporation to manage interest rate exposures and to hedge the changes in cash flows on variable rate revenue bonds. Derivative financial instruments involve, to a varying degree, elements of market and credit risk. The market risk associated with these instruments resulting from interest rate movements is expected to offset the market risk of the liability being hedged.

18. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets represent those whose use has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity with income to support services in accordance with donor stipulations. Gains and losses on investments are reported as increases or decreases in unrestricted net assets unless restricted by donor stipulations or law. As the donors' intentions are met, the net assets are reclassified to unrestricted and reported in the consolidated statements of operations and changes in net assets as other revenue for operating purposes and as other changes in unrestricted net assets for acquisitions of property, plant and equipment.

19. Advertising Costs

The Corporation expenses advertising costs as incurred. For the years ended June 30, 2013 and 2012, the Corporation incurred advertising costs of $1,335,718 and $610,194, respectively, which are included in supplies and other expenses in the accompanying consolidated statements of operations and changes in net assets.

20. Excess of (Deficiency in) Revenue and Other Income over Expenses and Other Losses

The consolidated statements of operations and changes in net assets include the excess of (deficiency in) revenue and other income over expenses and other losses. Changes in unrestricted net assets which are excluded from the excess of (deficiency in) revenue and other income over expenses and other losses, consistent with industry practice, include permanent transfers to and from affiliates, net assets released from restriction for property, plant and equipment, unrealized gains and losses on other than trading securities, change in non-controlling interest, and other changes in accrued pension.

21. Income Tax

A tax position is recognized or derecognized by the Corporation based on a "more likely than not" threshold. This applies to positions taken or expected to be taken in a tax return. The Corporation does not believe its consolidated financial statements include material uncertain tax positions. As of June 30, 2013, the Corporation's tax years ended June 30, 2011 through June 30, 2013 for federal tax jurisdiction remain open to examination.

22. Reclassifications

Certain reclassifications have been made to prior year balances in order to conform to the current year presentation.

NOTE C - NET PATIENT SERVICE REVENUE

The Corporation has agreements with third-party payors that provide for payments at amounts different from established charges. The Corporation's inpatient acute care services and outpatient services for Medicare and Medicaid program beneficiaries are paid at prospectively determined rates per inpatient discharge or outpatient visit. These payments vary according to a patient classification system that is based on clinical, diagnostic, and other factors.

Certain services for Medicare beneficiaries are paid based on a cost reimbursement methodology, subject to certain limitations. These services are reimbursed for cost reimbursable items at a tentative rate, with final settlement determined after submission of annual cost reports and audits thereof by the program's fiscal intermediary. Provisions for estimated adjustments resulting from audit and final settlements have been recorded. Differences between the estimated adjustments and the amounts settled are recorded in the year of settlement. Fiscal intermediaries have not finalized the audits of cost reports for the years ended June 30, 2013, 2012 and 2011.

In December 2010, the Department of Public Welfare ("DPW") received approval from the Centers for Medicare and Medicaid Services ("CMS") for the Pennsylvania state plan amendments pursuant to Pennsylvania Act 49 of 2010 that, among other things, established a new inpatient hospital fee-for-service payment system (using APR-DRG), established enhanced hospital payments through the state's Medical Assistance ("MA") managed care program and secured additional matching Medicaid funds through the establishment of the Quality Care Assessment. In February 2011, the DPW received the approvals necessary from CMS on the final technical language for the DPW contracts with managed care organizations. The Hospital and Health Care Association of Pennsylvania issued hospital-specific impacts of the MA payment modernization for the years ended June 30, 2013 and 2012. The Corporation recorded net patient service revenue of $2,616,367 and $1,877,244, other operating revenue of $557,891 and $1,297,015 and other expense of $3,178,758 and $3,178,758, for an operating income impact of $(4,500) and $(4,499), in its consolidated statements of operations and changes in net assets for the years ended June 30, 2013 and 2012, respectively.

The Corporation has also entered into payment agreements with certain commercial third-party payors and administrators. The basis for payments under these agreements includes prospectively determined rates per discharge, discounts from established charges, and prospectively determined daily rates. Certain agreements have retrospective audit clauses allowing the payor to review and adjust claims subsequent to initial payment.

In the opinion of management, adequate provision has been made for any reimbursement changes that may result from third-party adjustments or cost report settlements. Net patient service revenue reflects unfavorable adjustments and recovery of contractor retractions of $973,886 and $50,000 for the years ended June 30, 2013 and 2012, respectively, identified through internal compliance reviews or as anticipated adjustments.

Revenues from the Medicare and Medicaid programs, collectively, accounted for approximately 29% of net patient service revenues for both the years ended June 30, 2013 and 2012. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

(Continued)

NOTE C - NET PATIENT SERVICE REVENUE - Continued

Management believes that it is in compliance with all applicable laws and regulations and is not aware of any pending or threatened investigations involving allegations of potential wrongdoing. While no such regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretations as well as significant regulatory action including fines, penalties, and exclusion from the Medicare and Medicaid programs.

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized in the period from these major payor sources based on primary insurance designation, is as follows:

Year Ended June 30, 2013	Third-Party Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	$ 215,724,548	$ 24,019,774	$ 239,744,322

Year Ended June 30, 2012	Third-Party Payors	Self-Pay	Total All Payors
Patient service revenue (net of contractual allowances and discounts)	$ 199,153,632	$ 21,753,841	$ 220,907,473

Deductibles and copayments under third-party payment programs within the third-party payor amounts above are patients' responsibility, and the Corporation considers these amounts in its determination of the provision for bad debts based on collection experience.

NOTE D - ASSETS LIMITED AS TO USE

Assets limited as to use consist of the following:

	June 30, 2013	June 30, 2012
Internally designated by Board of Directors:		
Cash	$ 178,616	$ 62,177
Equity mutual funds	31,069,717	25,417,479
Fixed income	25,768,776	23,019,899
	$ 57,017,109	$ 48,499,555
Externally designated under bond indenture, 403(b) and statutory agreements:		
Cash	$ 247,130	$ 1,731,675
International fixed income	6,031,250	6,031,250
	$ 6,278,380	$ 7,762,925

Assets limited as to use - externally designated are maintained for the following purpose:

	June 30, 2013	June 30, 2012
Benefit plan 403(b)	$ -	$ 67,274
Statutory reserve requirement	-	10,827
Debt service fund		123,061
Construction fund	-	55,000
Debt service reserve fund	6,278,380	7,506,763
	$ 6,278,380	$ 7,762,925

NOTE E - PROPERTY, PLANT AND EQUIPMENT

	June 30, 2013	June 30, 2012
Land	$ 15,276,375	$ 15,276,375
Land improvements	3,860,240	3,520,626
Building and fixed equipment	237,314,067	240,298,320
Movable equipment	114,255,332	138,887,265
	370,706,014	397,982,586
Less accumulated depreciation	(203,899,569)	(230,369,035)
	166,806,445	167,613,551
Construction-in-progress	4,874,628	2,573,805
	$ 171,681,073	$ 170,187,356

Depreciation expense was $14,919,800 and $15,500,568 for the years ended June 30, 2013 and 2012, respectively.

NOTE F - LONG-TERM DEBT

	June 30, 2013	June 30, 2012
Hospital		
Revenue Bonds 2008 Series A	$ 42,160,000	$ 45,960,000
Revenue Bonds 2008 Series B	-	75,000,000
Revenue Bonds 2013 Series A	26,595,000	-
Revenue Bonds 2013 Series B	60,400,000	-
Bond Premium 2008 Series	776,480	926,114
Bond Premium 2013 Series A	2,429,246	-
Mortgage Payable Parking Garage	7,075,793	7,399,343
Pine Run		
Pine Run Series 1998A	-	14,755,000
Bond Discount Pine Run Series 1998A		(210,885)
	139,436,519	143,829,572
Less current portion	(4,279,868)	(4,069,918)
	$ 135,156,651	$ 139,759,654

The Corporation uses current quoted market prices in estimating the fair value of its Revenue Bonds, and the carrying value of the other long-term debt approximates fair value. The fair value of the Corporation's long-term debt at June 30, 2013 and 2012 is $139,522,861 and $145,674,431, respectively.

The Doylestown Hospital Authority (the "Authority") has issued Revenue Bonds on behalf of the Hospital and Pine Run.

(Continued)

NOTE F - LONG-TERM DEBT - Continued

Doylestown Hospital

In March 2013, the Hospital issued $26,595,000 fixed rate Series 2013A revenue bonds, and $60,400,000 fixed rate Series 2013B revenue bonds, as a private placement, through the Doylestown Hospital Authority. The proceeds from the Series 2013A Bonds were used to refund the balance of the Series 1998A Bonds and a portion of the Series 2008B Bonds. The Series 2013B Bonds were used to refund a portion of the Series 2008B Bonds. The issuance of the Series 2013A Bonds resulted in the early extinguishment loss of $472,221 for the year ended June 30, 2013, which consisted of the write-off of unamortized deferred financing and unamortized discount related to the 1998A Bonds and a portion of the write-off of unamortized deferred financing for the Series 2008B Bonds, and is included in depreciation and amortization and interest expense in the consolidated statements of operations and changes in net assets. The issuance of the Series 2013B Bonds resulted in a modification to the Series 2008B Bonds; as such, the related financing fees of $400,000 were expenses as incurred and are included in depreciation and amortization in the consolidated statements of operations and changes in net assets.

The Series 2008A Bonds were issued to fund construction projects and to finance certain capital expenditures. They include $42,160,000 of serial bonds which mature in varying annual amounts ranging from $3,995,000 to $5,530,000 through 2023, with interest rates ranging from 3.70% to 5.00%.

The Series 2008B Bonds were used to refund certain old debt and included $75,000,000 of serial bonds which would mature in varying annual amounts ranging from $1,370,000 to $6,205,000 beginning in 2022 through 2037, which bore interest at a variable interest rate subject to conversion to a fixed rate at the option of the Hospital. The variable interest rates, due monthly, were determined on a Weekly Mode, Term Rate Mode, or Fixed Rate Mode. At June 30, 2012, the Authority was using the Weekly Mode interest rate, and this rate was 0.15%. The 2008B Bonds were subject to optional redemption on any interest payment date by the Authority, at the direction of the Hospital, at a redemption price equal to the outstanding principal amount. The 2008B Bonds were collateralized by certain Hospital property and secured by an irrevocable letter of credit with a bank. This letter of credit was replaced by a direct placement as part of the 2013 refinancing. There were no amounts outstanding on the letter of credit at June 30, 2012.

In March 2013, the Authority issued $26,595,000 Series 2013A Bonds. The proceeds were used to refund all of the outstanding 1998A Bonds and a portion of the 2008B Bonds. These bonds mature in varying annual amounts ranging from $515,000 to $4,910,000 beginning in 2022 through 2029, with an interest rate of 5.00%.

Simultaneously with the issuance of the 2013A Bonds, the remaining portion of the 2008B Bonds were refunded with $60,400,000 2013B Bonds as a direct placement with a national bank. These bonds mature in varying annual amounts ranging from $700,000 to $6,100,000 beginning in 2022 through 2037, and will bear interest in a variable rate mode. The effective interest rates on $15,000,000 and $45,400,000 of the direct placement are 4.03% and 4.62%, respectively.

The 2008A and 2013A Bonds are subject to optional redemption prior to maturity by the Authority, at the direction of the Hospital, as a whole or in part at any time on or after July 1, 2018, at a price equal to 100% of the principal amount of the 2008A Bonds to be redeemed, plus accrued interest to the date of redemption. The Hospital has the option to refund the 2013 Series B debt at any time.

(Continued)

NOTE F - LONG-TERM DEBT - Continued

The 2008A Bonds and one particular maturity of the 2013A Bonds are insured by Assured Guaranty and collateralized by Hospital property. The Series 2013B bonds are secured on parity with the 2008A Bonds and the 2013A Bonds. Additionally, the agreements contain certain restrictive covenants that require the Hospital to maintain certain thresholds for a debt service coverage ratio, a day's cash on hand ratio, and a debt to capitalization ratio.

The Hospital's obligations under the Loan Agreement with respect to the 2008A and the 2013A Bonds are guaranteed by the Foundation pursuant to the Guaranty Agreement. The Foundation's obligations are secured on a parity basis by a lien on the Foundation revenues.

In November 2009, the Hospital entered a mortgage agreement in the amount of approximately $8,000,000 for the construction of a parking garage. The ten-year mortgage is at a fixed rate of 4.99% for ten years, with a balloon payment due of $5,348,617 in February 2019. The mortgage is collateralized by the parking garage and parking garage land. Annual principal payments on the mortgage range from $283,601 to $598,555.

Pine Run

The 1998 Series A Bonds consisted of $14,755,000 5.0% term bonds and were subject to mandatory redemption in part prior to maturity beginning on July 1, 2024 and on each July 1 thereafter through and including maturity ranging from $2,670,000 to $3,245,000. The redemption price equals the principal amount plus accrued interest. The 1998 Series A Bonds were collateralized by a priority mortgage lien on certain facilities and assets used in operations.

A summary of principal payments for all the long-term debt for the next five years and thereafter is as follows:

2014	$ 4,279,868
2015	4,474,413
2016	4,674,700
2017	4,890,768
2018	5,122,656
Thereafter	113,088,388
	$136,530,793

NOTE G - DERIVATIVE FINANCIAL INSTRUMENTS

In connection with the issuance of the Series 2013B Bonds and redemption of the 2008B Bonds, the Hospital and the Foundation entered into an amendment to the existing interest rate swap agreement to hedge interest rate exposure on the aggregate notional amount of $60,000,000 as it relates to the 2013B Bonds and to amend the other terms of the existing swap agreement to correspond to the 2013B Bonds. A notional amount of $15,000,000 of the swap agreement will terminate on February 3, 2019, and the remaining $45,000,000 portion of the swap agreement will terminate on July 1, 2037, unless terminated earlier in accordance with its terms. The swap provides for payments by the Hospital of fixed rates in exchange for variable interest payments by the counterparty which are intended to approximate the interest payments on the Series 2013B Bonds.

(Continued)

NOTE G - DERIVATIVE FINANCIAL INSTRUMENTS - Continued

The change in the fair value of the Corporation's interest rate swap agreements for the year ended June 30, 2013 was a decrease in the interest rate swap liability of $(5,254,757) and an increase of $10,384,890 for the year ended June 30, 2012. The change is included in other income (losses) as a component of excess of (deficiency in) revenues and other income over expenses and losses in the consolidated statements of operations and changes in net assets. At June 30, 2013 and 2012, the fair value of the interest rate swaps represented a liability of $9,998,394 and $15,253,151, respectively.

The Corporation has established policies and procedures to limit the potential for counterparty credit risk, including establishing limits for credit exposure and continually assessing the creditworthiness of counterparties. As a matter of practice, the Corporation will enter into transactions only with counterparties whose obligations are rated "A-" or above as rated by Standard & Poor's, or "A3" or above as rated by Moody's.

The Corporation's exposure to credit risk, associated with its derivative financial instruments, is measured on an individual counterparty basis, as well as by groups of counterparties that share similar attributes. As of the date the consolidated financial statements were issued, the Corporation was not exposed to any risk of loss.

NOTE H - PENSION PLANS

The Hospital has a defined benefit noncontributory pension plan covering all full-time and certain part-time employees. Plan benefits are generally based on years of service and the employees' compensation during the last five years of employment. The Hospital's policy is to fund annually at least the minimum amount required by the Employee Retirement Income Security Act of 1974. The Hospital has frozen the defined benefit plan as of December 31, 2010.

The Hospital uses a June 30 measurement date for the plan. The following table summarizes information about the pension benefit plan.

	June 30,	
	2013	2012
Changes in benefit obligation		
Projected benefit obligation, beginning of year	$ 81,212,890	$ 65,623,838
Interest cost	3,589,475	3,769,886
Actuarial loss	(3,444,588)	15,335,642
Benefits paid	(5,579,677)	(3,516,476)
Projected benefit obligation, end of year	$ 75,778,100	$ 81,212,890
Accumulated benefit obligation	$ 75,778,100	$ 81,212,890

(Continued)

NOTE H - PENSION PLANS - Continued

	June 30, 2013	June 30, 2012
Changes in plan assets		
Fair value of plan assets, beginning of year	$ 56,403,477	$ 55,708,236
Actual return on plan assets, net of expenses	6,552,422	1,137,103
Employer contribution	1,979,900	3,074,614
Benefits paid	(5,579,677)	(3,516,476)
Fair value of plan assets, end of year	$ 59,356,122	$ 56,403,477
Funded status - accrued pension	$ (16,421,978)	$ (24,809,413)

Amounts recognized in accumulated unrestricted net assets consist of:

	June 30, 2013	June 30, 2012
Unrecognized net loss	$ 26,116,888	$ 33,481,820
Net periodic benefit cost (income) consists of:		
Components of net periodic benefit cost		
Interest cost	$ 3,589,475	$ 3,769,886
Expected return on assets	(4,733,180)	(5,022,228)
Amortization of actuarial loss	2,101,102	832,257
Net periodic benefit cost (income)	957,397	(420,085)
Amounts recognized in other changes in unrestricted net assets consist of:		
Net (gain) loss	(5,263,830)	19,220,767
Amortization of loss	(2,101,102)	(832,257)
Net amount recognized	(7,364,932)	18,388,510
Total recognized in other changes in unrestricted net assets and net periodic benefit cost	$ (6,407,535)	$ 17,968,425

The estimated net loss for the pension plan that will be amortized from accumulated other changes in unrestricted net assets to net periodic cost in the next fiscal year is $1,600,000.

(Continued)

NOTE H - PENSION PLANS - Continued

	2013	2012
Assumptions		
Weighted-average assumptions used to determine benefit obligations at June 30		
Discount rate	5.00%	4.50%
Rate of compensation increase	N/A	N/A
Weighted-average assumptions used to determine net periodic benefit cost for years ended June 30		
Discount rate	4.50%	5.75%
Rate of compensation increase	N/A	2.50%
Expected long-term return on plan assets	8.50%	9.00%

To develop the expected long-term rate of return on plan assets assumption, the Hospital considered the historical returns and the future expectations for returns for each asset class, as well as the target allocation of the pension portfolio as shown below. This resulted in the selection of the 8.50% expected long-term return on plan assets.

The pension plan's actual weighted-average asset allocations and target asset allocations, by asset category, are as follows:

Asset category	Target asset allocation	June 30, 2013	June 30, 2012
Equity securities	57%	58%	43%
Fixed income securities	28	27	35
Other	15	15	22
	100%	100%	100%

The policy, as established by the Hospital with input from the investment manager, is to provide for growth of capital with a moderate level of volatility by investing assets per the target allocations stated above. The investment policy is reviewed on a regular basis under the advisement of the investment manager. An Investment Advisory Group of the Board of Directors reviewed the asset allocation and recommendations of the investment manager.

(Continued)

NOTE H - PENSION PLANS - Continued

Fair Values of Plan Assets

The following table presents the Hospital's categorization of the assets of the pension plan within the fair value hierarchy as of June 30:

	Total	Level 1	Level 2	Level 3
2013				
Equity securities (a)	$ 34,248,027	$ 34,248,027	$ -	$ -
Fixed income securities (b)	16,102,000	16,102,000	-	-
Other (c)	9,006,095	-	5,932,341	3,073,754
	$ 59,356,122	$ 50,350,027	$ 5,932,341	$ 3,073,754
2012				
Equity securities (a)	$ 31,223,875	$ 31,223,875	$ -	$ -
Fixed income securities (b)	16,747,360	16,747,360	-	-
Other (c)	8,432,242	-	5,632,242	2,800,000
	$ 56,403,477	$ 47,971,235	$ 5,632,242	$ 2,800,000

(a) Comprised of various equity securities which include U.S. large, mid-cap and small-cap equities.
(b) Comprised of high yield debt and investment grade bonds.
(c) Other investments are comprised of a Level 2 opportunity investment, made up of various strategy funds, including relative value investments, discretionary global macrofunds, managed futures, structured products and direct lending; and a Level 3 core property real estate investment fund.

The Corporation measures fair value of investments using the market value approach for all investments except for alternative investments. Fair value of the Corporation's alternative investment is determined based upon the net asset value of the fund per share provided by the fund manager. The fair value of the underlying securities and other financial information of the alternative investment may involve estimates that require a degree of judgment. Because the net asset value reported by the fund is used as a practical expedient to estimate the fair value of the Corporation's interest therein, its classification as Level 3 is based on the Corporation's ability to redeem its interest at or near the date of the balance sheet.

(Continued)

NOTE H - PENSION PLANS - Continued

The table below sets forth a summary of changes in the fair value of the pension plan's Level 3 assets for the year ended June 30:

	2013	2012
Balance at beginning of year	$ 2,800,000	$ -
Purchases	-	2,800,000
Change in unrealized gains and losses	273,754	-
Balance at end of year	$ 3,073,754	$ 2,800,000

Cash Flows

Contributions

The Hospital expects to contribute approximately $1,237,000 in pension contributions during fiscal year 2014.

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid.

2014	$ 3,800,000
2015	3,900,000
2016	4,200,000
2017	4,400,000
2018	4,300,000
2019-2023	22,000,000

Defined Contribution Plans

The Hospital has a defined contribution retirement plan for all employees, covering substantially all employees of Doylestown Hospital (the "Hospital" and "Plan Sponsor"). The plan is designed to provide eligible employees with long-term savings and investment opportunities. Participation in this plan is voluntary. Employees are eligible to participate upon hire, and employees meeting eligibility requirements are eligible for employer contributions effective the first of the month following the date of hire or the first of the month following attainment of age 21, if later. For the years ended June 30, 2013 and 2012, the Hospital made matching contributions of $679,301 and $580,178, respectively. In addition, the Hospital makes base employer defined contributions for each eligible employee. For the years ended June 30, 2013 and 2012, these base contributions totaled $1,839,470 and $1,570,290, respectively.

Pine Run has a defined contribution retirement plan for all employees, the 403(b) Tax Sheltered Annuity Savings Plan. Participants may make voluntary contributions to the plan up to 20 percent of their compensation. Employer contributions to the plan are discretionary as determined by the Board of Directors and are distributed to certain eligible salaried and hourly employees. Pine Run's expense for the years ended June 30, 2013 and 2012 was $142,401 and $102,246, respectively.

NOTE I - INSURANCE COVERAGE AND SELF-INSURED RESERVES

Medical Professional and General Liability Insurance

The Hospital insures its primary layer of medical professional and general liabilities through an insurance company under a commercial claims-made insurance policy. This policy provides limits of $1,000,000 per claim and $3,000,000 per annual aggregate, subject to a self-insured retention amount of $100,000 per claim and $800,000 per annual aggregate.

The Hospital has current liabilities of approximately $709,000 and $664,000 at June 30, 2013 and 2012, respectively, and long-term liabilities of approximately $8,757,000 and $6,592,000 at June 30, 2013 and 2012, respectively (discounted at 3% for both June 30, 2013 and 2012) in the consolidated balance sheets, representing estimates of known and incurred but not reported claims. Additionally, the Hospital has an insurance coverage receivable, estimated at $6,274,000 and $4,328,000 at June 30, 2013 and 2012, respectively, in other assets on the consolidated balance sheets.

The Medical Care Availability and Reduction of Error ("MCARE") Act was enacted by the legislature of the Commonwealth of Pennsylvania ("Commonwealth") in 2002. This Act created the MCARE Fund, which replaced The Pennsylvania Medical Professional Liability Catastrophe Loss Fund (the "Medical CAT Fund"), as the agency for the Commonwealth to facilitate the payment of medical malpractice claims exceeding the primary layer of professional liability insurance carried by Pine Run and other health care providers practicing in the Commonwealth.

The MCARE Fund is funded on a "pay as you go basis" and assesses health care providers, based on a percentage of the rates established by the Joint Underwriting Association (also a Commonwealth agency) for basic coverage. The MCARE Act of 2002 provides for a further reduction to the current MCARE coverage of $500 per occurrence to $250 per occurrence and the eventual phase-out of the MCARE Fund, subject to the approval of the PA Insurance Commissioner. To date, the PA Insurance Commissioner has deferred the change in coverage and eventual phase-out of the MCARE Fund to future years.

The Hospital's annual premiums paid for participation in MCARE were $331,393 and $269,606 for the years ended June 30, 2013 and 2012, respectively. No provision has been made for any future MCare Fund assessments in the accompanying consolidated financial statements as the Hospital's portion of the MCare Fund unfunded liability cannot be reasonably estimated. The Hospital also maintains $15,000,000 of excess insurance coverage above the MCare Fund limits.

Workers' Compensation Insurance

The Corporation has a self-insured workers' compensation program subject to a self-insured retention of $500,000 per claim for both the years ended June 30, 2013 and 2012. Claims exceeding the self-insured retention are covered under an excess insurance policy, the maximum limit of indemnity is statutory and the employers' liability maximum limit of indemnity per occurrence and aggregate is $1,000,000 for both 2013 and 2012.

(Continued)

NOTE I - INSURANCE COVERAGE AND SELF-INSURED RESERVES - Continued

The liability for workers' compensation claims (discounted at 3% for both June 30, 2013 and 2012) of $2,159,731 and $2,542,258 at June 30, 2013 and 2012, respectively, is included in self-insured liabilities in the consolidated balance sheets. The Hospital maintains continuous surety bond coverage of $2,400,000 at June 30, 2013 and 2012, and has an irrevocable letter of credit with automatic renewal of $1,200,000 at June 30, 2013 and 2012, as collateral for payment of claims. No amounts were outstanding on the bond or letter of credit at June 30, 2013 and 2012.

Employee Medical Benefits

The Corporation is self-insured for employee medical benefits. The liabilities for medical claims of $650,000 and $600,000 at June 30, 2013 and 2012, respectively, are included in the current portion of insurance claims liabilities in the consolidated balance sheets, and represent the estimated costs of medical services provided by other hospitals, physicians and other medical care providers, which will be paid out in future periods. The stop-loss insurance limit is $225,000, for both 2013 and 2012, for all claims in any one year by any one individual.

NOTE J - FAIR VALUE MEASUREMENTS

Accounting principles generally accepted in the United States of America establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Corporation has the ability to access at the measurement date.

- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

(Continued)

NOTE J - FAIR VALUE MEASUREMENTS - Continued

The following table presents assets and liabilities that are measured at fair value on a recurring basis at June 30:

	Total	Level 1	Level 2	Level 3
2013				
Cash and cash equivalents	$ 11,890,013	$ 11,890,013	$ -	$ -
Domestic fixed income	25,768,776	25,768,776		-
Domestic equities	23,617,339	23,617,339	-	
International equities	7,452,378	7,452,378	-	-
International fixed income	6,031,250	-	6,031,250	-
Total assets	$ 74,759,756	$ 68,728,506	$ 6,031,250	$ -
Liabilities				
Interest rate swaps	$ 9,998,394	$ -	$ 9,998,394	$ -
Total liabilities	$ 9,998,394	$ -	$ 9,998,394	$ -
2012				
Cash and cash equivalents	$ 29,215,024	$ 29,215,024	$ -	$ -
Domestic fixed income	23,019,899	23,019,899	-	-
Domestic equities	19,330,576	19,330,576	-	-
International equities	6,086,903	6,086,903		
International fixed income	6,031,250	-	6,031,250	-
Total assets	$ 83,683,652	$ 77,652,402	$ 6,031,250	$ -
Liabilities				
Interest rate swaps	$ 15,253,151	$ -	$ 15,253,151	$ -
Total liabilities	$ 15,253,151	$ -	$ 15,253,151	$ -

The Corporation determines the estimated fair value for its Level 1 securities using the market approach. The Corporation determines the estimated fair value for its Level 2 securities and interest rate swap using transactions and inputs that are derived principally from or corroborated by other observable market data.

NOTE K - TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

The Corporation has recorded temporarily restricted net assets which are available for the following purposes:

	June 30, 2013	June 30, 2012
Various health care services	$ 26,169	$ 24,930
Investment in property, plant and equipment	764,485	764,485
	$ 790,654	$ 789,415

The Corporation has recorded an interest in temporarily restricted net assets held by the Foundation for the benefit of the Corporation whose use has been limited to a specified time period or purpose. These temporarily restricted net assets are available for the following purposes:

	June 30, 2013	June 30, 2012
Various health care services	$ 3,622,805	$ 3,392,563
Investment in property, plant and equipment	163,096	120,272
	$ 3,785,901	$ 3,512,835

The Corporation has also recorded as permanently restricted an interest in the net assets held by the Foundation for funds held in trust for the benefit of the Corporation, the principal of which is held in perpetuity by donor stipulation. The income from these funds is available for the current operations of the Corporation and for the years ended June 30, 2013 and 2012 totaled $304,748 and $278,396, respectively. At June 30, 2013 and 2012, these amounts totaled $10,749,823 and $10,223,395, respectively.

NOTE L - RELATED PARTY TRANSACTIONS

The Corporation has various transactions with related parties. The following table summarizes these transactions:

	June 30, 2013	June 30, 2012
Fees paid by Foundation for management and other support	$ 711,619	$ 670,572
Transfers to Foundation		
Funds received from legacies	574,437	497,407
Transfers (to) from Foundation (restricted and unrestricted)		
To finance property, plant and equipment	(18,968,672)	787,151
To other operating revenue	838	17,951

(Continued)

NOTE L - RELATED PARTY TRANSACTIONS - Continued

Due from (to) affiliated entities related to the following:

	June 30, 2013	June 30, 2012
Due from Doylestown Health Foundation	$ 485,948	$ 3,265,999
Due from Health and Wellness Center	1,849,541	1,848,641
Other	252,968	413,472
	2,588,457	5,528,112
Less current portion	(348,341)	(3,288,897)
	$ 2,240,116	$ 2,239,215
Due to VIA Affiliates	$ (333,860)	$ (97,216)

The amounts included in due from Doylestown Health Foundation represent the Hospital's right to assets held by Doylestown Health Foundation for which the Hospital is the beneficiary. These funds will be transferred to the Hospital as pledge payments are received and as donor designated projects are accomplished. The amounts due to VIA Affiliates represent expenses recognized in hospital operations to support/reimburse the practices for development of clinical programs. The amounts due from the Health and Wellness Center represent expenditures processed through the Hospital's systems and will be recovered as the Health and Wellness Center receives rental payments from an unrelated party.

NOTE M - FUNCTIONAL EXPENSES

The Corporation provides general health care services to residents within their geographic location including acute care, home care, pediatric care, outpatient surgery, long-term care, and hospice care, as well as operates an independent living facility. Expenses related to providing these services are as follows:

	June 30, 2013	June 30, 2012
Health care	$ 224,453,234	$ 208,242,930
Retirement facility	8,688,172	8,573,450
Administrative	16,251,076	14,564,653
	$ 249,392,482	$ 231,381,033

NOTE N - INVESTMENTS IN JOINT VENTURES

The Corporation has the following amounts recorded in other assets in the consolidated balance sheets related to investments in joint ventures:

	June 30, 2013	June 30, 2012
Bucks County Physicians Hospital Alliance	$ 25,000	$ 25,000
Medical Office Building	490,068	1,227,598
Doylestown PET Associates	143,750	119,148
	$ 658,818	$ 1,371,746

The Hospital owns 50% of the Bucks County Physicians Hospital Alliance ("BCPHA"), a physician hospital organization. The Hospital accounts for its investment in BCPHA using the equity method of accounting.

The Hospital owns 23.3% of Pavilion I and 25.5% of Pavilion II, which are considered the Medical Office Building ("MOB"). The Hospital accounts for its investment in the MOB using the equity method of accounting.

The Hospital owns 49% of the Doylestown PET Associates, LLC, a for-profit business corporation. The Hospital accounts for its investment in Doylestown PET Associates, LLC using the equity method of accounting.

Other revenue includes $108,517 and $(1,368,256) related to joint ventures for the years ended June 30, 2013 and 2012, respectively. For the year ended June 30, 2012, this includes a $(1,019,000) valuation adjustment to the investment in Doylestown Surgical Center, LLC. Additionally, cash distributions were received of $821,445 and $108,223 for the years ended June 30, 2013 and 2012, respectively.

NOTE O - CONTINGENCIES

Operating Lease Obligations

The following is a five-year schedule of minimum lease commitments under noncancellable operating leases for the Corporation in effect as of June 30, 2013:

Year ending June 30:	
2014	$ 3,944,425
2015	3,665,979
2016	2,818,934
2017	1,873,771
2018	1,793,180

(Continued)

NOTE O - CONTINGENCIES - Continued

Rental expense amounted to $4,219,601 and $3,608,949 for the years ended June 30, 2013 and 2012, respectively.

Litigation

The Corporation is a defendant in several matters of litigation all in the ordinary course of conducting business. In the opinion of management, the ultimate outcome of these matters will not have a material effect on the Corporation's financial position, results of operations, or cash flows.

NOTE P - CONCENTRATIONS OF CREDIT RISK

The Corporation grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows:

	June 30,	
	2013	2012
Blue Cross	8%	15%
Medicare	40	31
Self-pay	17	15
Keystone Health Plan	6	12
Commercial	12	10
Aetna	8	7
Medical Assistance	5	6
Other	4	4
	100%	100%

NOTE Q - SUBSEQUENT EVENTS

Management has evaluated subsequent events for the year ended June 30, 2013, the date of the consolidated financial statements, through September 24, 2013, which is the date the consolidated financial statements were available to be issued. Pursuant to the requirements, there were no events or transactions occurring during the subsequent event reporting period which require recognition or disclosure in the consolidated financial statements.

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Report of Independent Certified Public Accountants on Supplementary information

Board of Directors
Doylestown Hospital

We have audited, in accordance with auditing standards generally accepted in the United States of America, the consolidated financial statements of Doylestown Hospital as of and for the years ended June 30, 2013 and 2012, and our report thereon dated September 24, 2013 expressed an unmodified opinion on these consolidated financial statements. Our audits were performed for the purpose of forming an opinion on these consolidated financial statements as a whole.

The accompanying consolidating balance sheets as of June 30, 2013 and 2012 and the consolidating statements of operations and changes in net assets for the years then ended are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures. These additional procedures included comparing and reconciling the information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplementary information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Grant Thornton LLP

Philadelphia, Pennsylvania

September 24, 2013

Doylestown Hospital

CONSOLIDATING BALANCE SHEET

June 30, 2013

ASSETS	Doylestown Hospital Division	Pine Run Division	Doylestown Radiology Group, LP	Eliminations	Consolidated Doylestown Hospital
Current assets					
Cash and cash equivalents	$ 7,185,448	$ 4,152,282	$ 126,537	$	$ 11,464,267
Patient accounts receivable, net	23,832,458	1,472,129	231,399		25,535,986
Supplies	5,818,828	57,199	-	-	5,876,027
Due from affiliated entities	368,047	-		(19,706)	348,341
Other current assets	5,197,738	218,789	2,145	-	5,418,672
Total current assets	42,402,519	5,900,399	360,081	(19,706)	48,643,293
Assets limited as to use					
Internally designated - by Board of Directors	57,017,109		-		57,017,109
Externally designated	6,278,380				6,278,380
	63,295,489		-	-	63,295,489
Interest in net assets of Doylestown Health Foundation	14,535,724	-			14,535,724
Property, plant and equipment, net	138,189,417	33,423,082	68,574	-	171,681,073
Deferred financing costs, net	2,953,100	-		-	2,953,100
Due from affiliated entities	26,700,175	-	-	(24,460,059)	2,240,116
Other assets	8,439,508		9,998	(276,584)	8,172,922
Total assets	$ 296,515,932	$ 39,323,481	$ 438,653	$ (24,756,349)	$ 311,521,717
LIABILITIES AND NET ASSETS					
Current liabilities					
Current portion of long-term debt	$ 4,279,868	$ -	$	$	$ 4,279,868
Current portion of insurance claims liabilities	2,663,131	855,899	-	-	3,519,030
Accounts payable	15,269,213	1,346,393	33,752		16,649,358
Accrued salaries and payroll taxes	3,952,916	246,802	-	-	4,199,718
Accrued vacation	6,191,425	576,294			6,767,719
Other liabilities	543,017	407,198	-		950,215
Estimated settlement with third-party payors	1,038,537	-	-	-	1,038,537
Deposit of deferred entry fees	-	289,900			289,900
Due to affiliated entities	333,860	19,706	-	(19,706)	333,860
Total current liabilities	34,271,967	3,742,192	33,752	(19,706)	38,028,205
Long-term debt, net of current portion	135,156,651		-	-	135,156,651
Interest rate swaps	9,998,394	-	-	-	9,998,394
Due to affiliated entities	-	24,460,059		(24,460,059)	-
Insurance claims liability, net of current portion	8,756,810	200,000	-	-	8,956,810
Accrued pension	16,421,978	-	-	-	16,421,978
Deferred entry fees	-	7,016,382			7,016,382
Other liabilities	1,484,115	-	-	-	1,484,115
Total liabilities	206,089,915	35,418,633	33,752	(24,479,765)	217,062,535
Net assets					
Unrestricted					
Corporation	75,125,808	3,878,679	404,901	(474,985)	78,934,403
Non-controlling interest	-	-	-	198,401	198,401
Total unrestricted	75,125,808	3,878,679	404,901	(276,584)	79,132,804
Temporarily restricted	764,485	26,169			790,654
Temporarily restricted, held by Foundation	3,785,901	-	-	-	3,785,901
Total temporarily restricted	4,550,386	26,169			4,576,555
Permanently restricted, held by Foundation	10,749,823			-	10,749,823
Total net assets	90,426,017	3,904,848	404,901	(276,584)	94,459,182
Total liabilities and net assets	$ 296,515,932	$ 39,323,481	$ 438,653	$ (24,756,349)	$ 311,521,717

Doylestown Hospital

CONSOLIDATING BALANCE SHEET

June 30, 2012

ASSETS	Doylestown Hospital Division	Pine Run Division	Doylestown Radiology Group, LP	Eliminations	Consolidated Doylestown Hospital
Current assets					
Cash and cash equivalents	$ 23,199,989	$ 4,068,983	$ 152,200	$	$ 27,421,172
Patient accounts receivable, net	24,167,423	1,639,326	132,425	-	25,939,174
Supplies	5,196,639	72,715			5,269,354
Due from affiliated entities	3,287,910	987	-	-	3,288,897
Other current assets	3,300,533	277,233	24,935	-	3,602,701
Total current assets	59,152,494	6,059,244	309,560	-	65,521,298
Assets limited as to use					
Internally designated - by Board of Directors	48,499,555	-			48,499,555
Externally designated	6,209,311	1,553,614	-	-	7,762,925
	54,708,866	1,553,614			56,262,480
Interest in net assets of Doylestown Health Foundation	13,736,230	-			13,736,230
Property, plant and equipment, net	139,552,034	30,492,614	142,708		170,187,356
Deferred financing costs, net	2,606,287	251,139	-	-	2,857,426
Due from affiliated entities	13,419,774	-		(11,180,559)	2,239,215
Other assets	6,217,762	-	9,998	(276,584)	5,951,176
Total assets	$ 289,393,447	$ 38,356,611	$ 462,266	$ (11,457,143)	$ 316,755,181
LIABILITIES AND NET ASSETS					
Current liabilities					
Current portion of long-term debt	$ 4,069,918	$ -	$	$ -	$ 4,069,918
Current portion of insurance claims liabilities	2,596,397	1,209,874			3,806,271
Accounts payable	15,154,315	1,729,150	92,296	-	16,975,761
Accrued salaries and payroll taxes	2,882,798	207,037			3,089,835
Accrued vacation	5,759,183	540,742	-		6,299,925
Other liabilities	508,227	359,831	-	-	868,058
Estimated settlement with third-party payors	1,029,223	-			1,029,223
Deposit of deferred entry fees	-	117,250	-		117,250
Due to affiliated entities	97,216	-	-	-	97,216
Total current liabilities	32,097,277	4,163,884	92,296	-	36,353,457
Long-term debt, net of current portion	125,215,539	14,544,115		-	139,759,654
Interest rate swaps	15,253,151	-		-	15,253,151
Due to affiliated entities	-	11,180,559		(11,180,559)	-
Insurance claims liability, net of current portion	6,591,622	100,000	-	-	6,691,622
Accrued pension	24,809,413	-		-	24,809,413
Deferred entry fees	-	5,892,937	-		5,892,937
Other liabilities	1,007,635				1,007,635
Total liabilities	204,974,637	35,881,495	92,296	(11,180,559)	229,767,869
Net assets					
Unrestricted					
Corporation	69,918,095	2,450,186	369,970	(457,869)	72,280,382
Non-controlling interest	-	-	-	181,285	181,285
Total unrestricted	69,918,095	2,450,186	369,970	(276,584)	72,461,667
Temporarily restricted	764,485	24,930		-	789,415
Temporarily restricted, held by Foundation	3,512,835	-			3,512,835
Total temporarily restricted	4,277,320	24,930	-	-	4,302,250
Permanently restricted, held by Foundation	10,223,395			-	10,223,395
Total net assets	84,418,810	2,475,116	369,970	(276,584)	86,987,312
Total liabilities and net assets	$ 289,393,447	$ 38,356,611	$ 462,266	$ (11,457,143)	$ 316,755,181

Doylestown Hospital

CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year ended June 30, 2013

	Doylestown Hospital Division	Pine Run Division	Doylestown Radiology Group, LP	Eliminations	Consolidated Doylestown Hospital
Unrestricted net assets					
Revenue					
Net patient service revenue	$220,508,151	$ 18,111,838	$ 1,124,333	$	$239,744,322
Provision for bad debts	(4,019,225)	(152,203)	(22,874)		(4,194,302)
Net patient service revenue less provision for bad debts	216,488,926	17,959,635	1,101,459		235,550,020
Amortization of deferred entry fees	-	330,455	-		330,455
Other revenue	9,621,475	10,774,976			20,396,451
Bequests	574,437	-			574,437
Total revenue	226,684,838	29,065,066	1,101,459		256,851,363
Expenses					
Salaries and wages	87,906,980	11,046,356	289,298		99,242,634
Employee benefits	23,256,130	2,012,841	49,072		25,318,043
Professional fees	4,584,300	37,272	-		4,621,572
Supplies and other expenses	86,937,388	10,528,342	594,110	-	98,059,840
Depreciation and amortization	12,787,597	2,860,734	74,048		15,722,379
Interest	5,276,986	1,151,028	-		6,428,014
Total expenses	220,749,381	27,636,573	1,006,528		249,392,482
Operating income	5,935,457	1,428,493	94,931		7,458,881
Other income and losses					
Investment income	1,847,480	-			1,847,480
Net realized gains on sale of investments	1,434,261	-	-	-	1,434,261
Change in net unrealized gains and losses on trading securities	2,348,713	-		-	2,348,713
Change in fair value of interest rate swaps	5,254,757				5,254,757
Excess of revenue and other income over expenses and other losses	16,820,668	1,428,493	94,931	-	18,344,092
Excess of revenue attributable to non-controlling interest	-	-	-	(46,516)	(46,516)
Excess of revenue and other income over expenses and other losses attributable to the Corporation	16,820,668	1,428,493	94,931	(46,516)	18,297,576
Other changes in unrestricted net assets					
Change in net unrealized gains on other-than-trading securities	(9,215)		-	-	(9,215)
Change in non-controlling interest				46,516	46,516
Equity distribution	-		(60,000)	-	(60,000)
Doylestown Hospital Foundation transfers, net	(18,968,672)			-	(18,968,672)
Changes in accrued pension	7,364,932	-	-	-	7,364,932
Increase in unrestricted net assets	5,207,713	1,428,493	34,931		6,671,137
Temporarily restricted net assets					
Restricted contributions		26,169	-	-	26,169
Net assets released from restrictions	-	(24,930)	-		(24,930)
Increase in temporarily restricted net assets	273,066	1,239			274,305
Permanently restricted net assets					
Increase in interest in net assets of Doylestown Health Foundation	526,428		-	-	526,428
Increase in net assets	6,007,207	1,429,732	34,931		7,471,870
Net assets, beginning of year	84,418,810	2,475,116	369,970	(276,584)	86,987,312
Net assets, end of year	$ 90,426,017	$ 3,904,848	$ 404,901	$ (276,584)	$ 94,459,182

Doylestown Hospital

CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

Year ended June 30, 2012

	Doylestown Hospital Division	Pine Run Division	Doylestown Radiology Group, LP	Eliminations	Consolidated Doylestown Hospital
Unrestricted net assets					
Revenue					
Net patient service revenue	$201,407,174	$ 18,203,187	$ 1,297,112	$ -	$220,907,473
Provision for bad debts	(3,466,666)	(181,411)	(26,689)	-	(3,674,766)
Net patient service revenue less provision for bad debts	197,940,508	18,021,776	1,270,423	-	217,232,707
Amortization of deferred entry fees	-	336,341	-	-	336,341
Other revenue	9,468,781	10,724,342		(35,936)	20,157,187
Bequests	497,407	-		-	497,407
Total revenue	207,906,696	29,082,459	1,270,423	(35,936)	238,223,642
Expenses					
Salaries and wages	83,135,185	10,276,134	268,363		93,679,682
Employee benefits	20,019,534	2,070,648	47,082	-	22,137,264
Professional fees	4,751,802	37,272	-	-	4,789,074
Supplies and other expenses	77,087,621	11,069,706	776,163	19,049	88,952,539
Depreciation and amortization	12,828,589	2,780,173	106,441		15,715,203
Interest	4,989,125	1,116,234	1,912		6,107,271
Total expenses	202,811,856	27,350,167	1,199,961	19,049	231,381,033
Operating income	5,094,840	1,732,292	70,462	(54,985)	6,842,609
Other income and losses					
Investment income	1,361,090		-		1,361,090
Net realized gains on sale of investments	630,192		-	-	630,192
Change in net unrealized gains and losses on trading securities	(1,039,536)	-	-	-	(1,039,536)
Change in fair value of interest rate swaps	(10,384,890)				(10,384,890)
(Deficiency in) excess of revenue and other income over expenses and other losses	(4,338,304)	1,732,292	70,462	(54,985)	(2,590,535)
Excess of revenue attributable to non-controlling interest	-	-	-	(34,526)	(34,526)
(Deficiency in) excess of revenue and other income over expenses and other losses attributable to the Corporation	(4,338,304)	1,732,292	70,462	(89,511)	(2,625,061)
Other changes in unrestricted net assets					
Change in net unrealized gains on other-than-trading securities	13,929		-	-	13,929
Change in non-controlling interest	-	-	-	34,526	34,526
Equity distribution			(135,000)	-	(135,000)
Net assets released from restrictions	956,999				956,999
Doylestown Hospital Foundation transfers, net	(169,848)				(169,848)
Changes in accrued pension	(18,388,510)	-	-	-	(18,388,510)
(Decrease) increase in unrestricted net assets	(21,925,734)	1,732,292	(64,538)	(54,985)	(20,312,965)
Temporarily restricted net assets					
Restricted contributions		24,721		-	24,721
Net assets released from restrictions	(956,999)	(5,168)	-	-	(962,167)
Increase in interest in net assets of Doylestown Health Foundation	946,181				946,181
(Decrease) increase in temporarily restricted net assets	(10,818)	19,553			8,735
Permanently restricted net assets					
Decrease in interest in net assets of Doylestown Health Foundation	(643,597)	-	-	-	(643,597)
(Decrease) increase in net assets	(22,580,149)	1,751,845	(64,538)	(54,985)	(20,947,827)
Net assets, beginning of year	106,998,959	723,271	434,508	(221,599)	107,935,139
Net assets, end of year	$ 84,418,810	$ 2,475,116	$ 369,970	$ (276,584)	$ 86,987,312

Doylestown Hospital
2013 Community Health Needs Assessment
Implementation Plan

Introduction

Doylestown Hospital completed a comprehensive Community Health Needs Assessment (CHNA) in 2013, working with Public Health Management Corporation The purpose was to gain information to

- gauge the health of the communities we serve, and
- inform future strategy and planning efforts to meet identified needs gaps in programs and services

The CHNA addressed the geographic areas served by the hospital, as required in Section 501(r) of the Internal Revenue Code (Section 501(r) The Doylestown Hospital Service Area, from which the majority of the hospital's admissions originate, is composed of 45 zip codes in Central Bucks and Eastern Montgomery Counties (detailed in the full Community Health Needs Assessment) The total population of the hospital's service area in the 2010 census was approximately 361,800 which was an 8% increase over the last full census in 2000 The population is predicted to continue increasing in 2013 (to 366,100 residents) and 2018 (to 372,400)

A copy of the full 2013 Needs Assessment is published on the hospital's website at www dh org/community Overall the Doylestown Hospital Service Area ranks higher on almost all the measured health metrics than the state of Pennsylvania and for Bucks County

Summary of Community Health Needs

Poor health status can result from the interaction of challenging social, economic, environmental and behavioral factors, combined with a lack of access to care

Overall, our service area has a higher socioeconomic profile than that of Pennsylvania as a whole Education and median household income are higher than Bucks County, and substantially higher than the state of Pennsylvania Access to care in our service area was also reported to exceed the Healthy People 2020 goal, as well as the average levels for the county and state experience

Almost all of the Community Health Indicators were reported as either meeting or exceeding the Healthy People 2020 goals, and were better than Bucks County and the Southeastern PA region

The exceptions were

- Binge drinking (reported by 27% of our service area, versus the Healthy People 2020 goal of 18 3%)

- Overweight children (reported at 20% for our service area, versus Southeastern PA average of 18 2%)

While the overall health indicators compared favorably with local and regional norms, and the national Healthy People 2020 goals, several issues were identified in the Assessment as potential areas for intervention

Based on Doylestown Hospital's strengths and the outcomes of this needs assessment, we have prioritized several issues for interventions over the three year period from 2013-2015 Prioritization was based on the results of the CHNA, on the availability of resources and potential to impact

An additional priority test was relationship to our strategic plans We began a system-wide strategic planning process in June 2013, targeted for completion at the end of the calendar year Some prioritization could change based on the outcome of our strategic planning process

There were some additional unmet needs mentioned in the CHNA that we will not address directly, because they are already being addressed by other health care providers, government services and other local health service agencies Some of these unmet needs are also beyond the mission and potential for direct impact by our hospital, such as transportation

Priority Community Health Needs

For Year 1, our primary focus area as identified in the CHNA will be on additional support for cancer and heart disease prevention programs Interventions mentioned include smoking cessation, nutrition counseling and diabetes awareness, and physical activity programs

Using cancer and heart disease prevention as our major focus area, the chart below lists the community health needs identified in the 2012 CHNA as priorities Documentation of the findings presented in this summary is provided in the full CHNA found on the hospital's website at www dh org/community

(see chart next page)

Issue	Specific Action Plan to Address
1) Additional support for cancer & heart disease prevention programs, including smoking cessation & prevention, nutrition counseling, and physical activity programs	**Yes** Action Plan developed for Year 1, to be reviewed and revised for 2014-15 in conjunction with strategic plan updates Includes strategies for increasing resource awareness via healthcare concierge, education and prevention materials in community locations, and social media and technology solutions
2) Health Indicators below Healthy People 2020 goals • Binge drinking • Childhood Obesity	**No** We do not offer dedicated inpatient services for substance abuse or pediatrics However other area agencies are dealing with these issues, and we would continue to support and collaborate with them These include Lenape Valley Foundation, Bucks Council on Alcoholism, CB Cares, BCHIP
3) Access to specialty care and preventative care is difficult for patients with Medicaid, particularly in certain specialties (dentists, dermatology and orthopedics)	**No** This issue is beyond the hospital's scope of direct influence, although we will continue to participate in Managed Medicaid plans and to support the Ann Silverman Free Clinic for access by uninsured or underinsured residents BCHIP is also working on this issue at the County level
4 Transportation barriers are a burden for low income residents	**No** This issue is not within the hospital's mission, affects a small percentage of the primary service area We are on the route for local transport services including DART Others who are addressing this issue include BCHIP, United Way, and other area service agencies Bucks County Transport also provides no- or low-cost transportation to low income residents/seniors

Implementation Strategy for Priority Health Needs

For our top priority health issues of additional support for cancer and heart disease prevention programs, we have identified at least one intervention activity to address improving the health of the community The table below shows each activity, identifies responsibility for implementation/collaboration, and lists required resources for execution

Priority One Health Issues	Activity	Responsibility	Resources
Increase health resources awareness and access	Establish Health Resource Center Satellite pilot in Community retail location with Healthcare Concierge, expand as appropriate to include additional locations	DH, Health Connections at ShopRite of Warminster, local health service organizations other retail partners as need warrants	Staffing, inpatient departments, local health organizations
Heart Health Screenings (Blood pressure, weight, cholesterol)	Periodic blood pressure, weight, cholesterol screenings at hospital and outreach centers	DH Satellite at ShopRite Warminster, clinical departments, education department	Clinical staff, community locations, monitors and scales, supplies
Increase health education and awareness	Periodic health education programs on smoking cessation, nutrition counseling, displays and information stations at community locations	Education department, DH Satellite at ShopRite, clinical departments, area health agencies	Training and workshop materials, instructors, partner with BCHIP, Bucks County Dept of Health, other community agencies including United Way
Integrate social media as education tool	Establish social media presence with messaging and health promotion reminders (Facebook, other)	Marketing, Community relations, Education	Communications staff, IT, web partners

Target Population and Goals

Populations in our focus areas could benefit from health improvement activities While healthy interventions could benefit the whole population, we will focus on specific population needs for appropriate interventions Note that this assessment was based primarily on secondary data, and it would be ideal to have primary data sources that would allow for more targeted information collection As this plan evolves, we will seek further information that will facilitate more targeted intervention methods

Focus Issue	Target Population	Goals
Heart Disease Prevention	Adults with high blood pressure or hypertension	Increase community awareness of hypertension, Increase % of people screened for hypertention, Conduct screenings at Health Connections satellite at ShopRite Warminster and at other outreach locations in the community
	Smokers	Increase awareness of smoking risks, Increase participation in local smoking cessation programs,
	Adults who are overweight/obese	Increase community awareness of weight and heart disease relationship, Increase attendance at nutrition programs and workshops, Increase BMI screening in the community
Cancer Prevention	Adults who fit current screening guidelines	Increase community awareness of cancer screening guidelines
	Women who have not gotten a baseline or followup mammogram	Increase number of women getting mammograms within recommended period
	Adults who are at risk for	Increase awareness and

	lung cancer	increase attendance at community education/screening events
Support Groups	Adults in the service area who are impacted by issues dealing with current support groups Community members in need of health resource information	Increase awareness and attendance at current support groups (Cancer, AA, AlAnon, AlaTeen, Smoking Cessation, Caregivers, etc), Lymphadema, etc , Support satellite Health Connections resource center at ShopRite Warminster with health information and directories, increase number of visits to the Center Identify and match additional support group needs with community offerings

Conclusion

While our service area generally enjoys good health and has above average socio-economic and educational standings, Doylestown Hospital is still committed to improving the health of our community

This implementation plan will evolve over the 2013-2015 period, with updates and adjustments based on local factors and developments with our strategic planning initiative that will set new directions beginning in 2014

The full 2013 Community Health Needs Assessment document is available on the hospital's website at http //www dh org/community, or from the home page you can select "About Us" to see Doylestown in the Community
Approved Doylestown Hospital Board of Directors 9 19 13

Approved Doylestown Health Foundation Board of Directors 9 23 13