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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

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

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN		<b>D</b> Employer identification number  23-2368200
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 595 WEST STATE STREET Suite	Room/suite	E Telephone number  (215) 345-2242
	City or town, state or country, and ZIP + 4 DOYLESTOWN, PA 18901		
			<b>G</b> Gross receipts \$ 663,880
<b>F</b> Name and address of principal officer JIM BREXLER FACHE 595 WEST STATE STREET DOYLESTOWN, PA 18901		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions)	

<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number	
<b>J Website:</b> WWW.DH.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1895	<b>M</b> State of legal domicile PA

## Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO INITIATE AND SUPPORT PROGRAMS THAT WILL ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITY AND TO CONTINUE THE GOALS OF OUR FOUNDERS			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3	Number of voting members of the governing body (Part VI, line 1a)	21	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	0	
6	Total number of volunteers (estimate if necessary)	526		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue	8	Contributions and grants (Part VIII, line 1h)	392,962	357,270
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,581	33,449
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	467,543	390,719
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	256,310
14		Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	182,222	116,330
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	438,532	194,508
19		Revenue less expenses Subtract line 18 from line 12	29,011	196,211
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	1,061,228	1,106,360
	21	Total liabilities (Part X, line 26)	26,405	16,156
	22	Net assets or fund balances Subtract line 21 from line 20	1,034,823	1,090,204

## 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.

<b>Sign Here</b>	***** Signature of officer			2014-05-08 Date	
	MARIANNE E CHABOT PRESIDENT Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature		Date
	Firm's name    WITHUMSMITHBROWN PC			Check <input type="checkbox"/> if self-employed    PTIN	
	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

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

TO INITIATE AND SUPPORT PROGRAMS THAT WILL ENHANCE THE QUALITY OF LIFE IN OUR COMMUNITY AND TO CONTINUE THE GOALS OF OUR FOUNDERS THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT NOT FOR-PROFIT INTEGRATED HEALTHCARE DELIVERY SYSTEM IN PENNSYLVANIA WHOSE CHARITABLE PURPOSES INCLUDE PROVIDING MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT INCLUDED IN SCHEDULE O

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

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 \$	182,875	including grants of \$	78,178	) (Revenue \$	0
EXPENSES INCURRED IN SUPPORTING VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND ITS CONTROLLED ENTITIES THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN PROVIDES MEDICALLY NECESSARY HEALTHCARE SERVICES TO ALL INDIVIDUALS IN A NON-DISCRIMINATORY MANNER REGARDLESS OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, RELIGION OR ABILITY TO PAY PLEASE REFER TO SCHEDULE O FOR THE ORGANIZATION'S COMMUNITY BENEFIT STATEMENT							



















[illegible][illegible]

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

<b>4e</b>	<b>Total program service expenses</b>	<b>182,875</b>
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Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	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	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, 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	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	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 . . . . .	21	
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 . . . . .	19	
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	No
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	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶PA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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			
(1) MARIANNE E CHABOT PRESIDENT - DIRECTOR	20 0	X		X						
(2) LINDA MCILHINNEY 1ST VICE PRESIDENT - DIRECTOR	20 0	X		X						
(3) CORY SCHROEDER 2ND VICE PRESIDENT - DIRECTOR	20 0	X		X						
(4) CAROLYN KOZAKOWSKI RECORDING SECRETARY - DIRECTOR	3 0	X		X						
(5) MARIE JOHNSTON CORRESP SECRETARY - DIRECTOR	3 0	X		X						
(6) BARBARA KIEFFER CPA TREASURER - DIRECTOR	15 0	X		X						
(7) BEVERLY COLLER CAMPBELL ASSISTANT TREASURER - DIRECTOR	3 0	X		X						
(8) BARBARA BOTTO DIRECTOR	3 0	X								
(9) JAMES BREXLER DIRECTOR - PRES/CEO (EFF 1/22)	55 0	X		X				0	0	0
(10) CAROLYN DELLA RODOLFA VP HEALTH SERVICES - DIRECTOR	20 0	X		X						
(11) ELIZABETH FETTERMAN DIRECTOR	3 0	X								
(12) GEORGIA FORD DIRECTOR	3 0	X								
(13) KATHRYN LAMBERT DIRECTOR - PAST PRESIDENT	3 0	X								
(14) JOY LEVY DIRECTOR	3 0	X						0	0	0
(15) MARGARET MARTIN DIRECTOR	3 0	X								
(16) PHYLLIS MORRIS DIRECTOR	5 0	X								
(17) SHARON ORR DIRECTOR	3 0	X								



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	0	959,043	242,702

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

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

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 ►0

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	11,620			
	c	Fundraising events . . . . .	1c	234,677			
	d	Related organizations . . . .	1d	42,185			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	68,788			
	g	Noncash contributions included in lines 1a-1f \$		7,500			
	h	Total. Add lines 1a-1f . . . . .		357,270			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		0			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		29,186		
4		Income from investment of tax-exempt bond proceeds . .		0			
5		Royalties . . . . .		0			
6a		(i) Real					
		(ii) Personal					
b		Less rental expenses					
c		Rental income or (loss)		0	0		
d		Net rental income or (loss) . . . . .		0			
7a		(i) Securities					
		(ii) Other					
b		Less cost or other basis and sales expenses		123,578			
c		Gain or (loss)		119,315			
d		Net gain or (loss) . . . . .		4,263			
8a		Gross income from fundraising events (not including \$ 234,677 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
a				153,846			
b		Less direct expenses . . . . .		153,846			
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 . . . . .						
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 . . . . .						
c	Net income or (loss) from sales of inventory . .		0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		0				
12	Total revenue. See Instructions . . . . .		390,719				33,449

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.	35,188	35,188		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	42,990	42,990		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	0			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9	Other employee benefits.	0			
10	Payroll taxes.	0			
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	0			
c	Accounting.	0			
d	Lobbying.	0			
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12	Advertising and promotion.	0			
13	Office expenses.	3,181	2,863	318	
14	Information technology.	0			
15	Royalties.	0			
16	Occupancy.	0			
17	Travel.	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	0			
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	2,429	2,186	243	
23	Insurance.	11,586	10,427	1,159	
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	CLYMER FUND EXPENSE	37,000	33,300	3,700	
b	CARETAKER EXPENSE	23,580	21,222	2,358	
c	UTILITIES	11,236	10,112	1,124	
d	REPAIRS & MAINTENANCE	3,181	2,863	318	
e	All other expenses	24,137	21,724	2,413	
25	Total functional expenses. Add lines 1 through 24e.	194,508	182,875	11,633	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 <input type="checkbox"/> 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			37,364	1	23,899
	2	Savings and temporary cash investments			483,484	2	497,653
	3	Pledges and grants receivable, net			13,550	3	2,500
	4	Accounts receivable, net			0	4	0
	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			0	8	0
	9	Prepaid expenses and deferred charges			100	9	497
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	379,307			
	b	Less accumulated depreciation	10b	356,082	22,164	10c	23,225
	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			493,621	13	551,613
	14	Intangible assets			0	14	0
	15	Other assets See Part IV, line 11			10,945	15	6,973
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,061,228	16	1,106,360
Liabilities	17	Accounts payable and accrued expenses			25,860	17	12,860
	18	Grants payable			0	18	0
	19	Deferred revenue			545	19	3,296
	20	Tax-exempt bond liabilities			0	20	0
	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			0	25	0
	26	Total liabilities. Add lines 17 through 25			26,405	26	16,156
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			518,837	27	604,007
	28	Temporarily restricted net assets			515,986	28	486,197
	29	Permanently restricted net assets			0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,034,823	33	1,090,204
	34	Total liabilities and net assets/fund balances			1,061,228	34	1,106,360

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	390,719
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	194,508
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	196,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	1,034,823
5	Net unrealized gains (losses) on investments . . . . .	5	38,663
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	-179,493
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,090,204

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A  
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

Employer identification number  
23-2368200

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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?  

(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?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)
- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |
- | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1 - 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |   |  |    |   |    |  |    |                                  |
|                                    |          |   |  |    |   |    |  |    |                                  |
| Total                              |          |   |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2012

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.")	489,735	436,232	389,747	392,962	357,521	2,066,197
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	489,735	436,232	389,747	392,962	357,521	2,066,197
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)						0
6 Public support. Subtract line 5 from line 4						2,066,197

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	489,735	436,232	389,747	392,962	357,521	2,066,197
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,356	62,617	67,762	74,581	33,449	335,765
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						0
11 Total support (Add lines 7 through 10)						2,401,962
12 Gross receipts from related activities, etc (see instructions)					12	815,980
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	86 021 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	81 737 %
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 IIISupport 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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization  
VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

Employer identification number  
23-2368200

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or 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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

	Held at the End of the Year
2a	
2b	
2c	
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part 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	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	515,986	504,110	456,346	449,842	439,875
b Contributions . . . . .		19,419	24,155	6,504	9,967
c Net investment earnings, gains, and losses	12,396	72,612	91,874		
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	42,185	80,155	68,265		
f Administrative expenses . . . . .					
g End of year balance . . . . .	486,197	515,986	504,110	456,346	449,842

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 100 000 %  
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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

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 . . . . .				
b Buildings . . . . .		344,052	320,827	23,225
c Leasehold improvements . . . . .				
d Equipment . . . . .		35,255	35,255	0
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				23,225

Schedule D (Form 990) 2012



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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	541,043
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	38,663
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	153,846
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	192,509
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	348,534
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	42,185
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	42,185
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	390,719

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	306,169
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	153,846
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	153,846
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	152,323
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	42,185
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	42,185
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	194,508

**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
ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	RESTRICTED FUNDS ARE USED TO SUPPORT THE CHARITABLE ACTIVITIES AND PROGRAMS OF THE ORGANIZATION AND ITS CONTROLLED AFFILIATES
TEXT OF FIN 48 AUDITED FINANCIAL STATEMENT FOOTNOTE	SCHEDULE D, PART X	THIS ORGANIZATION IS AN AFFILIATE OF VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES FOR THE YEARS ENDED JUNE 30, 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 SYSTEM BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM DOES NOT BELIEVE ITS CONSOLIDATED FINANCIAL STATEMENTS INCLUDE ANY MATERIAL UNCERTAIN TAX POSITIONS.
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART VIII, LINE 12 INCLUDE - SPECIAL EVENT EXPENSES, \$153,846
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XI, LINE 4B	OTHER RECONCILIATION ITEMS INCLUDED ON FORM 990, PART VIII, LINE 12, BUT NOT ON LINE 1 INCLUDES - NET ASSETS RELEASED FROM RESTRICTION, \$42,185
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 2D	OTHER RECONCILIATION ITEMS INCLUDED ON LINE 1 BUT NOT ON FORM 990, PART IX, LINE 25 INCLUDE - SPECIAL EVENT EXPENSES, \$153,846
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS	SCHEDULE D, PART XII, LINE 4B	OTHER RECONCILIATION ITEMS INCLUDED ON FORM 990, PART IX, LINE 25 BUT NOT ON LINE 1 INCLUDES - NET ASSETS RELEASED FROM TEMPORARY RESTRICTION FOR OPERATIONS, \$42,185



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DESIGNER HOUSE (event type)	ASSOCIATION (event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	373,408	15,115	388,523
	2	Less Contributions . . .	223,437	11,240	234,677
	3	Gross income (line 1 minus line 2) . . . .	149,971	3,875	153,846
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .			
	7	Food and beverages .	43,259		43,259
	8	Entertainment . . . .			
	9	Other direct expenses .	106,712	3,875	110,587
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine line 3, column (d), and line 10 . . . . . ▶			

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

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

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

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

**13** Indicate the percentage of gaming activity operated in

<b>a</b> The organization's facility . . . . .	<b>13a</b>	
<b>b</b> An outside facility . . . . .	<b>13b</b>	

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

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

**16** Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

☐ Director/officer                      ☐ Employee                      ☐ Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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OMB No 1545-0047

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

**Open to Public Inspection**

**Employer identification number**  
23-2368200

## 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.

[illegible]

- |          |   |          |
|----------|---|----------|
| <b>2</b> | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . | <b>3</b> |
| <b>3</b> | 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
(1) EDUCATIONAL SCHOLARSHIPS	15	14,390			
(2) ASSISTANCE TO NEEDY INDIVIDUALS	330	28,600			

**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 CENTERS AND OTHER INFORMATION, INCLUDING WRITTEN DOCUMENTATION AND RECEIPTS

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  
VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

Employer identification number  
23-2368200

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>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</div>	1b	
<div>2</div> <div>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?</div>	2	
<div>3</div> <div>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</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>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</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	Yes
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	
<div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div>6</div> <div>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</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div>7</div> <div>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</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>	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				
(1)RICHARD A REIF DIRECTOR - PRES/CEO (7/1-1/21)	(i)	0	0	0	0	0	0	0
	(ii)	629,544	0	10,233	24,500	16,569	680,846	0
(2)DANIEL L UPTON CHIEF FINANCIAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	317,483	0	1,783	182,392	19,241	520,899	0

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 2011 FORM W-2
COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4B	THE DEFERRED COMPENSATION AMOUNT IN COLUMN C FOR THE FOLLOWING INDIVIDUAL INCLUDES UNVESTED BENEFITS IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN ("SERP") BECAUSE THE AMOUNT IS SUBJECT TO A SUBSTANTIAL RISK OF COMPLETE FORFEITURE. ACCORDINGLY, THE INDIVIDUAL MAY NEVER ACTUALLY RECEIVE THIS UNVESTED BENEFIT AMOUNT. THE AMOUNT OUTLINED HEREIN WAS NOT INCLUDED IN HIS 2011 FORM W-2, AS TAXABLE WAGES. DANIEL L. UPTON, \$152,548

2012

Open to Public Inspection

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.

Name of the organization

VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

Employer identification number

23-2368200

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>V I A Health System Background ===== The Village Improvement 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.</p> <p>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.</p> <p>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 2012. 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.</p> <p>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.</p> <p>1. SERVICE - Anticipate the healthcare needs of the community, either</p>

Identifier	Return Reference	Explanation
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Doylestown Hospital has been designated as a Blue Distinction Center for Knee and Hip Replacement, as well as receiving two prestigious technology awards, and also is among the top 5% in the nation for patient safety. DOYLESTOWN RANKED AMONG 100 TOP HOSPITALS ===== Doylestown Hospital is one of the best 100 hospitals in the U.S. according to the Thomson Reuters 100 Top Hospitals study released April 16. The annual study evaluates hospitals based on their overall organizational performance. "The Thomson Reuters 100 Top Hospital rating is a wonderful affirmation of the quality of care we consistently deliver and the culture of patient safety that we all have worked so hard to achieve," said Rich Reif, President and CEO of the hospital. "I could not be more proud of, or excited for, every Associate, member of our Medical Staff and hospital Volunteer." To conduct the 100 Top Hospitals study, Thomson Reuters researchers evaluated 2,886 short-term, acute-care, non-federal hospitals. They used public information - Medicare cost reports, Medicare Provider Analysis and Review (MedPAR) data, and core measures and patient satisfaction data from the Centers for Medicare and Medicaid Services (CMS) Hospital Compare website. Hospitals do not apply, and winners do not pay to market this honor. There are 10 areas of study: Mortality, Medical complications, Patient safety, Average patient stay, Expenses, Profitability, Patient satisfaction, Adherence to clinical standards of care, Post-discharge mortality, Readmission rates for heart attack, heart failure and pneumonia. In November 2011, Thomson Reuters named Doylestown Hospital among the Top 50 Cardiovascular Hospitals in the U.S. for 2012. That recognition came on the heels of another national honor: DH's 30-day mortality rate for heart attack was tied for fourth best in the nation according to data on the CMS Hospital Compare website (August 2011). DOYLESTOWN HOSPITAL RECEIVES PRESS GANEY AWARD FOR PATIENT SATISFACTION ===== Doylestown Hospital is proud to announce it has been named a 2012 Summit Award winner by Press Ganey Associates, Inc. The Summit Award recognizes top-performing facilities that sustain the highest levels of patient satisfaction performance for three consecutive years. The Press Ganey Summit Award is one of the health care industry's most coveted symbols of achievement. Doylestown Hospital is one of only 100 organizations to receive this prestigious honor for patient satisfaction in 2012, and one of only 24 Emergency Departments to be recognized. Press Ganey partners with more than 10,000 health care facilities, including more than half of all U.S. hospitals, to measure and improve the patient experience. Doylestown Hospital's new, 55,756-square foot Emergency Department (ED) opened with 41 beds in April 2010. A collaborative team of physicians, nurses, hospital administrators and patients, aided by experts in emergency department design, designed an ED that focuses on how care should be delivered, not how it is traditionally delivered. Various efficiencies promote faster movement through the system, reducing the time that patients spend in the ED. In working to improve systems, the main area of focus was the impact of wait time on patient care and satisfaction. Several protocols were initiated to move the Emergency Department visitor out of the "waiting room" as soon as possible and into a treatment room. These included instituting standing order sets for the treatment of most common ED complaints to expedite the delivery of care, and empowering nursing staff to initiate the order sets within their scope of practice before the patient is seen by a physician. Finally, all physicians in the ED adopted the same standards for patient communication and visibility. Electronic medical records consolidate and coordinate charting. A "tracker board" is plainly visible to staff to monitor who is next to be seen, the amount of wait time and the acuity of the patient. To improve communication, staff members carry cell</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>l 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 " THE RICHARD REIF HEART INSTITUTE OF DOYLESTOWN HOSPITAL ===== The</p> <p>The Richard A. Reif Heart Institute of Doylestown Hospital is not only a regional leader in cardiac care, but one of the 50 Top Cardiovascular Hospitals in the nation, according to a study of more than 1,000 U.S. hospitals by Thomson Reuters (2012) Doylestown is ranked #2 in the United States for 30-day heart attack mortality, as reported by the federal government Also, patients experiencing a heart attack are more likely to survive at Doylestown Hospital than any other hospital in Pennsylvania For the second year in a row, Doylestown's outcomes place the hospital in the elite upper echelon of quality care providers Whether you need emergency cardiac care, treatment for a chronic condition or help managing risk factors for heart disease, the experts at The Richard A. Reif Heart Institute of Doylestown Hospital are dedicated to providing the highest level of quality care and patient safety The name "Richard A. Reif Heart Institute of Doylestown Hospital" honors the legacy of long-time President and CEO Richard Reif, who recently retired after 23 years of leading the growth of the hospital's heart program Reif became Chief Executive Officer of Doylestown Hospital in June 1989 Under his leadership, the hospital and its staff have received special recognition from a variety of organizations related to patient care and the management of the hospital and its nationally recognized cardiac program When it comes to life-saving heart attack care and survival after a heart attack, it doesn't get much better than Doylestown Hospital Doylestown is ranked #2 in the United States for 30-day heart attack mortality, as reported by the federal government Also, patients experiencing a heart attack are more likely to survive at Doylestown Hospital than any other hospital in Pennsylvania For the second year in a row, Doylestown's outcomes place the hospital in the elite upper echelon of quality care providers Data on the 30-day mortality rate for patients with acute myocardial infarction (heart attack) was posted by the Centers for Medicare and Medicaid (CMS) services at its HospitalCompare web site (<a href="http://www.hospitalcompare.hhs.gov">www.hospitalcompare.hhs.gov</a>) The results are for a three-year period - July 1, 2008 - June 30, 2011 - and can be found under the "Outcome Measures" tab</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>According to Michael Mooradd, MD, FACC, cardiologist and past president of the Medical Sta ff, "This ranking is the result of a great deal of teamw ork at Doylestow n Hospital It rep resents superior care that starts with distinguished ambulance crews assessing and transm itting EKGs directly to our ER even before the patient arrives It continues through to our accredited Chest Pain Center as physicians and nurses in our ER further assess and stabl ize the patient while a team dedicated to the treatment of heart attack patients rapidly a ssembles in the catheterization lab The goal has been to minimize the "door-to-balloon" t ime, which dramatically increases the likelihood of an outstanding outcome And the follow -up care patients receive in our specialized cardiac care units completes the process and ensures a high recovery rate among heart attack patients This complex and superb teamw ork directed toward rapid assessment and better treatment has made us one of the very top pro viders in the nation for each of the past tw o years " DOYLESTOWN HOSPITAL IS 2ND IN THE NA TIONAL AND BEST IN PA FOR HEART ATTACK SURVIVAL =====</p> <p>The 30-day mortality rate for heart attack patients is 10 4% at Doylestow n Hospital, the national average is 15 5%, according to CMS The mortality rate t akes into account not only the life-saving care provided before and during emergency angio plasty, but also the superior care a patient receives after the event and even after they return home This ranking affirms the hospital's designation as a Top 50 Cardiovascular Ho spital for 2012 by Thomson Reuters That study examined the performance of more than 1,000 hospitals by analyzing outcomes for patients with heart failure and heart attacks and for those who received coronary bypass surgery and percutaneous coronary interventions such a s angioplasties "Doylestow n Hospital has a team approach to the care of heart attack pati ents," says Steven Guidera, MD, cardiologist with The Heart Institute of Doylestow n Hospit al "Our team consists of physicians, nurses, cardiovascular specialists, therapists and a dministrators Each member of the team has a clearly defined role and makes meaningful con tributions to the care of our heart attack patients We constantly evaluate our processes and make refinements with the goal of continuous quality improvement This recognition ack nowledges the hard w ork of men and women from throughout our hospital famly " DOYLESTOWN HOSPITAL RECEIVES STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD =====</p> <p>Doylestow n Hospital Receives American Heart Ass ociation's Get with the Guidelines-Stroke Gold Plus Quality Achievement Award Award demon strates Doylestow n Hospital's commitment to quality care for stroke patients Doylestow n Hospital has received the Get With The Guidelines-Stroke Gold Plus Quality Achievement Awar d from the American Heart Association The award recognizes Doylestow n Hospital's commitme nt and success in implementing a higher standard of care by ensuring that stroke patients receive treatment according to nationally accepted guidelines Get With The Guidelines-Str oke helps Doylestow n Hospital's staff develop and implement acute and secondary prevention guideline processes to improve patient care and outcomes The program provides hospitals with a web-based patient management tool, best practice discharge protocols and standing o rders, along with a robust registry and real-time benchmarking capabilities to track perfo rmance The quick and efficient use of guideline procedures can improve the quality of car e for stroke patients and may reduce disability and save lives Doylestow n Hospital is a c ertified Primary Stroke Center that offers the highest quality care to its stroke patients Doylestow n Hospital has developed a comprehensive system for rapid diagnosis and treatme nt of stroke patients admitted to the emergency department This includes always being equ ipped to provide brain imaging scans, having neurologists available to conduct patient eva luations and using clot-busting medications when appropriate "This achievement represents a tremendous amount of teamw ork that begins as soon as a stroke alert is issued," said Do ylestow n Hospital neurologist Abraham Ashkenazi, MD "The quality of the care spans the co ntinuum from the assessment of the doctors and nurses in the ER all the way to the clinic ians in rehab Our goal is to provide the best diagnosis, treatment and follow-up care to e nsure the stroke patient has the best quality of life possible "</p> <p>"Recent studies show that patients treated in hospitals participating in the American Heart Association's Get With The Guidelines-Stroke program receive a higher quality of care and may experience better o utcomes," said Lee H Schw amm, MD , chair of the Get With The Guidelines National Steerin g Committee and director of the TeleStroke and Acu</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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, antithrom botics and anticoagulation therapy, along with cholesterol-reducing drugs and smoking cess ation counseling These are all aimed at reducing death and disability and improving the l ives of stroke patients Hospitals must adhere to these measures at a set level for a desi gnated period of time to be eligible for the achievement awards "Doylestown Hospital is d edicated to making our care for stroke patients among the best in the country The America n Heart Association's Get With The Guidelines-Stroke program helps us to accomplish this g oal," said Doylestown Hospital's Stroke Program Coordinator, Brooke Kearins, CRNP "This r ecognition 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 ave rage, someone suffers a stroke every 40 seconds, someone dies of a stroke every four minut es, and 795,000 people suffer a new or recurrent stroke each year DOYLESTOWN HOSPITAL CEN TER FOR WOUND HEALING AND HYPERBARIC MEDICINE ===== The Doylestown Hospital Center for Wound Healing and Hyperbaric M edicine provides specialized treatment for chronic or non-healing wounds When wounds pers ist, a specialized approach is required for healing Typically, a wound that does not resp ond to normal medical care within 30 days is considered a problem or chronic wound The Do ylestown Hospital Center for Wound Healing and Hyperbaric Medicine offers state-of-the-art treatments including negative pressure wound therapy, bio-engineered tissues, biosyntheti c dressings and hyperbaric oxygen therapy If you suffer from a chronic or non-healing wou nd, you or your doctor may contact The Doylestown Hospital Center for Wound Healing and Hy perbaric Medicine The Center will promptly w ork with you and your doctor to deliver the f ollowing - Advanced therapies - Proven clinical protocols - An individualized, comprehsive 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 spe cialists, including a case manager who will oversee every aspect of your treatment - Educ ation for you and your family to help healing happen at home, including materials and reso urces related to prevention, nutrition, hygiene, and more - Ongoing communication and col laboration with you and your doctor so that you and your doctor remain informed about your progress V I A MATERNITY CENTER ===== The birth experience at Doylest own 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 Hospit al of Philadelphia place the very finest maternity and pediatric care right in the heart o f our community Approximately 1,300 babies are born every year at Doylestown Hospital, ra ted among the best in the region for maternity care by HealthGrades(tm) We provide servic es from pregnancy through birth for mothers and new borns, for the most common deliveries t o neonatal intensive care services We are equipped and ready to care for families with hi gher than normal risk related to multiple births, maternal age and medical risk factors</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 that includes 10 Labor, Delivery &amp; Recovery rooms, 22 private post-partum rooms (with private bathrooms), and a Jacuzzi room for mothers in labor. Our maternity team will work with you to personalize your birth experience and provide the finest care for you and your baby. NATIONAL STUDY PLACES DOYLESTOWN HOSPITAL'S CARDIAC SERVICES BEST IN BUCKS COUNTY =====</p> <p>===== Doylestown Hospital is the top rated hospital in Bucks County for overall cardiac care, according to a comprehensive annual study released today by HealthGrades, the leading independent healthcare ratings organization. The HealthGrades study analyzes tens of millions of patients' outcomes - specifically, mortality and complication rates - at the nation's 5,000 hospitals. Patients highly value independent information on hospital quality performance. And in light of recent health reform measures, demand for this information is only likely to increase. In a recent survey of visitors to HealthGrades.com related to hospital quality, 94% ranked quality outcomes and ratings as very important compared to reputation (89%), volume (78%), and location (58%). Doylestown Hospital stands committed to a culture of quality and transparency and is proud of the results that its cardiac program has achieved. Doylestown Hospital received HealthGrades highest rating - 5-stars - for both coronary interventional procedures as well as treatment of heart attacks. This is not the first year the hospital scored high, in fact it has sustained the top ratings for four consecutive years. In this year's HealthGrades study, no other hospital in Bucks County received the 5-star rating for treatment of heart attacks. "Our goal is to provide care of the highest quality with the best possible outcomes for our patients," says Chief Medical Officer Scott Levy, MD. "Acknowledgement of our achievements by HealthGrades certainly helps validate the work we do." According to the Thirteenth Annual HealthGrades Hospital Quality in America study, top-rated hospitals had a 53% lower mortality rate than the U.S. national average for 17 procedures and diagnoses ranging from bypass surgery to treatment for heart attack. When the top-rated hospitals were compared to the poorest performers, there was an even greater quality gap - a 72% lower risk of mortality. Doylestown Hospital is an accredited Chest Pain Center with protocols in place to offer the highest level of care for cardiac symptoms. The Heart Institute of Doylestown Hospital is a leader in primary (emergency) angioplasty, the treatment of choice to open blocked coronary arteries during a heart attack. At 62.5 minutes, Doylestown Hospital's Door-to-Balloon time (the time from patient arrival to when the artery is opened) is consistently superior to national averages, and well below the suggested benchmark of 90 minutes. "The key to our success is a multidisciplinary approach to the treatment of heart attack," says Executive Director of Cardiovascular Services John Mitchell. "This involves close collaboration between the Emergency Department, Cath Lab, physicians and nurses. Every member of the team has the same goal of providing successful, patient-centered care." HEALTHGRADES HOSPITAL QUALITY RATINGS ---</p> <p>----- HealthGrades' hospital ratings and awards reflect the track record of patient outcomes at hospitals in the form of mortality and complication rates. HealthGrades rates hospitals independently based on data that hospitals submit to the federal government. No hospital can opt in or out of being rated, and no hospital pays to be rated. For 26 procedures and treatments, HealthGrades issues star ratings that reflect the mortality and complication rates for each category of care. Hospitals receiving a 5-star rating have mortality or complication rates that are better than anticipated, to a statistically significant degree. A 3-star rating means the hospital performs as expected. One-star ratings indicate the hospital's mortality or complication rates in that procedure or treatment are statistically higher than average. Because the risk profiles of patient populations at hospitals are not alike, HealthGrades risk-adjusts the data to allow for equal comparisons. 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</p> <p>===== The award is based on robust criteria that consider female patient satisfaction and what women say they want from a hospital including quality physician communications, responsiveness of nurses and support staff, cleanliness and trusted referrals from other women. WomenCertified represents the collective</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 Patient Experience," says Doylestown Hospital President &amp; CEO Richard A Reif "We especial ly appreciate the fact that our female patients have selected us for this award Doylestown Hospital has the unique distinction of being founded and still run by a women's civic 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 allow s women to make an informed decision about where 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 when 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 women and their families, and represent t he smart choice for women " Hospitals qualify for this highly selective annual list based on an in-depth proprietary scoring process The scoring incorporates a national, 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 weighs criteria identified as the most important to women for patie nt satisfaction Additionally, the scoring incorporates WomenCertified's in-depth research on customer satisfaction among women, including a joint study on customer satisfaction by gender conducted with the Wharton School of the University of Pennsylvania The 100 best scores in four hospital size categories determine the Award winners WomenCertified accept s absolutely no payment in exchange for placement on the list "Recognizing the best hospi tals nationwide that are women-friendly and align with women's identified preferences is i mportant to our mission at WomenCertified, where women help other women with tough, consumer decisions," Passi concludes "Most importantly, when a woman sees the Women's Choice 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</p> <p>===== Doylestown Hospital is proud to announce it has been named a 2012 Summit Award winne r by Press Ganey Associates, Inc The Summit Award recognizes top-performing facilities th at sustain the highest levels of patient satisfaction performance for three consecutive ye ars The Press Ganey Summit Award is one of the health care industry's most coveted symbol s of achievement Doylestown 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 with more than 10,000 health care facilities, includin g more than half of all U S hospitals, to measure and improve the patient experience</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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</p> <p>===== 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. VIA HEALTH SYSTEM COMMUNITY BENEFIT ACTIVITIES</p> <p>===== The VIA Health System is devoted to the community it serves, and it sponsors and coordinates many charitable activities, which, described in the narrative below, identifies what is done daily by the health system's Associates and volunteers.</p> <p>COMMUNITY OUTREACH &amp; BENEFIT ACTIVITIES ----- 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</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>derserved populations The Foundation contributed \$20,000 to a common fund, from which the se projects were supported CB Cares Both the Doylestown Hospital and the Doylestown Heal th Foundation support the Team with Board members who provide leadership, fundraising and human resource skills The value of space, utilities, phone, computer and cleaning service s were donated for FY2013 for a total of \$17,844 Children's Village Day Care Subsidies C hildren's Village, on-site day care, welcomes children from low -income families in the are a that are eligible for child-care subsidies \$13,482 was w ritten off for this Ann Silver man Community Health Clinic The mission of the Clinic is to provide free medical care, de ntal care and social services to any eligible person w ho seeks its help The target popula tion is low income, underinsured or uninsured people in the greater Central Bucks County a rea 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 resour ces 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 Boa rd During FY 12-13 there were 2,396 visits to the medical program for 738 individual adult s and children There were 793 treatment visits and 203 hygiene visits for the dental prog ram for 245 adults and children There were 1,151 visits provided through the Social Servi ce 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 calen dar 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 new spapers which inform the community members about upco ming health education classes, physician lectures, support groups and other health educati on activities In addition, Doylestown Hospital publishes three disease specific new slette rs which offer wellness and prevention information to patients who have been diagnosed wit h or are concerned about heart disease (Cardiac Connection), osteoporosis, breast cancer, menopause and other w omen's health issues (Her Health) and cancer (Concierge) More than 2 46,000 people receive this information through a mailing to their homes An additional 2,5 00 e-new sletters are also sent The cost to produce and distribute these new sletters was \$ 182,790 Health Connections by Doylestown Hospital This is a collaborative program betwe e n Doylestown Hospital and the Cow hey Family (ShopRite of Warminster) Health Connections b y Doylestown Hospital is an in-store health resource center created to benefit the communi ty This convenient location makes health information accessible and personal for the prev ention of illness, and helps residents find the appropriate care w hen the need arises The goal of Health connections is to motivate the community to adopt healthier lifestyles Th e cost of supplies, staffing and monthly promotions was \$27,677</p>



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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Medicaid Application Preparation for all Uninsured PA Residents Doylestown Hospital offers all uninsured PA residents the option of filing a Medicaid application. HRSI is the Hospital's vendor and they help our patients through the process. The Hospital is charged \$ 47.5/application, if the applicant obtains eligibility. HRSI 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 quality of life for the greater Central Bucks Community. We believe that one way to keep community members safe, healthy and vibrant is by supporting the numerous community and business groups that are the fabric of our community and by participating in special programs and events that benefit a broad spectrum of community residents. The total amount donated for sponsorships is \$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 &amp; Bucks County Office, The Manor at Yorktown, to name a few, as well as health</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 handouts at a cost of \$75</p> <p>Library Services at Doylestown Hospital The Hospital has an extensive library that is open to users from the community, other than Medical Staff, Associates and Volunteers of the Hospital Physicians that have privileges at the Hospital as well as Honorary/Emeritus Medical Staff make up the largest group of users At a cost to the Hospital of \$83,274</p> <p>Healthy e-Cooking Show The Hospital has an ongoing program that has an online database of over 600 healthy recipes and nutritional information along with videos These are accessible through Doylestown Hospital's website This access to the community helps with information on obesity, diabetes, cardiovascular disease and all dietary links This information is available to help promote healthy eating habits At a cost to the Hospital of 48 paid professional hours at a cost of \$3,781 and an annual license fee of \$ 16,500</p> <p>Adam Health Encyclopedia Health information is the 3rd most popular search on the internet The Hospital has an extensive health library on its website with over 4,000 health and wellness articles and covers over 1,500 medical topics The site has reference index and interactive tools At a cost to the Hospital of 20 paid professional hours at a cost of \$ 880 and an annual license fee of \$ 17,500</p> <p>Food Shelter Donation Doylestown Hospital donated 50 cartons of food to New Britain Baptist Church and Doylestown Food Bank to be distributed to local families in need The cost to the Hospital was \$24,000</p> <p>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 psychological 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</p> <p>Lifestyle Lectures This was a series of informal educational lectures offered to the community by members of the medical staff The hospital coordinated the program, which helped 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</p> <p>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</p> <p>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</p> <p>Breast Cancer Support Group Provided opportunities for educational and emotional support for breast cancer survivors and their families The Hospital provided education to 240 persons per month at a cost of \$2,441</p> <p>Additional programs sponsored by the Hospital for cancer support were four cancer educational programs (Psychological Support Program, Breast Cancer and Emotional Support Program, Nutrition Program and "Basket Bingo" Costs incurred for these events were \$6,012</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>Man to Man Prostate Cancer Support Group Education This monthly program addresses issues and the struggles that face prostate cancer survivors and their families 180 persons served per month at a cost of \$2,054 Look Good, Feel Better This program provided support and resources for cancer patients undergoing chemotherapy 60 individuals attended and \$709 was the value of staff and volunteer time and resources Nutrition Presentations Programs were held throughout the year to provide education on nutrition to promote optimal health and Diabetes Awareness Locations included several churches, senior communities, two High Schools and various women's' and men's' groups, menu evaluation for Yorktown Manor, health fair displays for YMCA and many local elementary schools Over 2,100 were educated with 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 was presented for the community, at the Michener Art Museum, which included a light dinner, health displays and creative inspiration by nationally acclaimed artist, writer and musicians LisaBeth Weber The speaker discussed many topics featuring emotional health as well as physical well-being 100 women attended at a cost of \$14,830 Love Your Heart This program was presented for the community to make everyone aware that heart disease is still the #1 killer for both men and women 450 attended and a cost to the Hospital of \$9,740 Cancer Roadmap - Q&amp;A for the Newly Diagnosed Patient This program describes the process to the newly cancer diagnosed There is a one-on-one with an oncology nurse, social worker and volunteer survivor to discuss a treatment plan, expectations and available resources for positive coping There were 4 individuals who attended, and a cost of \$139 I Can Cope This program was an educational series that addressed topics such as cancer and treatment, managing side effect, emotional concerns, fatigue and energy conservation and proper nutrition 20 persons were served at a cost of \$656 Student Internship Summer Program This program with Students of the Gwynedd Mercy Cardiovascular Technology Program and Bucks County Community College Nursing Program The students spend 2 weeks observing procedures in Cardiac Services, Echo and the Cath Lab to help them decide where they would like to focus their educational/career and education The value of this program is \$165,883 for support staff, physicians and professional staff time Student Internship Radiology Program 6 students from Abington Memorial Hospital 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 process Radiographers at the Hospital serve as clinical instructors for the students on a one to one ratio Doylestown Hospital does not receive a financial reward for this agreement The cost of this program to the Hospital is \$119,067 There is also an intern program for 1 student with the Ultrasound Department The cost of this program is \$22,284 Allied Health RCIS College Intern Program Students work with a Doylestown Hospital Cardiac Rehab Associate, developing their skills such as reading physician reports, collecting information for first visit patients, assessing skills, documenting meds, exercise evaluations, evaluating outcomes and discharging patients For the student college training, this is a mandatory clinical experience program The cost of this program to the hospital is \$480,388 Smoking Cessation Program Programs were held using CDC Resources "Cleaning the Air" 128 individuals were given help in quitting the habit smoking The hospital's overall contribution is valued at \$1,448 Pine Run Programs These programs were held at Pine Run for the community, including a Wellness Food Drive, donated school bags to the Bucks County Intermediate Unit, as well as distributing Bibles and Prayer Materials Staff and handout materials were valued at \$8,237</p> <p>MATERNITY AND PARENTING ACTIVITIES ----- Baby well This program educated 208 parents on how to care for their newborn \$5,021 in staff time was devoted towards 20 community programs Healthy Beginnings Program This is a program to bring prenatal health to the underserved in the Community This is mostly the ones without the ability to pay or those who have not yet enrolled or who are enrolled in Medicaid Much of our program deals with high risk patients and those with substance abuse problems There is a Physician, a social worker and a dietician, as well as two nurses who run the program The cost of this program was \$456,882 Breastfeeding Education This program provides an increased understanding of the benefits of breastfeeding, which leads to improved nutrition/health of infants 150 individuals attended the 23 lectures that were held throughout the year The cost to the ho</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>spital is about \$3,937 Childbirth Classes A program teaching the how-tos of childbirth served 432 people at a cost of \$21,964 to the hospital through 23 courses series every day of the week except Friday Tours of the Birthing Center were also given at a cost to the hospital of \$1,255 Teen Parenting Education This is a cooperative program with Child, Home and Community, Inc The hospital provided room for the educational course 66 individuals were given free Childbirth instruction and 52 attended a support group called Building the Family \$4,600 is the value of the meeting space Child Development This program was in cooperation with 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 were held on newborns and basic development, including ICN &amp; types of infants admitted at Doylestown Hospital The program was presented on two dates, with 160 participants, including 1 teacher at a value of \$7,317 Grand parenting Classes This program prepared grandparents-to-be on how to be support their children as they start their own family 40 individuals attended the course, with a cost to the Hospital of \$2,492 for the 9 classes Prenatal Refresher Classes This program refreshed nearly 20 parents- to-be, who already have delivered other children, on the childbirth experience \$2,452 in staff time was 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 were 47 participants in 5 classes during the year at a cost to the Hospital of \$2,724 SCHOOL AGE ACTIVITIES ----- Parenting and Babysitting Education This is a cooperative program with Child, Home and Community, Inc The hospital provided room for the educational course 89 individuals were given babysitting instruction at a cost of \$300 to the Hospital Service Learning &amp; Career Academy The Service Learning Career Academy is a joint project between the V I A Health System and the three High Schools in the Central Bucks School District In collaboration with the Consumer and Family Sciences course, the hospital's day care center provides students with hands-on experience to enhance learning of child development 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, who spend class time on-site at the hospital to obtain the practical application of class content Over 200 students participated in this program where \$22,000 in hospital staffs time and other costs Teddy Bear Clinics Children in the community were exposed to the Emergency Department and ambulance in a fun environment The experience taught them 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 time is valued at \$2,840 Girl Scouts The hospital provided meeting space for 2 Girl Scout Troops Meeting space was valued at \$5,400 Bucks County Downs Syndrome Space was provided for monthly meetings at Children's Village for the Bucks County Downs Syndrome group Meeting space was 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 Instruction is also provided for infant care, health &amp; nutritional and life skills Meeting space is valued at \$2,400 annually Bereavement Group Meetings Space is provided monthly for these meetings at C V and is valued at \$5,400</p>

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COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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 County Hospital Decon Task Force Bucks County Quality Child Care Coalition Bucks County MH/MR Advisory Board Boys Scouts of America Bucks County Housing Group Bucks County 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 &amp; 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 BC IU March of Dimes Middle Bucks Institute of Tech. Advisory Professionals Working with Seniors Springfield Township (Supervisor/Planning).</p> <p>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.</p> <p>Pre-Med Volunteer Program. This program has been developed by the Hospital Medical Staff and Volunteer Department. It is a ten-week program starting in late May. It is supervised by the Hospital's Director of Volunteer Services and is coordinated with a special seminar program conducted by the Doylestown Hospital's Medical Staff to introduce the students to selected phases of a medical career. Students participating in the program are expected to give the Hospital a minimum of 100 hours of volunteer time in various patient-related services during the course. The aim of the program is to give pre-medical students first-hand hospital experience to acquaint them with a total community hospital picture. This program brings into focus the work and responsibility of the physician in a modern hospital complex. We had 13 students in this program. Time of six physicians, four nurse educators, volunteer services and materials cost the hospital \$48,706.</p> <p>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.</p> <p>HEALTH SCREENINGS &amp; IMMUNIZATIONS ----- The hospital conducts health screens and supported immunizations for various community members.</p> <p>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</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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</p> <p>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</p> <p>SUPPORT GROUPS &amp; 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 &amp; 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 VHA'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 shop, and throughout the patient services areas</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT CONTINUED	CORE FORM, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	<p>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</p> <p>===== - 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 &amp; GYNECOLOGY - NEPHROLOGY - NEUROLOGY - ONCOLOGY - PATHOLOGY - PEDIATRICS - PHYSICAL MEDICINE/REHABILITATION - PSYCHIATRY - PULMONARY - RHEUMATOLOGY - HEMODIALYSIS - INFECTION CONTROL - IV THERAPY - PICC (PERIPHERALLY INSERTED CENTRAL CATHETER) - LABORATORY SERVICES - AUTODONATION - BLOOD BANK - CHEMISTRY - CYTOLOGY - HEMATOLOGY - HISTOLOGY/PATHOLOGY - MICROBIOLOGY - URINALYSIS - MAGNETIC RESONANCE IMAGING (MRI) - MATERNITY SERVICES - ANTENATAL TESTING - BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) - LABOR AND DELIVERY - MATERNAL/CHILD CARE - NEONATOLOGY - PRENATAL TESTING - POST-PARTUM CARE - PREPARED CHILDBIRTH EDUCATION - SPECIAL CARE NURSERY (LEVEL II) - WELL BABY NURSERY - MEDICAL RESEARCH - CLINICAL TRIALS - ONCOLOGY (INPATIENT AND OUTPATIENT) - OUTPATIENT INFUSION SERVICES - PASTORAL CARE SERVICES - LAY CHAPLAIN - PHARMACY - RADIOLOGY SERVICES - CT SCANNER - PET/CT SCANNER - DIAGNOSTIC RADIOLOGY - INVASIVE AND SPECIAL PROCEDURES - NUCLEAR MEDICINE - ULTRASOUND - REHABILITATION SERVICES (INPATIENT AND OUTPATIENT) - BRAIN INJURY - CARDIAC REHABILITATION - COGNITIVE REMEDIATION - ELECTROMYOGRAPHY - LYMPHEDEMA THERAPY - HAND THERAPY - NERVE CONDUCTION STUDIES - OCCUPATIONAL THERAPY - PHYSICAL THERAPY - PSYCHOLOGY - SPEECH THERAPY - SWALLOWING TEST - RESPIRATORY SERVICES - PULMONARY FUNCTION TESTING - PULMONARY REHAB - CASE MANAGEMENT/SOCIAL SERVICES - PSYCHOSOCIAL ASSESSMENTS - COUNSELING - COMPLEX DISCHARGE PLANNING - CRISIS INTERVENTION - FINANCIAL COUNSELING - ADOPTION OPTIONS COUNSELING - PATIENT AND FAMILY EDUCATION - INFORMATION AND REFERRAL - SURGICAL SERVICES (INPATIENT AND OUTPATIENT) - ACUPUNCTURE - COSMETIC - DENTISTRY - GENERAL - NERVE BLOCKS - SURGICAL SERVICES CONTINUED - OB/GYN - OPHTHALMOLOGY - ORAL/MAXILLOFACIAL - ORTHOPEDICS - OTOLARYNGOLOGY - PEDIATRIC DENTISTRY - PLASTIC SURGERY - POST-ANESTHESIA CARE UNIT - PRE-ADMISSION TESTING - SAME DAY SURGERY (NERVE BLOCKS) - UROLOGY - VASCULAR - TELEMETRY / PROGRESSIVE CARE - VISITING NURSE/ HOME CARE - ADULT AND INFANTS (UP TO 1 YEAR) SKILLED HOME HEALTH SERVICES - NURSING - PHYSICAL THERAPY - OCCUPATIONAL THERAPY - SPEECH THERAPY - SOCIAL SERVICES - HOME HEALTH AIDES - BABY BRACELETS (MATERNAL/INFANT VISITING NURSE) - COMPREHENSIVE HOSPICE PROGRAM - WOMEN'S DIAGNOSTIC CENTER - BONE DENSITOMETRY - MAMMOGRAPHY</p>

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, QUESTION 11B	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WHICH INCLUDES DOYLESTOWN HOSPITAL ("HOSPITAL") 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 HOSPITAL'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO OVERSEE, REVIEW AND APPROVE OF THE FEDERAL FORM 990, INCLUDING THE PREPARATION, REVIEW AND FILING PROCESS AS PART OF THE TAX RETURN PREPARATION PROCESS THE ORGANIZATION HIRED A PROFESSIONAL CPA FIRM WITH EXPERIENCE AND EXPERTISE IN BOTH HEALTHCARE AND NOT-FOR-PROFIT TAX RETURN PREPARATION TO PREPARE THE FEDERAL FORM 990 THE CPA FIRM'S TAX PROFESSIONALS WORKED CLOSELY WITH THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS OF THE ORGANIZATION AND THE SYSTEM TO OBTAIN THE INFORMATION NEEDED IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN THE CPA FIRM PREPARED A DRAFT FEDERAL FORM 990 AND FURNISHED IT TO THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS FOR THEIR REVIEW THE ORGANIZATION'S FINANCE PERSONNEL AND OTHER INDIVIDUALS REVIEWED THE DRAFT FEDERAL FORM 990 AND DISCUSSED QUESTIONS AND COMMENTS WITH THE CPA FIRM REVISIONS WERE MADE TO THE DRAFT FEDERAL FORM 990 WHERE NECESSARY AND A FINAL DRAFT WAS FURNISHED BY THE CPA FIRM TO THE ORGANIZATION'S FINANCE PERSONNEL AND VARIOUS OTHER INDIVIDUALS FOR FINAL REVIEW AND APPROVAL PRIOR TO PROVIDING A COPY TO EACH MEMBER OF DOYLESTOWN HOSPITAL'S FINANCE COMMITTEE AND THIS ORGANIZATION'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	<p>THE ORGANIZATION IS THE PARENT ENTITY OF A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") WHICH INCLUDES DOYLESTOWN HOSPITAL. THIS FILING ORGANIZATION ITSELF HAS NO PAID SENIOR MANAGEMENT PERSONNEL RECEIVING COMPENSATION DIRECTLY FROM THIS ORGANIZATION. RATHER, CERTAIN PERSONNEL ARE EMPLOYED BY DOYLESTOWN HOSPITAL, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE COMPENSATION AND BENEFITS OF THESE INDIVIDUALS ARE SHOWN ON THIS TAX RETURN BECAUSE THEY ARE ALSO EITHER OFFICERS OR BOARD MEMBERS OF THIS ORGANIZATION. THE DOYLESTOWN HOSPITAL BOARD OF DIRECTORS HAS AN EXECUTIVE COMPENSATION COMMITTEE ("COMMITTEE"). THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY WHICH IT FOLLOWS WHEN IT REVIEWS AND APPROVES OF THE COMPENSATION AND BENEFITS OF THE ORGANIZATION'S SENIOR MANAGEMENT, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE COMMITTEE REVIEWS THE "TOTAL COMPENSATION" OF THE INDIVIDUALS WHICH IS INTENDED TO INCLUDE BOTH CURRENT AND DEFERRED COMPENSATION AND ALL EMPLOYEE BENEFITS, BOTH QUALIFIED AND NON-QUALIFIED. THE COMMITTEE'S REVIEW IS DONE ON AT LEAST AN ANNUAL BASIS AND ENSURES THAT THE "TOTAL COMPENSATION" OF SENIOR MANAGEMENT OF THE ORGANIZATION IS REASONABLE. THE ACTIONS TAKEN BY THE COMMITTEE ENABLE THE ORGANIZATION TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR PURPOSES OF INTERNAL REVENUE CODE SECTION 4958 WITH RESPECT TO THE TOTAL COMPENSATION OF CERTAIN MEMBERS OF THE SENIOR MANAGEMENT TEAM, INCLUDING THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE THREE FACTORS WHICH MUST BE SATISFIED IN ORDER TO RECEIVE THE REBUTTABLE PRESUMPTION OF REASONABLENESS ARE THE FOLLOWING: 1. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY AN "AUTHORIZED BODY" OF THE APPLICABLE TAX-EXEMPT ORGANIZATION WHICH IS COMPOSED ENTIRELY OF INDIVIDUALS WHO DO NOT HAVE A "CONFLICT OF INTEREST" WITH RESPECT TO THE COMPENSATION ARRANGEMENT, 2. THE AUTHORIZED BODY OBTAINED AND RELIED UPON "APPROPRIATE DATA AS TO COMPARABILITY" PRIOR TO MAKING ITS DETERMINATION, AND 3. THE AUTHORIZED BODY "ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION" CONCURRENTLY WITH MAKING THAT DETERMINATION. THE COMMITTEE IS COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS EACH OF WHO ARE INDEPENDENT AND ARE FREE FROM ANY CONFLICTS OF INTEREST. THE COMMITTEE RELIED UPON APPROPRIATE COMPARABLE DATA, SPECIFICALLY THE COMMITTEE OBTAINED A WRITTEN COMPENSATION STUDY FROM AN INDEPENDENT FIRM WHICH SPECIALIZES IN THE REVIEWING OF HOSPITAL AND HEALTHCARE SYSTEM EXECUTIVE COMPENSATION AND BENEFITS THROUGHOUT THE UNITED STATES. THIS STUDY USED COMPARABLE GEOGRAPHIC AND DEMOGRAPHIC MARKET DATA INCLUDING BUT NOT LIMITED TO SIMILAR SIZED HOSPITALS, # OF LICENSED BEDS AND NET PATIENT SERVICE REVENUE. THE COMMITTEE ADEQUATELY DOCUMENTED ITS BASIS FOR ITS DETERMINATION THROUGH THE TIMELY PREPARATION OF WRITTEN MINUTES OF THE COMPENSATION COMMITTEE MEETINGS DURING WHICH THE EXECUTIVE COMPENSATION AND BENEFITS WAS REVIEWED AND SUBSEQUENTLY APPROVED. THE ACTIONS OUTLINED ABOVE WITH RESPECT TO THE COMMITTEE AND THE ESTABLISHMENT OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS ONLY APPLIES TO CERTAIN SENIOR MANAGEMENT PERSONNEL, INCLUDING BUT NOT LIMITED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER. THE COMPENSATION AND BENEFITS OF CERTAIN OTHER INDIVIDUALS CONTAINED IN THIS FORM 990 ARE REVIEWED ANNUALLY BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER WITH ASSISTANCE FROM THE ORGANIZATION'S HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE INDIVIDUAL'S JOB PERFORMANCE DURING THE YEAR AND IS BASED UPON OTHER OBJECTIVE FACTORS DESIGNED TO ENSURE THAT REASONABLE AND FAIR MARKET VALUE COMPENSATION IS PAID BY THE ORGANIZATION. OTHER OBJECTIVE FACTORS INCLUDE MARKET SURVEY DATA FOR COMPARABLE POSITIONS, INDIVIDUAL GOALS AND OBJECTIVES, PERSONNEL REVIEWS, EVALUATIONS, SELF-EVALUATIONS AND PERFORMANCE FEEDBACK MEETINGS.</p>

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

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

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 with Doylestown Hospital on January 21, 2013. He is included in Part VII of the Core Form, 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 THE TAX-EXEMPT PARENT ENTITY OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM") THE SYSTEM INCLUDES BOTH FOR-PROFIT AND NOT FOR-PROFIT ORGANIZATIONS CERTAIN BOARD OF DIRECTOR MEMBERS, OFFICERS AND/OR DIRECTORS LISTED ON CORE FORM, PART VII AND SCHEDULE J OF THIS FORM 990 MAY HOLD SIMILAR POSITIONS WITH BOTH THIS ORGANIZATION AND OTHER AFFILIATES WITHIN THE SYSTEM THE HOURS SHOWN ON THIS FORM 990, FOR BOARD MEMBERS WHO RECEIVE NO COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, REPRESENT THE ESTIMATED HOURS DEVOTED PER WEEK FOR THIS ORGANIZATION TO THE EXTENT THESE INDIVIDUALS SERVE AS A MEMBER OF THE BOARD OF DIRECTORS OF OTHER RELATED ORGANIZATIONS IN THE SYSTEM, THEIR RESPECTIVE HOURS PER WEEK PER ORGANIZATION ARE APPROXIMATELY the same as reflected on this form 990 THE HOURS REFLECTED ON PART VII OF THIS FORM 990 FOR BOARD MEMBERS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED IN A NON-BOARD CAPACITY, PAID OFFICERS AND KEY EMPLOYEES, REFLECT TOTAL HOURS WORKED PER WEEK ON BEHALF OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, NOT SOLELY THIS ORGANIZATION

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	CORE FORM, PART XI, QUESTION 9	OTHER CHANGES IN NET ASSETS INCLUDE - EQUITY TRANSFER TO DOYLESTOWN HEALTH FOUNDATION, A RELATED INTERNAL REVENUE CODE SECTION 501(C)(3) TAX-EXEMPT ORGANIZATION - (\$179,493)



Identifier	Return Reference	Explanation
AUDITED FINANCIAL STATEMENTS	CORE FORM, PART XII, QUESTION 2	THE ORGANIZATION IS THE TAX-EXEMPT PARENT ENTITY OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES ("SYSTEM") WHICH INCLUDES DOYLESTOWN HOSPITAL. AN INDEPENDENT CPA FIRM AUDITED THE CONSOLIDATED FINANCIAL STATEMENTS OF THE TAXPAYER AND ALL AFFILIATES FOR THE FISCAL YEARS ENDED JUNE 30, 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. DOYLESTOWN HOSPITAL'S FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT AUDITOR. IN ADDITION, AN INDEPENDENT CPA FIRM COMPILES THE ORGANIZATION'S STATEMENT OF FINANCIAL POSITION AND RELATED STATEMENT OF ACTIVITIES ON AN ANNUAL BASIS. THE HOSPITAL'S FINANCE COMMITTEE HAS THE RESPONSIBILITY TO REVIEW THESE STATEMENTS.

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990 PART IX	DESCRIPTION OTHER EXPENSES TOTAL EXPENSES 24137 PROGRAM SERVICES 21724 MANAGEMENT AND GENERAL 2413

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  
VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

Employer identification number  
23-2368200

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	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) DOYLESTOWN HOSPITAL  595 WEST STATE STREET  DOYLESTOWN, PA 18901 23-1352174	HOSPITAL	PA	501(C)(3)	509(A)(3)	VIAD	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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DOYLESTOWN RADIOLOGY GROUP LP  1204 OLD YORK ROAD WARMINSTER, PA 18974 23-1352174	MEDICAL SVCS	PA						No			No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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	No
(1) DOYLESTOWN HOSPITAL HLTH & WELLNESS CTR  595 WEST STATE STREET DOYLESTOWN, PA 189012554 23-3022645	FITNESS CNTR	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.)

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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

Yes

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	179,493	COST

Schedule R (Form 990) 2012

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

[illegible]

Software ID:  
Software Version:  
EIN: 23-2368200  
Name: VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN

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 THE TAX-EXEMPT PARENT ENTITY OF THE VILLAGE IMPROVEMENT ASSOCIATION OF DOYLESTOWN AND CONTROLLED ENTITIES, A TAX-EXEMPT INTEGRATED HEALTHCARE DELIVERY SYSTEM ("SYSTEM"), WHICH INCLUDES DOYLESTOWN HOSPITAL ("DH") DH 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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